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MEDICAL WOMEN OF AMERICA

General Editor

Victor Robinson

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America's Oldest Hospital

# MEDICAL WOMEN OF AMERICA

A SHORT HISTORY OF THE PIONEER MEDICAL WOMEN  
OF AMERICA AND OF A FEW OF THEIR  
COLLEAGUES IN ENGLAND


*By*

KATE CAMPBELL HURD-MEAD, M.D.

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*To the Medical Women's National Association  
of the United States of America  
this little book is dedicated by  
its former President  
Kate Campbell Hurd-Mead  
of Haddam, Connecticut.*



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## P R E F A C E

In preparing this little book on the pioneer women physicians of the United States and their contemporary colleagues in England I have tried to answer some of the many questions which have been asked me during the years since I began to collect materials for a more ambitious work on the career of women in medicine within historic times. In 1830 Chr. Friedrich Harless, a German professor at the University of Bonn, published a small volume under the title of *Die Verdienste der Frauen um Naturwissenschaft, Gesundheits-und Heilkunde . . . von der ältesten Zeit bis auf die Neueste*. In 1900 Dr. Mélanie Lipinska of Paris published an amplified edition of her thesis, *Histoire des Femmes Médecins* as a volume of 585 pages. Both of these works are full of errors, and though very suggestive, and probably quite accurate as concerns their own countries, it was necessary to turn to Dr. Mary Putnam Jacobi's article on *Woman in Medicine* in *Woman's Work in America*, published in 1891, for any adequate account of our own pioneers, and to *The Woman Doctor and Her Future* by Dr. Louisa Martindale of London, published in 1922, for a short account of the work of the medical women of Great Britain.

Several autobiographies of medical women have been published since that time, and many magazine articles in many languages, all of them valuable for a detailed history of woman in medicine. That there are still lacunae to be filled before the larger history can be completed is a matter of anxiety to me, for the filling of which I must depend upon the help of medical women who are interested in preserving an accurate account of the movement for the higher education of women in medicine. I have tried to verify all the statements in this abridged volume, but if errors have crept into the text it would be a kindness to posterity to aid me to correct them, but for whatever there is of praise or blame I take the responsibility.

To those who have already helped in the preparation of this history I wish to show my gratitude; and especially to my husband who has

read the proof and given me many valuable suggestions as to the clearness of expression in the text, and to Dr. F. C. Waite, of the Western Reserve University, for his records of the early pioneers and first medical schools for women, and to Dr. Victor Robinson for his kindness in publishing the little book I give my hearty thanks.

KATE C. H. MEAD, M.D.

August 22, 1933.

Haddam, Conn.

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## Medical Women of America

### *A Short History of the Pioneer Medical Women of America*

#### I.

Early Midwives in the Colonies.—The Hunt Sisters in Boston.—Medical Education before 1850.

One might think that with all the biographies of medical men and women now in print it would be an unnecessary task to write a new account. But, although most of the pioneer women were too busy to write their autobiographies, many valuable bits of information concerning them are constantly coming to light and should be collected and arranged in accordance with their dates and importance. The work of gathering the details as to the early midwives of the American colonies has as yet been done very imperfectly, but Packard's *History of Medicine in the United States*<sup>1</sup> mentions several of the best known. Dr. F. C. Waite,<sup>2</sup> of the Medical School of Western Reserve University, has recently written valuable articles on the medical schools organized in the middle of the nineteenth century and their women graduates, and Dr. Victor Robinson<sup>3</sup> has written the stories of the Blackwells, Elizabeth and Emily, and of perhaps the greatest one of the pioneer trio in New York, Mary Corinna Putnam-Jacobi, all mid-Victorians.

Although in the eighteenth century most women were playing at modesty, swooning or blushing at the proper time and place, there were others, not only in America but in England, France, Germany, and Italy, who were throwing aside these common signs of femininity and studying sciences, naming plants and stars, writing poems and novels and books of travel, besides being able to help their fellow citizens in sickness because they had studied their treasured books of household remedies. There were many noted midwives in that century, chief of whom were Mme. Lachapelle and Mme. Boivin in France, and the Von Siebolds in Germany, and Justina Siege-

<sup>1</sup> Francis R. Packard, *The History of Medicine in the United States*. 1931.

<sup>2</sup> See references further on. pp. 18, 27, 41, 45.

<sup>3</sup> Victor Robinson, *Woman's Number*. *Medical Life*, July 1928. See also *Woman's Work in America*—Article on Woman in Medicine by Mary Putnam Jacobi—1890 Chap. VII.

mundin in Prussia, who were quite able to conduct any labor however difficult. If at that time women could have been admitted to the universities and medical schools our tale of the nineteenth century would have been very different. Suffice it to say that Mary Wollstonecraft Godwin, 1759-1797, who died in childbirth in 1797, had many followers in her theories of the freedom of women, when love intrigues were not less frankly discountenanced—though in silence—than now, but were fully as common. It was the middle of the nineteenth century when Hawthorne published the *Scarlet Letter*, and Elizabeth Blackwell was giving public talks to girls and women about the problems of sex.

These names clearly bring out the fact that society in the nineteenth century was rapidly emerging from the absurd prudery of past generations. Anti-slavery associations and woman suffrage adherents were rapidly increasing when William Lloyd Garrison, John Greenleaf Whittier, and Henry Ward Beecher were openly urging women to take more active interest in politics and sociology. Margaret Fuller, who was drowned at sea in 1850, announced that her friends had minds of their own and wished to use them. One thinks immediately of Antoinette Brown Blackwell, a graduate of Oberlin, who was ordained a Congregationalist minister in 1853, a shocking thing to some people, but admired by others. It was about the same time, too, that Sarah Grimké, 1792-1873, of South Carolina, freed her slaves and started to agitate with all her might against slavery. Then came Harriet Beecher Stowe's story of *Uncle Tom's Cabin*, first published in book form in 1852, and a "best seller" from the start. Harriet Beecher Stowe, 1811-1896, who was born ten years before Elizabeth Blackwell, was already somewhat in the public eye. Naturally, men like Richard Henry Dana were very much "shocked" at this "insurrection" among women, for it was only a decade since a visiting Frenchman, De Tocqueville, between 1835-1840, had written that the American women were proud to surrender their wills to the yoke of the men.

There were many other strong-minded women in those days who were not less independent than these, among them were Maria Mitchell, 1818-1889, the noted astronomer of Vassar

College, and Clara Barton, 1821-1912, who undertook hospital service during the Civil War and later established hospitals in the Franco-German War, and formed the Red Cross Society in 1881 of which she was president until 1904. Dorothea Dix, 1802-1887, was another intrepid soul of this period. Her book on *Prisons and Prison Discipline* was published in 1845 with amazingly good results to the inmates of such prisons as were insane or mental defectives. Dr. Howard W. Haggard, the historian at Yale University, says that when Dorothea Dix was born Virginia was the only State in the Union which had a public asylum for the insane. Such unfortunates as were demented were chained or miserably cared for in jails and almshouses if not at home.<sup>4</sup> Fifty years later, besides Dorothea Dix the American philanthropist, there had been a few other men and women interested in this subject, among them the Tukes who were especially interested in an asylum in York, England, and their friends Gardiner Hill and Elizabeth Fry, 1780-1845, who were agitating for all reforms. In France Pinel, 1745-1826, had long since removed the shackles from the insane wherever it was possible to treat them in hospitals, and after Dorothea Dix had visited Italy and interested Pope Pius IX in the subject His Holiness personally investigated the conditions and ordered restraint abolished.

Space is lacking to mention the names of lay women in England who made life pleasant for Elizabeth Blackwell and helped her with her medical plans. Florence Nightingale as the *Lady with the Lamp*, it will be recalled, was managing the nursing during the Crimean War, 1854-1856, and for many years hers was the guiding hand and head in organizing nursing schools all over England and America. George Eliot, and Elizabeth Barrett Browning and the Brontës were raising the literary estimate of women, while John Stuart Mill aided and abetted them with his famous work *On the Subjection of Women*.

Thus we see the need of all the pioneer work that was being done in the middle of the nineteenth century by these so-called strong-minded women, and the obstacles in their way due to

<sup>4</sup> Col. Fielding H. Garrison: *Introduction to the History of Medicine*, p. 332-333, 1914, gives a graphic description of the treatment of the insane and tells the story of the various attempts to ameliorate their sufferings.

the indifference of the mass of women to modern reforms of all sorts.

Before the middle of the nineteenth century the medical schools of the United States were scarcely more than a name. Their courses of instruction consisted of two or three short terms during which lectures were given to students in anatomy, surgery, *materia medica*, and chemistry. Laboratories were very small or non-existent, dissections depended to a large degree upon grave-robbing, and hospitals offered little if any surgical work. There had been at least four men who taught obstetrics in the Colonies, James Lloyd, in Boston (1728-1810), Dr. William Hunter of Providence, R. I. (1729-1777), a cousin of the famous Hunters of London, William Shippen (1736-1808), and Charles D. Meigs (1792-1869), both of Philadelphia, and teachers in its medical schools. These so-called men-midwives insisted that nothing but prudery prevented women from employing men at the time of their confinements, but they agreed that if women persisted in this false modesty they should be able to employ well-educated women midwives to attend them in labor. Whether Hunter or Meigs thought that women could possibly learn to use obstetric forceps and the correct methods of performing version is not recorded.

There was, however, a school for women midwives in Boston as early as 1846. Its courses were short and its students many. In 1848 and again in 1854 and 1856 Dr. Samuel Gregory wrote a pamphlet urging longer courses and better instruction for the students. In this he was ably seconded by such learned women as Mrs. Sigourney, Mrs. Emma Willard and the early suffragists, when the so-called medical college was receiving a regular stipend from the government of Massachusetts. Gregory cited the success of Mme. Lachapelle and Mme. Boivin of Paris in saving the lives of mothers and babies by their skill, so that the mortality among the patients confined in Paris was much less than that in Boston.<sup>5</sup> He won his point, but he had no intention of giving midwives a regular education such as was given even in the poorest medical school of the time.

<sup>5</sup> In 1849, in Boston there were registered 4,200 births with 300 stillbirths, or 1:14, while at the Paris Maternité the ratio was 1:28. There were 300 licensed physicians in Boston at that time.

Incidentally, Dr. Gregory<sup>6</sup> preserved for us the names of a few of the more noted midwives of New England, such as the third wife and widow of Samuel Fuller (1580-1633) of Providence, who came to Boston in 1623 and was urged by the citizens of Rehoboth, Mass., in 1663, to accept a regular salary and move to their town where the services of a midwife were urgently needed. She refused because of her age and died in 1664.<sup>7</sup> There was also Mrs. Ann Eliot, wife of the Apostle to the Indians, whose tomb, erected by the town of Roxbury in 1687, bears the legend, "She was thus honored for the great service she hath done this town." Old Mrs. Wiat, who died in Dorchester in 1705 at the age of 94, was given a laudatory epitaph, an excerpt from which tells us, "She assisted at ye births of one thousand and one hundred and odd children." Of Mrs. Thomas Whitmore, of Marlboro, Vt., the historian said, "She officiated at more than two thousand births and never lost a patient." Mrs. Elizabeth Phillips, a well-trained English midwife living in Charlestown, near Boston, "had by the blessing of God brought into the world upward of 3,000 children." She died in 1761. Mrs. Janet Alexander, of Edinburgh, settled in Boston in 1818 by invitation of Drs. John C. Warren and James Jackson, to practice midwifery. At one time she was offered a good salary if she would move to New York, but the women of Boston quickly raised the sum of \$1,200 to induce her to stay with them. When she died, in 1845, it was said, "She was universally mourned for her great worth and eminent usefulness."

Public opinion is slow to change from the traditions of ages when women silently allowed themselves to be obscured and called blue stockings if they took any active part in the intellectual life of their communities. It appears, however, that these individual medical pioneers or midwives were in reality general practitioners, entirely human women and mothers who, being somewhat above the average in mental equipment, and willing to learn the necessary technical skill for their work, were compelled by pity for suffering to protest against the injustice of man-made laws and opinions which,

<sup>6</sup> *Letter to Ladies in Favor of Female Physicians for Their Own Sex.* Samuel Gregory, A.M., M.D. Third edition, 1856.

<sup>7</sup> Article by Burrage in *Dictionary of American Medical Biography.* Kelly and Burrage. p. 441. 1928.

because of the apathy of mothers and sisters and wives, had allowed men to become the arbiters as to the professional education of girls. Thus, by way of protest and of progress, were founded such famous advanced schools for women as those of Mrs. Willard, Mary Lyon, Mrs. Banister and others whose students soon spread over the country, many of them becoming teachers and suffragists in their turn.

Waite tells us that there were admittedly few<sup>8</sup>, if any, good medical schools in America, in 1847, when Elizabeth Blackwell applied at a dozen of them in different university centers for admission to the lectures. Men studied with old practitioners for three years and then went to a medical school for two terms to acquire a superficial knowledge of the science and art of surgery, materia medica, and therapeutics. Those who were observing learned something useful as to diagnosis of disease, but the theories as to the causes of disease, and the treatment by the medicines of the "regulars" containing enormous doses of opiates and mercurials and whiskey was only paralleled by the infinitesimal doses of the homeopaths and their rules for prescribing by similars.

Obstetric work, even in the middle of the nineteenth century, was mainly in the hands of sympathetic midwives who had learned their art from other women or from books like Spratt's *Midwifery*,<sup>9</sup> an American edition of which was published in Philadelphia in 1848. It was illustrated with sectional pictures, by reason of which its author, who styled himself "Surgeon Accoucheur," said that it would be equivalent to a whole series of practical demonstrations and save the necessity for *post mortem* examinations. He advises the practitioners to carry this volume with their instruments to the bedside of the patients so as to be able to refer to it in emergencies.

In the medical schools of the forties obstetrics was taught, if at all, by the professor of surgery, although, as is well known

<sup>8</sup> The medical schools of the United States came into existence in the following order: Philadelphia, 1765; Columbia, 1767; Harvard, 1782; Queen's, 1792; Dartmouth, 1798; Transylvania, 1799; College of P. & S., 1807; Maryland, 1807; Middlebury, 1810; Brown, 1811, 1828; Yale, 1813; Castleton, 1818-1861; Bowdoin, 1820; Univ. of Vt., 1822; Berkshire, at Pittsfield, Mass., 1823-1867; Colby, at Waterville, Maine, 1830; after this time the private and sectarian medical schools sprang up over night, many of them willing to admit women students. See articles by Dr. F. C. Waite in the *New England Journal of Medicine*, Boston, 1932.

<sup>9</sup> G. Spratt, *Obstetric Tables*. Fourth and Improved London Edition. Philadelphia, 1848.

Dr. Meigs (1792-1869) was giving special courses in the subject in 1841-1861 at Jefferson Medical College, Philadelphia, and there was a Dr. Levi Wheaton (1761-1851) emphasizing it along with general medicine at Brown in 1815-1828. Those were the days when, as Oliver Wendell Holmes said, a professor filled a whole settee in a medical college. Students like him went to Europe for finishing work, chiefly to study with Simpson in Edinburgh, or Paget in London, or Louis in Paris, and they walked the wards of the Maternité in Paris. Hospital demonstrations in connection with medical schools in America were few, and the opportunity to study medicine and surgery by means of actual patients was decidedly limited.

This sort of medical education was what the early medical women relied upon. After Elizabeth and Emily Blackwell had been graduated from as good schools as existed in America they, like Holmes and Henry I. Bowditch (1808-1892) of Boston, went to Europe and studied with the great teachers, Emily even reaching Winckel's Clinic in Dresden. Although there were proprietary medical schools in this country like that of the midwives in Boston, eager to open their doors to women, the elderly practitioners with whom these women had studied advised their pupils to apply for admission only to those of repute in the regular medical societies.

It is interesting to see that the pioneer medical women had no intention of segregating themselves from men students, but when they found door after door closed to them, and scanty hospital work at the best, they were literally forced to open schools expressly for women where the subjects should be thoroughly taught, and hospital cases or clinical work available for study. Fortunately, noble and able men were found in New York and Philadelphia willing to put aside their own selfish interests in order to be of service to the cause of medical women, and after several years women were sufficiently trained at home and abroad to fill some of the teaching positions in these early colleges.

The financial support of these early medical schools came in the main from the students<sup>10</sup> and therefore there was more or less necessity to attract as many students as possible by

<sup>10</sup> Dr. Ramsay was brought to Dartmouth from Edinburgh at a salary of \$500 a year. Nathan Smith had half that sum.

means of popular teachers and practitioners, and these men were obliged to carry on their private practice both to earn an income and to have illustrative cases for their lectures. Their fees were generally inclusive of medicines made from plants which they or their pupils raised or collected in the fields. For bleeding the charge was six pence, a dozen cathartic pills cost a shilling, and often bills were paid in vegetables or meat, two quarts of corn, for example, being equal in value to "one portion of Pink Root, two Portions of Physic, and calling to visit your child, June 16, 1799."

But in the middle of the nineteenth century quackery flourished almost as in the Middle Ages. We can not blame the patients for refusing the bleedings and purgings and salivation of their ancestors, and yet it is difficult to excuse the thomsonians and homeopaths and phrenologists for some of their treatment. In 1842 Dr. John Thomson himself advised his consumptive patients to soak their feet daily in soup "in order to restore the equilibrium of the system." He said it was remarkable how rapidly the patients recovered. There were teachers who believed only in water cures, others who adhered to the laws of *similia similibus curantur*, others who openly taught magic, and still others to whom the ancient poultices of dung or of clay and spittle, and pills of goat droppings, "nanny pills," were considered most efficacious. Thus we see that even in the middle of the nineteenth century medicine was possibly an art but far from being a science.

It was, however, literally impossible for a woman to gain admission to any medical school in this country or England before 1847, unless it was that of Samuel Gregory in Boston. When Harriot K. Hunt (1805-1875) and her sister Sarah Augusta were teaching school in Boston, in the thirties, Sarah was taken ill with some malady that seemed to the Boston doctors incurable. They were recommended to seek advice from a certain Mr. and Mrs. Mott who had come from England to practice some form of medical healing, possibly psychic, and they cured Sarah's disease. The sisters then decided to study medicine with the Motts and to practice at home. Harriot tells of their life in her autobiography published in 1856.<sup>11</sup> In

<sup>11</sup> *Glances and Glimpses, or Fifty Years' Social, Including Twenty Years' Professional Life*, by Harriot K. Hunt. 1856.

1835 they hung out their shingle and soon had a large practice, although probably they were practicing without a license. Sarah, however, married and moved out of Boston, leaving Harriot to buy medical books and study each patient as carefully as possible alone. She was said to be a "natural diagnostician" as well as psychologist. In 1853 she was given an honorary degree by the three-year-old Female Medical College of Philadelphia. She was of great service to the Midwives' School and to Samuel Gregory, and later she helped Dr. Zakrzewska, fresh from the Blackwell's hospital in New York, to raise the standard of education at the newly organized Female Medical College of Boston which had been granted permission by the legislature, in 1852, to give medical degrees. This school was absorbed by Boston University in 1874 and became a homeopathic school for many years before refusing to limit its teaching to a single "pathy."

Harriot Hunt applied twice, in 1847 and 1849, for admission to the medical school of Harvard College, and finally she was almost admitted because of the promise of a gift of ten thousand dollars to the College by Miss Hovey of Boston, on condition of the admission of women students, but as a negro man applied at the same time both applications were refused. The negro question as well as suffrage were very live topics in those days, and the Hunts were intimate with all the noted speakers and workers for those causes. Such names as Sarah Grimké, Lucy Stone, Lucretia Mott, Belva Lockwood, Susan B. Anthony and Elizabeth Cady Stanton were often heard in the late forties, and the first suffrage convention was held in 1848 before Elizabeth Blackwell had taken her medical diploma at the medical school in Geneva, N. Y. To the world of men in general such movements as these for the education of women were preposterous for, as Sarah Grimké said, to them "woman was merely a lapse of nature" and not an independent entity.

## II.

New York and London.—Elizabeth Blackwell, M.D., Geneva, N. Y., 1849.—Emily Blackwell, M.D., Cleveland, Ohio, 1854.—Elizabeth Garrett, Diploma of the Society of Apothecaries, London, 1865; M.D., Paris, 1870.

About fifteen years after Harriot and Sarah Hunt opened their office in Boston Elizabeth Blackwell (1821-1910), an Eng-

lish woman, was allowed to matriculate in 1847 at the medical school of what is now Hobart College, at Geneva, N. Y. This was of course a co-educational school, and her admission was due to the good-will of the students and rather against that of the small faculty. This school was, unfortunately, closed to women the year after Elizabeth's graduation, also by the will of the students rather than from any fault of hers. Five years later her sister Emily (1826-1910), graduated at the medical school of Western Reserve University, in 1854. Their story has been so recently and so well told by Dr. Victor Robinson<sup>12</sup> that here it is necessary to give only a résumé of their career for the sake of a continuous narrative.

The Blackwell family came to this country from Bristol, England,<sup>13</sup> in 1832. Their father was a sugar refiner who sought a fortune in Ohio by raising sugar beets. He was however, unsuccessful in business and died in Cincinnati in 1838, leaving his wife and daughters to educate the younger children. Money came in very slowly from their little neighborhood school, and the restless spirit of Elizabeth, prompted by the sufferings of a friend who was dying of cancer of the uterus, led her across the Kentucky border to teach school, and there she began to study medicine with an old practitioner. Later she accepted a position as teacher in Charlestown, S. C., at a fashionable boarding school and continued her medical studies with Dr. Samuel H. Dickson (1798-1872) of Charleston, S. C. He was then a noted man not only in his own State but in the North. He was graduated at the University of Pennsylvania in 1819. From 1823 he lectured on physiology and pathology at the new medical school in Charleston which he and a few of his colleagues had founded. In 1847-1850 he lectured on the theory and practice of medicine at the University of the City of New York. In 1858 he was called to Jefferson Medical School, in Philadelphia, to lecture on various subjects where he remained until 1872. He was the author of several books.<sup>14</sup>

Professor Dickson assured Elizabeth Blackwell that no medical school in the country would open its doors to her, but,

<sup>12</sup> *Medical Life, The Woman's Number*, by Victor Robinson, July, 1928.

<sup>13</sup> *Pioneer Work for Women*, by Elizabeth Blackwell, Everyman Library, 1914.

<sup>14</sup> *Dictionary of American Medical Biography*. Kelly and Burrage, 1928. Article by Hobert-Amory Hare.

nothing daunted, she applied to twelve of the best in existence and happily was received, as we have seen, at the college in Geneva, N. Y., where she was graduated in 1849. Her brother's description of the ceremony is amusing. He says that she wore a black brocaded silk gown, "invisible green gloves," and black silk stockings. The dress must have been long and voluminous, well-fitted over the spreading hoop skirt and the inevitable bustle, but he does not mention that. He adds that all the ladies of Geneva turned out *en masse* to see a lady receive a medical diploma. The ceremony took place at 10 A.M., and the procession of graduates was headed by a band, the Bishop of New York, the Dean, Dr. Hale, the curators, faculty, etc. Elizabeth refused to march with them lest it should not seem lady-like. The church galleries were crowded with ladies but gentlemen sat in the aisles. Elizabeth was called up to receive her diploma after all the rest, and in a flattering speech she was addressed as *Domina*.<sup>15</sup> She bowed her thanks properly and on the impulse of the moment she turned again to the speaker saying, "Sir, I thank you; by the help of the Most High it shall be the effort of my life to shed honor upon your diploma." There was great applause and all the faculty smiled approvingly to one another, and the function was ended.

Elizabeth soon sailed for Europe where she studied for two years in England and France, much of the time at the *Maternité*, where she lost an eye from infection but gained a great deal of valuable experience. For many years her life was spent in work of medical pioneering both in America and in England, now helping to establish a hospital and medical school for women in New York City, now lecturing to large audiences on physiology and hygiene there and in London, and helping her pupils and friends, Elizabeth Garrett<sup>16</sup> and Sophia Jex Blake, to found a medical school for women in London, where she was registered as a physician in January 1859 because of her American diploma.

Fortunately, Elizabeth Blackwell was attractive and had a

<sup>15</sup> The speaker said that she combined the strongest intellect and nerve and perseverance, together with the softest attributes of feminine delicacy and grace. Certainly high praise from any man of the time.

<sup>16</sup> Elizabeth Garrett, in 1865, was admitted to the Register in London by virtue of a diploma from the Apothecaries Society. This implied permission to practice medicine in Great Britain.

sense of humor so that she could see the amusing episodes of her career, many of which were far from encouraging and were often great hindrances to her work. She made friends with influential people like Florence Nightingale, Lady Byron, John Stuart Mill, Herbert Spencer, George Eliot, Rosetti, Kingsley, Josephine Butler and Elizabeth Garrett, and all their families and acquaintances, so that she was able to influence legislation somewhat in favor of her schemes for the higher education of women not only in medicine but in philanthropy. Later, having returned to New York, she helped Dorothea Dix, and Dr. Mary Walker, and Amy Barton to organize nursing for the Northern armies in the Civil War. She had started a dispensary in the slums of New York soon after her return from Europe where, somewhat later, with her sister Emily, the foundations were laid for an infirmary and medical school for women, the charters for which were obtained in 1856 and 1865. The medical school trained many brilliant women until 1899, when it was incorporated with the medical school of Cornell University, and the Infirmary is still an important hospital in New York greatly enlarged and ably "manned by women."

During the seventies and eighties Elizabeth Blackwell made her home and practiced medicine in England and in fact remained there and in Scotland most of the time until her death in 1910, but it was a busy life of practice, lectures, and writing books with at least a dozen titles. In 1874 by the help of Elizabeth Garrett Anderson and Sophia Jex Blake was founded the *London School of Medicine for Women* which, in 1877, was attached to the Royal Free Hospital and permitted to grant degrees such as were required for the British Registry. Surely this is a great record! Portraits of Elizabeth Blackwell and the other pioneers of Great Britain hang on the walls of the medical school in London, and a bronze memorial tablet also to Elizabeth Blackwell adorns the wall of the great hall at Syracuse University, which long ago took over the medical school of Geneva, New York.

The work of Emily Blackwell was not quite so spectacular as that of her sister, for it was spent mainly in medical and sociological work in New York in connection with the Woman's Medical College of the New York Infirmary. Emily had ap-

plied for admission to the medical school at Geneva and nine other schools but was refused for one reason or another. Finally, in 1852, she was admitted to Rush Medical School in Chicago, for one year. Then she was allowed (in 1853) to matriculate at the medical school of Western Reserve University where she was graduated in 1854. Then, like her sister, she went to Europe for further study in the great hospitals. When she returned, two years later, she brought letters of high praise from the most important obstetrician in Edinburgh, Sir James Y. Simpson, the first to use chloroform in confinements, and from other noted teachers. She found her sister Elizabeth already doing an important work at the dispensary in the slums of New York, helped by the Polish Marie Zakrzewska, whose diploma bore a very recent date, 1856. We shall soon follow the career of this foreigner in Boston.

The New York school graduated its first class of five women in 1870, and from its beginning Emily Blackwell was dean and professor until its end, in 1899, when it was incorporated with the medical school of Cornell University. She was ably helped by Mary Putnam Jacobi, Elizabeth Cushier, Sarah McNutt and others whose education had been rounded out in Europe and whose ideals were of the highest. It is safe to say that not even in Zurich or Dublin or Paris or Edinburgh was the training of medical students in the seventies and later better than in these two schools for women founded by the Blackwells in London and New York. A bronze tablet to Emily Blackwell has been placed at the entrance of the Infirmary where she worked so long and faithfully, helped by a few noble men of the profession. Certainly no students ever had better friends than Willard Parker, Valentine Mott, John Watson, Isaac E. Taylor and Abraham Jacobi of New York. If these young women could have been encouraged by the popular gynecological surgeon Marion Sims, and admitted to the Woman's Hospital in New York, as had been promised,<sup>17</sup> their progress would have been smoother and far easier than it actually was, but this noted Southerner was not so generous as

<sup>17</sup> J. Marion Sims (1813-1883) of South Carolina was the inventor of the operation for vesico-vaginal fistula by silver wire sutures. In 1853-55 he organized the *Woman's Hospital in the State of New York*, now on Morningside Heights. He was a great surgeon, widely acclaimed in Europe and America.

other men and far less liberal to women than many of the greatest leaders of his time.

### III.

Philadelphia.—Ann Preston, M.D., 1852.—Female Medical College of Philadelphia.—The First Medical College in the World for Women.

The life and work of Ann Preston of Philadelphia has been the subject of many a lecture as well as of printed story. Her portrait in the hall of the Woman's Medical College of Pennsylvania shows us a meek little woman whose narrow head is quite different from the broad and massive head of Elizabeth Blackwell. She, too, in the forties felt the urge to study medicine and to open the doors of some medical college to women.<sup>18</sup> There were four medical schools in Philadelphia at that time and two of them at least boasted a faculty of seven, but not one of them would entertain for a moment the idea of admitting her, although a few years later a somewhat eclectic school called the Penn College did admit several women who got their start within its walls. Ann Preston (1813-1872), for some reason, was not satisfied with the Penn School, and therefore, with a spirit of quiet determination characteristic of the Friends, she looked around for able and broadminded men who might form a liberal college to which she and other women might be admitted. Such men were Dr. Bartholomew Fussell<sup>19</sup> and Dr. Joseph S. Longshore and four other physicians, who, with a sum of money donated by the first president, Wm. J. Mullen,

<sup>18</sup> See Reports of the W. M. C. of Pa., and articles by its Deans, Clara Marshall, Rachel Bodley and Martha Tracy.

<sup>19</sup> Bartholomew Fussell, 1794-1871, M.D. Univ. Maryland, 1824, was a friend of the poet Whittier. He taught medicine to his sister Esther and a few other women in 1840. In 1846 they agitated for a medical school for women, but not until Ann Preston became alive to the necessity of such a school did it materialize.

Of Dr. Fussell Whittier wrote:

*Go, hunt sedition—search for that  
In every peddler's cart of rags,  
Pry into every Quaker's hat,  
And Dr. Fussell's saddle bags;  
Lest treason wrap with all its ills  
Around his powders and his pills.*

It is evident that from the earliest days of the movement against slavery Dr. Fussell was one of its staunch supporters. Whittier also called him "the beloved physician" of Kennett Square. Article in American Medical Biographies. Kelly & Burrage.

for a few classrooms, in October 1850, opened a medical school for women in Arch Street to which forty were admitted; eight of them were graduated in 1852 and at once started out to practice—very much against the Quaker ideas of propriety, although the Quakers were the most progressive people of the city.

This move on the part of Dr. Fussell and Dr. Longshore cost them most of their paying practice, and their anti-slavery tactics cost them many others. Nevertheless, the fee for helping a slave girl in the underground railway gave Dr. Fussell money for a manikin, and thus in one way or another the school was equipped. During the fifties the school held its own, and though the teachers and students as late as 1859 were generally ostracised and ex-communicated by the profession as if it were "sectarian," it gave two good courses of instruction, and was quite the equal of the men's medical schools in Philadelphia. With the exception of a few months during the Civil War the college has never closed its doors nor fallen behind the others in its teaching and practical work, in fact, it has often antedated the older colleges in increasing its courses and requirements for graduation.

In 1856 by the time that Ann Preston was prepared for a teaching position she was asked to be professor of physiology—though without a laboratory—and then dean. She held both posts and organized a laboratory the equal of those in other schools, and she also founded the Woman's Hospital before her death in 1872. Early in the sixties, during the Civil War, she led the students by invitation to Blockley Hospital to walk the wards or listen to lectures, although sometimes they were the objects of jeers and missiles hurled by the men students. By 1856 the college had matriculated one hundred and fifteen students, despite the fact that Elizabeth Blackwell, in New York, was having a sorry time to establish herself in practice, since the men of the profession, as a rule, refused to meet her or any other medical women in consultation. Hannah Longshore,<sup>20</sup> of the class of 1852, on the contrary, quickly had

<sup>20</sup> The work of Dr. Mary Frame Thomas, sister of Hannah Longshore, has never been adequately studied. Dr. Waite has, however, gathered all the available material for an article in the March 1933 *Medical Review of Reviews*, q. v. She was probably the first medical woman to have a position on any Board of Health. Her daughter Julia Josephine, 1848-1930,

a busy practice in Philadelphia in spite of some discourtesies. She taught physiology to large classes of girls, drove an imposing equipage, and was quite *au fait* with the society folk.

Notwithstanding the fact that its professors had been members of the Philadelphia County Medical Society the Woman's Medical College was considered "off color," "irregular," Thomsonian, Hahnemanian, or what not? No amount of denial of these slurs or many urgent invitations to investigate the college work changed the attitude of the members of the medical society towards the teachers and the graduates of the school for nearly twenty years, but in the meantime we find the graduates holding honorable positions all over the country, opening dispensaries, founding hospitals, and by 1870 teaching in medical schools for women in Boston, New York, Chicago, and San Francisco. They were among the first to take positions on boards of health, to become superintendents in hospitals for the insane, to organize medical charities, and to establish sanitariums where women's ailments were not treated carelessly by bromides and opiates, but where nurses were trained to care for the sick, and gynecologic disease was properly diagnosed because its cause had been carefully investigated, not by men untrained in gynecological diagnosis, but by women to whom painstaking vaginal examinations were insisted upon by their teachers.

Ann Preston lived to see her college a strong institution, and although Mary Putnam Jacobi, who was graduated there in 1864, said uncomplimentary things about its teaching and laboratories it was probably fully abreast of the times in every way. The students studied hard, had the same text-books as those used by men, and heard lectures no duller than those in men's colleges, mainly descriptive and categorical.

Among the early graduates of the Female Medical School in Philadelphia were several women who became teachers at their *Alma Mater*. There was Emmeline Cleveland, M.D., '55, a graduate of Oberlin in '53, the wife of an invalid clergyman and already a mother when she was sent to Paris by admiring

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was a teacher of Greek at Wellesley after the death of her husband, Charles James Irvine. She was successively acting president at Wellesley and then president of the college, 1890-1899. She then retired and went to France to study, returning in 1913 when she reorganized the department of French at Wellesley College.

friends for graduate study in order to become professor of obstetrics and surgery at the college. She returned with several prizes, taught obstetrics and surgery at the college, and was resident physician at the new hospital which Ann Preston had built. She was a brilliant surgeon, the first ovariectomist in the city, an expert obstetrician, but she died in her prime in 1878 at the age of forty-nine, and was buried beside her friend Ann Preston who had died six years earlier.

It is amusing to find a French opinion of Elizabeth Blackwell and Emmeline Cleveland written in Paris as early as 1859. Jules Rouyer,<sup>21</sup> quoting from *La Clinique Européenne*, London, 26 April, 1859, says, "A doctress imported from America, Miss Elizabeth Blackwell, has come to shine among us. She is the personification, not of American bloomerism but of therapeutics in crinoline. She has already founded a college for women in the United States. Today more than two hundred beautiful Yankees are making medical efforts like the men for whom hitherto the practice of medicine has been reserved." Rouyer goes on to say that he himself has seen a woman doctor, Mlle. E. C. (Emmeline H. Cleveland), who is much more intelligent than many of her colleagues of the masculine sex, attending the obstetric clinic of Professor Paul Dubois.

Humble though the Woman's Medical College was in the sixties and seventies we find Rachel Bodley teaching chemistry there in 1865, a woman universally recognized in scientific circles for her ability. Anna E. Broomall, a remarkable obstetrician and surgeon, who taught the pupils to connect their hands and brain in obstetric work, was on the staff in 1871. Hannah T. Croasdale, M.D., '70, was soon appointed professor of gynecology and though a monotonous lecturer she was a noted surgeon and vied with Thomas A. Emmet in performing both plastic and major operations at the new hospital. Frances Emily White, '72, soon became one of the best lecturers and teachers of physiology in the country, and won the admiration of Mary Putnam after she returned from Paris in 1871 with her diploma from the *Ecole de Médecine*. Dr. White was continually before the public in controversies as to the material basis of life; she was a delegate to the International Congress

<sup>21</sup> Jules Rouyer, *Etudes Médicales sur L'Ancienne Rome*. 1859.

in Berlin as early as 1890, and in every respect she compared favorably with the greatest thinkers and teachers of the time.

Although not exactly a pioneer woman doctor, we should mention the work of Clara Marshall, M.D., '75, in this connection, because to her skill and tact many of the greatest improvements in the college were due. Under her and Rachel Bodley, as deans, the college outgrew its old quarters, and opened a new building with lecture halls and laboratories, and a larger hospital as well as a clinic building with an operating theatre. She was appointed the first woman lecturer on the staff of Blockley Hospital (1882), and because of her talents as a writer and impromptu lecturer she did a great deal to advertise the college and keep it before the public. She retired as dean in 1917 after forty years of service and died in 1931, soon after the college moved into its new and commodious quarters at East Falls, Philadelphia.

Thus we see that since 1859, when the Philadelphia County Medical Society excommunicated by fiat<sup>22</sup> every member of the teaching staff, and the doors of nearly every hospital were closed to its students, many and important improvements kept the college constantly in the first ranks of medical schools in the United States. In 1881 the three years' course was made obligatory and twelve years later it was one of the first to institute a four years' course. In 1888 Dr. Broomall opened the out-patient department for obstetrical material and made every student responsible for six maternity cases and their pre-natal work. This was a great innovation, the product of Dr. Broomall's brain. After her return from a tour around the world for study as well as for inspection of the obstetric work of the graduates of the school in Europe, Asia, and Africa, in 1903, she opened a small maternity hospital in connection with the school. In 1904, however, she resigned despite protests from alumnae all over the globe. She died in 1931 at the age of 84 years. The college has now graduated more than sixteen hundred pupils, of whom one hundred and twenty-five have gone as medical missionaries to foreign lands and most

<sup>22</sup> This law was rescinded in 1888 when women were admitted to the Philadelphia County Medical Society upon the same terms as men. The Montgomery Medical Society had been one of the first, however, to admit women. This was in 1870.

of the rest have done home-missionary work in connection with their private practice.<sup>23</sup>

Quoting from *Blockley Days*, 1883-1884, by Arthur Ames Bliss,<sup>24</sup> we find that there were eleven men and one woman on the resident staff of Blockley at that time. They had won their positions by competitive examinations. The one woman was Dr. Pauline Root, from the W. M. C. of Pa. They lived in the Almshouse and gave the woman doctor the room at the end of the hall, for greater privacy. The beds of the maternity were always full, and among the patients were many cases of puerperal fever, the mothers mainly unmarried.

#### IV.

Boston.—The Medical Work of Marie Zakrzewska, M.D., Cleveland, Ohio, 1856.—The New England Hospital for Women and Children.

Turning again from New York and Philadelphia to Boston in the fifties, we find that the school for midwives, so earnestly supported by Dr. Gregory, never became a regular medical college, although it had permission from the Massachusetts legislature to grant the degree of M.D. to its graduates. In order to raise its standard, however, Marie Zakrzewska, (1829-1902) a Polish woman of noble birth<sup>25</sup> who received her medical diploma from the Western Reserve University in 1856, was asked in 1859 to become professor of obstetrics and to put the school on a better foundation than before. She had come to this country in 1853, an expert midwife twenty-four years old, having previously been appointed head of the school of midwifery at the great maternity hospital in Berlin. Unfortunately, she found New York cold to midwives because of the nefarious activities of a notorious abortionist named Mme. Restell. Fortunately, however, she became acquainted in May

<sup>23</sup> See article by Mary Putnam Jacobi in *Woman's Work in America*, also one by Dr. F. C. Waite in the *New England Medical Journal*; and one by Dean Martha Tracy, in the *Medical Review of Reviews*, March 1931, and various Reports of the college.

<sup>24</sup> Published in 1916 and circulated privately.

<sup>25</sup> Accoucheuse en chef, Royal Hospital Charité, Berlin; first resident physician, New York Infirmary for Women and Children; founder and attending physician of the Clinical Department, New England Female Medical College; etc.

1854 with Elizabeth Blackwell, Emily being in Europe, and was glad to associate herself with the work of the New York Infirmary, then in its second year.<sup>26</sup> The story of her life has been ably told from her own notes by Dr. Agnes Vietor, of Boston,<sup>27</sup> and here we need only give a hasty summary of her medical career. Dr. Blackwell urged Marie to go to the Western Reserve Medical School in Cleveland, where Emily had recently been graduated, for she felt that as a basis for good obstetric work it was necessary to have a background of general medicine as well as of culture and special training. In one way and another money was found for the college course, and, with but a smattering of English, Marie entered the medical school of Western Reserve in 1854, graduating in '56 with honor. In 1859, after helping the Blackwells establish their hospital, and also aiding Ann Preston to start the woman's hospital in Philadelphia, Dr. Zakrzewska was persuaded by Dr. Gregory to accept the chair of obstetrics at the Boston school. She was, however, unable to bring the curriculum up to her standards, and, therefore, she resigned in 1862 to devote herself to private practice and the organization of a hospital for women and children.

Dr. Zakrzewska's hospital, opened in 1862, was successful from the start.<sup>28</sup> The "best men" of Boston were willing to belong to the staff, and there were several well-trained medical women ready to do the arduous work of clinics, among them the twin sisters Emily and Augusta Pope, fresh from the Boston school and two years study in Europe; Lucy Sewall of Boston and Zurich, and Anita Tyng of Newburyport, a graduate of the Philadelphia school. Harriot Hunt as well as medical women from eclectic schools, though differing in their education and talents were glad to be of service in raising money,

<sup>26</sup> *A Woman's Quest*, the Life of Marie Zakrzewska, edited by Agnes Vietor, 1924.

<sup>27</sup> Dr. Zakrzewska tells us that Elizabeth Blackwell was a "short but stately lady, blonde, with wavy hair, very dignified, kindly in speech, and very deliberate and wise in her remarks." (*A Woman's Quest*, p. 109). She found to her joy that Dr. Blackwell could understand German and talk it a little. English was very difficult for Marie Zakrzewska, and it gave her a serious handicap during her early years in America. She often said that she owed her career to the help and advice of the Blackwells and their friends, among whom were Lucy Stone Blackwell, Antoinette Brown Blackwell, the Beechers, and all the early suffragists.

<sup>28</sup> A few statistics show how true this is. In 1931 there were 4,213 women and children cared for at the hospital, and nearly 15,000 treatments given in the dispensary. There were 1,200 babies born in the maternity department. This is the New England Hospital for Women and Children.

advertising the hospital, and in doing what they could to further the scheme. Everywhere "Dr. Zak," as she was called—behind her back—was the same active, high-minded, optimistic person that she had been in Berlin and at the Cleveland college. Internes there were in the hospital from the start, graduates of the Boston school who wished further education, and graduates of the "regular" medical schools open to women. In 1870 the first class of nurses began its training under the plans of Florence Nightingale, and in 1871, Linda Richards was graduated with honor, the first trained nurse to receive a diploma from an American school. Incidentally it should be said that Miss Richards held many important positions as superintendent or head night-nurse in nearly all the earliest hospitals where the training schools for nurses were in process of formation, such as Yale, Harvard, Bellevue, the Blackwell's Infirmary, and Ann Preston's hospital in Philadelphia as well as in distant Japan.

Moreover, nearly every one of the internes from the New England Hospital in the early days went to Europe for further study. Dr. Helen Morton returned with many honors in 1864 from the Paris *Maternité* after four years of intensive work to take charge of the department of obstetrics, and Lucy Sewall and Susan Dimock prepared themselves in London, Paris, Zurich, Munich, Vienna, and Edinburgh, to do surgery and carry on laboratory investigations.

The New England Hospital for Women and Children, unfortunately, maintained a precarious existence for several years because of its financial difficulties, but with Dr. Morton in charge of obstetrics, Dr. Sewall as resident physician, Anita Tyng and Elizabeth Kellar as surgeons, and Marie Zakrzewska as general factotum there was no lack of patients and no failure in treating them satisfactorily. As seen by an interne in the late eighties the hospital beds were generally well filled, and the dispensary overcrowded. Nurses from the training school took turns in helping at the clinics, visiting the out-patients, and in attending the confinement cases with an interne. The gynecological surgery in the hospital was excellent. Dr. Mary A. Smith and Dr. Fannie Berlin from Zurich, and Elizabeth Kellar, who had been trained by Emmeline Cleve-

land in Philadelphia, kept their surgical internes busy nearly every day in the week. Their results were as good as those of any surgeon in the United States.

Those were the days of carbolic steam in the operating room, of instruments boiled and washed in corrosive sublimate solutions and scrupulously scoured by the internes, of all-night vigils with each abdominal case, besides crude bacteriological tests and sputum stainings in the cellar pharmacy where, with an old microscope and after a hard day's work, any interne not otherwise busy examined specimens of cancer or of urine, and made chemical investigations of any material sent to the laboratory. Life was indeed serious to the young doctors under the watchful eye of resident and visiting physicians. If, in an unguarded moment, the interne was heard humming a little air or whistling softly at her work, or even if her shoes squeaked a trifle she was taken to task by one of these dignified censors and questioned as to her reasons for studying medicine and for her unseemly deportment. To a very earnest but immature interne the tall and serious bearing of Dr. Zakrzewska was especially awe-inspiring, but by her contemporaries she was very much beloved. Her own early struggles for independence and success led her to watch even the spare time of the young doctors, and to denounce what she considered harmful contemporary literature, especially the novels of Tolstoi. She would assume a rather judicial air and advise some medical book or biography, adding, "five years of waiting and starvation face you, but if you are made of the right material you will eventually make a place for yourself in the medical profession and prove that it has been worthwhile to educate you." We might add in passing that the training of these internes was such that as a rule they "made their places" in less than half that time.

It would be interesting to continue the story of the work in Boston, and to give in detail biographies of the pioneers who established the New England Hospital and worked unceasingly to prove that there is no sex element in medicine. Always conscientious, medical women were well aware that they were under the critical eye of contemporary men and, therefore, they must excel in whatever they undertook. The

account of the first fifty years of the hospital was given by Dr. Emma L. Call, in 1912, and it is surprising to find many of the internes going on with their studies in Europe before beginning their practice. Several of them founded hospitals or dispensaries as soon as possible, in cities of their choice, and in at least two a medical school for women followed the opening of the hospital. Such was the hospital and school of Mary H. Thompson in Chicago, and of Charlotte Blake-Brown and Annette Buckel in San Francisco, also the Woman's Hospital founded by Dr. Mary G. Hood in Minneapolis. The Evening Dispensary of Grace Wolcott and Lena Ingraham in Boston, and that of Kate C. Hurd-Mead and Alice Hall-Chapman, in Baltimore, soon became hospitals which are still in flourishing condition. Doubtless there were many other hospitals as well as dispensaries and different kinds of medical charity inaugurated by the internes of the nineteenth century who gladly followed in the steps of the pioneers.

## V.

England and Scotland.—Medical Schools Founded by Sophia Jex Blake, M.D.

Because it is connected with the life of Dr. Zakrzewska and her hospital and medical school, as well as with the pioneers in New York and with Mrs. Garrett Anderson in London, we might here remind ourselves of the story of the life of Sophia Jex Blake,<sup>29</sup> 1840-1912, the second English woman to study medicine. She was a well-to-do and well-educated young woman from Hastings whose dream of a higher education for girls contained no thought of a medical career for herself until she came to America, in 1865, at the age of twenty-five, to study the curricula of our women's academies, hoping to return and found a school of her own somewhere in England. Luckily she met Marie Zakrzewska and Lucy Sewall in Boston and was convinced that a medical education was more important for herself than a new school for girls.<sup>30</sup> After a short

<sup>29</sup> *The Life of Sophia Jex Blake*, by Margaret Todd, 1918.

<sup>30</sup> James B. Chadwick, *The Study and Practice of Medicine by Women*. The International Review, 1879.

time at the New England Hospital, where she helped compound the medicines and interview the patients, Sophia Jex Blake and Susan Dimock,<sup>31</sup> a charming young Bostonian, applied for admission to the medical school of Harvard University, but in vain. They were, however, allowed to attend the clinics at the largest Boston hospital with Dr. Sewall, and somewhat later Sophia studied anatomy at Bellevue, in New York, through the influence of Dr. Blackwell, while Susan went to Europe to study at Zurich. Finally, having returned to England, Sophia, in 1868, began to agitate with Elizabeth Garrett, then a student in Paris, for the opening of London medical schools to women. Elizabeth Garrett in 1869 was admitted to *l'Ecole de Médecine* because of the pioneer work of Mary Putnam, who had studied in Philadelphia (W. M. C. 1864), and was a graduate of the New York School of Pharmacy, as was Elizabeth Garrett a graduate of the London Apothecaries' Society 1865 which entitled her to be registered and licensed to practice. Thus we see the interrelation of the early medical pioneers, neither of whom thought of opening a medical school especially for women. In 1866 Elizabeth Garrett, who was already on the London Registry, had opened a dispensary where she might obtain experience with sickness, but even in 1873 it seemed impossible to obtain entrance to a co-educational school in England where other women students might be granted degrees entitling them to the British Registry and to practice medicine legally. Therefore, while Elizabeth Garrett was studying for a French diploma in Paris, Sophia and two or three other young women were permitted to study in Edinburgh, more or less privately, with the university professors. After many vicissitudes, however, they found it impossible to obtain degrees there admitting them to the London examinations. Determinedly as ever, they went to universities on the Continent to study for their degrees, and Sophia Jex Blake won her M.D. at Berne in 1877. Then they were all allowed to

<sup>31</sup> Susan Dimock (1847-1875), was born in North Carolina, in 1847. At the age of thirteen she decided to study medicine and, as her father had died, the family moved to Boston, and at the age of eighteen she began to study at the New England Hospital where she worked during 1866-'67. In 1871 she received her degree of M.D. from the University of Zurich and went at once to Vienna to study with Funk who called her a "pattern for a young Aesculapius." She was wrecked off the English coast and drowned in 1875. (Article by Lida T. Rodman, in *Dictionary of American Medical Biography*, Kelly and Burrage).

take the Irish examinations at Dublin, and finally admitted to the coveted London Register in 1877.

It might seem that through influential friends the process of founding a medical school for women would have been easy even as early as 1874, but this was far from the case, and while Sophia Jex Blake was in Ireland it happened quite suddenly that the London School of Medicine for Women was founded without her. Elizabeth Garrett, then Mrs. Anderson, was appointed dean, Elizabeth Blackwell, professor of gynecology, Mrs. Thorne, one of the Edinburgh students, secretary, but no place was left for the most active member of the coterie. This was a sad blow to Dr. Jex Blake who had done the hardest pioneering, but she accepted it bravely and prepared to enter private practice in Edinburgh where, in 1888, she founded another medical school and hospital for women.<sup>32</sup> Her life in Edinburgh was very successful and happy; her school was later absorbed by the university, and her medical career was quite worthwhile. She died in 1912, at the age of seventy-two, much beloved and greatly admired for her heroic work in opening many of the doors of the British schools to women. If she could have lived to see the work of the women surgeons and physicians during the Great War she would have felt that none of her fighting had been in vain.

## VI.

Paris and New York.—Mary Putnam Jacobi, M.D., Woman's Medical College of Pennsylvania, 1864; Paris, 1871.—Medical Schools for Women in America.—Hospitals Founded by and for Medical Women in America.—Women as Medical Students.

The story of the life of Mary Corinna Putnam has been ably told by her niece, in book form, in 1925, and by Dr. Victor Robinson, in the *Woman's Number of Medical Life*, 1928. Her writings have been collected and published in two volumes, and many an article has contained eulogies of this woman doctor whom Sir William Osler called a "bright particular star in the firmament."

<sup>32</sup> Louisa Martindale, *The Woman Doctor and Her Future*. 1922.

Mary Putnam belonged to a well-known New York family of publishers. Though born in England, in 1842, she was brought up in America and studied pharmacy in New York, and medicine at the Philadelphia school, where she was graduated in 1864. Even then she was not satisfied that she knew enough to open an office, and being somewhat of a writer she decided to go to Paris for further study and to support herself by corresponding with various newspapers and magazines. The story of her relations with the authorities at the *Sorbonne* and *l'Ecole de Médecine*, and her descriptions of the siege of Paris are most interesting and graphic. Owing to the war she was delayed in receiving her diploma until 1871, the year following the date of Elizabeth Garrett's diploma. Soon after she had returned to New York she was admitted to the Demilt and Mt. Sinai dispensaries, then to the New York Academy of Medicine, and, as the wife of Abraham Jacobi, whom she married in 1873, she and Dr. Sarah McNutt, together with several able men physicians, founded the New York Post Graduate Medical School and Hospital where women doctors were always welcome, and where lectures by capable women were as acceptable as those by men. Dr. Mary Putnam Jacobi usually lectured standing in a dignified manner whereas the men sometimes perched themselves on a corner of a table to address the audience. Dr. Jacobi was generally dressed in black and her voice was soft and clear, quite different from the manly voices and rather bumptious demeanor of the men. Which was the more interesting lecturer depended upon the point of view of the hearers. Dr. Jacobi was always thoroughly versed in her subject, and her statistics and descriptions and historical data as well as her diagnosis and treatment were remarkably practical, accurate, and up-to-date.

The life of Mary Putnam Jacobi, published and edited by her niece, Ruth Putnam, in 1925, fills a large volume and vividly shows the importance of her work, not only for her own reputation as a practitioner, lecturer and writer, but for the furthering of medical education among women. She was a great believer in organization, an enthusiastic member of hospital boards and lay associations, a good speaker and regular attendant at medical meetings, and a noble friend of all

medical women who seemed to be worthy of her respect and affection. From the time, in 1876, when she won the Boylston prize in a Harvard competition, by her essay on *The Question of Rest for Women During Menstruation*, until her death in 1906 at the age of sixty-four years, she wrote continuously and well on all important medical topics. There was scarcely a paper read at a medical meeting when she was present to the discussion of which she did not add something of importance. It was an inspiration to be with her at any gathering. She was always eager to see medical women forge ahead, and she urged them not to keep silent in meeting. She sought and found the best that was in her colleagues, but she wanted the world to know them too in proof of the fact that their education had been worth while, and that if women did not give something from their own brains they could not acquire much from the brains of others, in other words that self-education was the only true education. In writing of the work of her contemporaries Dr. Jacobi refers to the shortness of time during which women have been permitted to study medicine in colleges and universities, and she closes her article on women in medicine with these words: "When a century shall have elapsed after general intellectual education has become diffused among women; after two or three generations have had increased opportunities for inheritance of trained intellectual aptitudes; after the work of establishing in the face of resolute opposition the right to privileged work in addition to the drudgeries imposed by necessity; after selfish monopolies shall have broken down . . . when all these changes shall have been affected for about a hundred years, it will then be possible to perceive results from the admission of women to the medical profession, at least as widespread as those now obviously due to their admission to the profession of teaching."

To Mary Putnam Jacobi the admission of women to the medical school of Johns' Hopkins University through the gift of Miss Mary Garrett, in 1890, meant the end of a narrow colonial period and the beginning of a life in the great wide world of science, side by side with men, each taking the part that seems fitting but neither looking down on the other. She little realized that her own step into the halls of the univer-

sity of Paris in 1867 and her exit with her diploma from l'Ecole de Médecine in 1871, after the Franco-Prussian war, meant as long a step forward as that of Elizabeth Blackwell in 1849, and that such strides are necessarily rare.

In *Woman's Work in America*, 1891, p. 173, Chapter VII, on *Women in Medicine* by Mary Putnam Jacobi, we find the following statistics:

#### MEDICAL SCHOOLS FOR WOMEN IN AMERICA

- 1848—the Gregory school in Boston was organized for midwives and lasted until 1874 when it was adopted by Boston University. It is said that the first class witnessed three hundred confinements. In 1859 the school was dominated by Dr. Marie Zakrzewska, but as she could not gain the support of the trustees for a broader and more thorough medical school she resigned after two years.
- 1850—the Female College of Philadelphia was founded by Ann Preston and others.
- 1865—the founding and opening of the Blackwells' medical school in New York.
- 1869—the University of Michigan open to women. Amanda Sanford the first woman graduate. The Mary H. Thompson College founded in Chicago the same year.

#### HOSPITALS FOUNDED BY AND FOR MEDICAL WOMEN IN AMERICA

- 1854-57—the Blackwells' Infirmary in New York City.
- 1861-63—the New England Hospital for Women and Children, in Boston, founded by Marie Zakrzewska.
- 1862—the Philadelphia Hospital, founded by Ann Preston in connection with the woman's medical college.
- 1865—the Mary H. Thompson hospital founded in Chicago, burned in the great fire and soon rebuilt.
- 1875—the San Francisco hospital for women and children founded by Charlotte Blake Brown, and Annette Buckel.
- 1882—the Minneapolis hospital for women founded by Mary G. Hood. The Woman's Medical College of Baltimore founded 1882. Amanda Norris the first woman teacher.
- 1890—the Johns Hopkins Hospital open to women for graduate study. The medical school opened in 1893. A woman on the faculty, Florence Rena Sabin, associate professor of anatomy in 1902, professor of histology, 1917-1925.

#### WOMEN AS MEDICAL STUDENTS

In the *Reports* of various medical schools for women, in 1890, Dr. Jacobi found that the Woman's Medical College of Pennsylvania had matriculated in that year 181 students, the Woman's Medical College of the New York Infirmary 90, the Woman's Medical College of Chicago 90, the University of California 8, Cooper College in San Francisco 18, etc.

There had been graduated from Ann Arbor 88 women medical students, 560 from the Philadelphia school, and 135 from the New York school, i.e., 783 from these three schools alone. Elizabeth Blackwell had calculated that by 1859 there were altogether 300 licensed women doctors in the United States.

## VII.

Eclectic, Thomsonian and Homeopathic Medical Schools.—The Schools at Rochester, New York, and Cleveland, Ohio.—Lydia Folger Fowler, M.D., 1850.—Sarah Adamson-Dolley, M.D., 1851.—Rachel Brooks Gleason, M.D., 1851.

The second woman, in point of time, to be graduated from an American medical college, or from any medical college in the nineteenth century, was Lydia Folger-Fowler of Nantucket, (1822-1879).<sup>33</sup> She had been brought up on that little island off the coast of Massachusetts where most of the medical practice had been in the hands of midwives and phrenologists or self-taught men. Evidently the rugged climate and the remoteness of the island in times of storm had made of this island a paradise for the use of grandmother's herbs and a refuge for sectarianism of all kinds. We can easily imagine the bunches of dried roots and plants hanging from the rafters in the attics, and visualize the apothecary shops where large boluses of pill-mass were cut up and rolled into bullet-shaped pieces and covered with dusting powder to be carried in the saddle bags of the doctors whose long white beards gave them a truly patriarchal appearance.

Lydia Folger Fowler was matriculated in 1849 at the Central Medical College of New York, in Syracuse, an Eclectic school but the first avowedly co-educational college in America, and with her were three other women. Before the end of the first session there were dissensions among the faculty and the school was moved to Rochester.<sup>34</sup> In 1850 the newly re-organized school was opened with ninety-two matriculates, among them Mrs. L. N. Fowler, Miss S. R. Adamson, and Mrs. R. B. Gleason. Seventeen of this class graduated in February,

<sup>33</sup> Dr. Lydia Folger Fowler, by F. C. Waite, Ph.D., in *Annals of Medical History*, Vol. IV, No. 3, 1932.

<sup>34</sup> The Geneva Medical Institute refused to open its doors to women after closing them behind Elizabeth Blackwell. They were opened in 1865 to admit Martha Rogers, but in 1872 the school became a part of Syracuse University and graduated 34 women before 1900.

evidently all men, and four others in June 1850, including Mrs. Fowler, the only woman. She was at once appointed Principal of the Female Department,<sup>35</sup> and was on the teaching staff.

Lydia Folger had married a Nantucket phrenologist named Fowler. Phrenology was very popular in those days and a not unlucrative profession. Lydia seems to have published three books for young people on phrenology and physiology and astronomy, and to have lectured rather extensively before attempting to take a regular medical course in 1849 when the only medical school open to women was the new eclectic school in Syracuse and then Rochester, N. Y., where she was graduated in June 1850, four months before the opening of the Philadelphia school for women. In 1851 she was appointed professor of midwifery and diseases of women and children at her *Alma Mater*, the first medical woman in the world to have such an appointment in the nineteenth century. Later, after the Rochester school had been moved back to Syracuse, she lectured to classes of women at the Metropolitan Medical College in New York where she had settled in practice. This was a sort of physiotherapeutic institute, and as such it was popular in many circles. She published other books before going to Europe to study and give lecture courses in physiology, temperance, etc., and she spent several years traveling, going even so far as Egypt and Palestine. She died in London in 1879, at the age of fifty-six. Dr. Waite adds that "Her ability, industry, and personal charm won for her wide recognition in England. Good inheritance, innate intellectual capability, abundant industry, and somewhat unusual opportunity combined to make a career that measures up to the best traditions of American medical women." We therefore, must recognize the broad-mindedness and industry of Lydia Folger Fowler, and admit that the second pioneer woman to obtain a medical degree in the nineteenth century was worthy of the honor.

The third woman in the United States to receive a diploma from a medical school was Sarah Adamson-Dolley (1829-1909). Although the school at Rochester, N. Y., was thomsonian and

<sup>35</sup> We recall, incidentally, that the Boston school for midwives did not grant degrees in medicine before 1852. The courses were short like those in other colleges, but undoubtedly several women studied at both institutions.

eclectic in its teaching, the reaction from the mineral drugs like calomel and arsenic was so strong that when herbs came into fashion the propaganda for their use was loudly advertised, widely accepted, and, along with blue glass in the windows, and an apparatus for steam baths, became quite the custom. Probably homeopathy was a fad for the same reasons, and each system in its way led to more rational prescribing than heretofore among the adherents of the "old school," who needed more than one lesson as to the cause and effect and scientific use of drugs and the quantities to be administered. At any rate the eclectic school at Rochester and Syracuse was popular for many years. After Sarah Adamson-Dolley graduated there in 1851, on the advice of her uncle, Dr. Hiram Corson<sup>36</sup> of Philadelphia, she went to Blockley Hospital and studied obstetrics, pediatrics and gynecology in the wards for two years. Those were the years, however, when gynecology meant merely "woman's nerves in a frazzle," and obstetrics often implied childbed fever, while pediatrics included the contagious diseases, vaccination with human lymph from a "healthy child's scab," tracheotomy and intubation for diphtheria, and many forms of intestinal diseases of infants.

When Sarah Adamson was ready for "non-sectarian" practice,<sup>37</sup> however, she returned to Rochester, married Dr. Lester Dolley, and with him practiced for fifty years, always keeping up with the times, and caring for a large clientele. In 1886 she organized a free dispensary for women and children, founded the Blackwell Medical Society, in 1887, the first association of medical women, and in 1907 was elected a life member of the Rochester Academy of Science; she died in 1909, at the age of eighty years deeply mourned throughout the country.

<sup>36</sup> Dr. Hiram Corson, 1804-1896, "pioneer promoter of the recognition of women physicians," was a member of the Society of Friends in Philadelphia. He was a graduate of the University of Pennsylvania, 1828, and a great advocate of the cold water treatment of fevers. It was through his efforts that women were admitted to the Montgomery County Medical Society in 1870. In 1877 it was through him also that medical women were appointed to take charge of female patients in insane asylums. He was a great organizer, a true friend to medical women, and an anti-slavery agitator. (Dictionary of American Medical Biography, Kelly and Burrage).

<sup>37</sup> Through her uncle, Dr. Hiram Corson, and Dr. Pennybacker, in 1851, Sarah Adamson was admitted to Blockley to study and practice obstetrics, gynecology, and pediatrics, without salary.

The fourth medical pioneer appears to have been Rachel Brooks-Gleason, 1820-1905, who was also graduated at Rochester in 1851, a few months after Dr. Dolley. Her husband, Silas Orsemus Gleason, was a graduate of the medical school at Castleton, Vt., where, once upon a time, a few women were allowed to listen to medical lectures from behind a screen, though they did not receive diplomas. The Gleasons practiced together for many years in Elmira, N. Y., and conducted a sanitarium the successor of which is still "doing business" in the best medical sense of the word.

The story of the Homeopathic schools<sup>38</sup> begins with the graduation of Dr. Helen Cook, whose diploma was dated 1852 from the new sectarian school in Cleveland. Her graduation scarcely antedated that of the first medical class of 1852 at the new school for women in Philadelphia where Ann Preston and Hannah Longshore of Philadelphia, and Martha A. Sawin of Boston, were among the graduates in January of that year. It is, therefore, impossible to say which was the fifth woman to graduate in medicine in the United States, but Helen Cook must have been the first in homeopathy, and among her immediate successors were Myra K. Merrick, 1852, and Clemence Sophia Lozier, '53.

Of Dr. Lozier, 1813-1888, we must say more than a word, because she represented the fashionable world of New York in the sixties and was very popular as a surgeon and obstetrician. She founded a homeopathic school for women and a hospital which received students and patients in 1863. She probably studied homeopathy at Cleveland, but she had spent a year at the Rochester eclectic school and received her degree at Syracuse in 1853.

She lived as a child in Plainfield, N. J., and at the age of sixteen married Abraham Witton Lozier, an architect, who did not live long after their marriage. It was because of her interest in the poor and in social work that she decided to study medicine in order to be of more use in the world. After settling in practice in New York she opened her house to pupils

<sup>38</sup> Those were the days of heroic medication. We read that Dr. Frederick Dorsey of Hagerstown, Md., treated himself for cholera. He took 200 grains of calomel in 24 hours and survived. He died in 1858 at the age of seventy-four years, having officiated at eleven hundred births.

and in 1863 founded the homeopathic medical school which later became the *New York Medical School and Hospital for Women* of which she was dean for twenty years. Among her patients she was known as *Madam Lozier*, among the students and alumnae, *The Dean*. She was an active worker in every modernistic movement, but between her and the Blackwells and their school there was a great gulf fixed, as everywhere in those days between the various schools of medicine. She died at the age of seventy-five in 1888.

### VIII.

The "Regular" Medical School of Cleveland, Ohio.—The First Co-educational School in the United States.—Nancy Talbot Clark, of Boston, the First Graduate, 1852.—Cordelia A. Greene, M.D., 1856.

Turning from the so-called "irregular" medical schools in the fifties to the "regular" school in Cleveland connected with the Western Reserve University, we find one lone woman from Boston ready to be graduated in March, 1852. Her name was Nancy E. Talbot Clark.<sup>39</sup> Dr. Waite says that between January 23, 1849, when Elizabeth Blackwell received her diploma at Geneva, N. Y., and March 3, 1852, when Nancy Clark received hers at Cleveland, there were twenty women graduates from four "irregular" schools. These were the Central Medical College of Syracuse, eclectic, and the Cleveland Medical College, also eclectic, the Western College of Homeopathic Medicine, and the Female Medical College of Philadelphia which was erroneously called by its enemies "irregular."

From the Philadelphia school, however, one Boston woman had been graduated. She was Martha A. Sawin,<sup>39</sup> 1815-1859, of Marlboro, Mass., and she hung out her shingle in Boston (M.D. Philadelphia, 1852), three months before Nancy Clark was ready to practice there. Martha Sawin (her maiden name was Hayden), had a "certificate of qualification" from the Boston Female Medical College, and had been listed in the city directory, in 1849, as a midwife. She died in Boston in 1859.

<sup>39</sup> Frederick C. Waite, *Dr. Martha A. (Hayden) Sawin*, N. E. Journ. of Med., Nov. 26, 1931; Frederick C. Waite, *Dr. Nancy E. (Talbot) Clark*, N. E. Journ. of Med., Dec. 17, 1931.

Nancy Elizabeth Talbot was born at Sharon, Mass., in 1825, and was married at the age of twenty to a Philadelphia apothecary named Champion W. Clark. Unfortunately, she was soon widowed and her baby died too, so that she decided to study physiology and teach it in the Boston schools. It had been decreed that physiology must be taught in the public schools of Massachusetts, and the only place for a teacher to get instruction in this subject was at a medical school or from private instructors. Therefore, as there was only one "regular" co-educational school in existence at the time it was thought best for Nancy to go to Cleveland to the medical department of Western Reserve College, rather than to Philadelphia or one of the "irregular" schools. Besides, it is supposed that her family may have known the dean, Professor Delamater, whose wife belonged in Sharon. After receiving her diploma Nancy Talbot Clark returned to Boston in 1852 where, instead of teaching physiology in a school, she soon had a large practice. Her brother Tisdale in the meantime had studied homeopathy in Philadelphia, but finally, in 1854, graduated at the Harvard Medical School. That same year he and Nancy went to Europe together to study in the hospitals of France and England, as other ambitious men and women did. To make a long story short, Nancy came home engaged to marry Amos Binney, of Boston, whom she met on the steamer, and by whom she had six children. They lived in Baltimore and Norfolk during the Civil War because Mr. Binney was on the Quartermaster's staff. He died in 1880, Nancy outliving him for twenty-one years. In 1874, however, we find her back in Boston in medico-philanthropic work, organizing a dispensary, and practicing medicine for a short time as in her younger days. She died in 1901.

There were four other noted women graduates of the Western Reserve Medical School before the resignation of Dean Delamater and Professor Kirtland who were always friendly to the women's cause. These four were Emily Blackwell (M.D. '54), and Dr. Zakrzewska, whose lives we have already scanned, and their friends Cordelia Greene and Elizabeth Griselle, also of the Class of '56. The latter was an Ohio woman who studied for one year at the Philadelphia school

and finished her medical course at Cleveland in 1856. She opened an office for a short time in Cleveland and then moved to Salem, Ohio, where she carried on an extensive private practice until her death in 1910, at the age of seventy-nine, always keeping in touch with her classmates but especially with Dr. Greene, often studying at noted hospitals, active in medical societies, and zealous in reform movements.

Dr. Cordelia A. Greene, Cleveland M.D., 1856, was born of Quaker parentage in Lyons, N. Y., in 1831, where her father, Dr. Jabez Greene, had a "water-cure" sanitarium. Having decided to study medicine she had to walk four miles each day to school to get sufficient preliminary education, and then to earn her way at Cleveland by assisting in the work of a sanitarium. After graduation she spent six years at the sanitarium at Clifton Springs, N. Y., and then, her father having died, she organized an institution of her own at Castile, N. Y., which was and still is most prosperous under her niece, Dr. Mary T. Greene. Dr. Greene was "mother, friend, and advisor" to her patients and to the townspeople. A public library was erected in her name at Castile, and many sincere eulogies were devoted to her personality during the dedication services. She was not only a good physician and expert psychologist but active in church and mission work as well as in suffrage and temperance movements. She died in 1905.<sup>40</sup> Among her best friends were Frances Willard, Susan B. Anthony and Clara Swain, the pioneer medical missionary.

## IX.

University of Michigan Medical School.—Amanda Sanford, M.D., 1869.—Emma L. Call, M.D., 1873.—Sarah A. Gertrude Banks, M.D., 1873.—Eliza M. Mosher, M.D., 1875.

Although we have been confining ourselves to the earliest medical schools open to women in the fifties we find that the appreciation of women as physicians was steadily spreading and they were becoming necessary to the communities in which

<sup>40</sup> Story of the Life and Work of Cordelia A. Greene, M.D., by Elizabeth Putnam Gordon, 1925.

they had settled. During the Civil War, Elizabeth Blackwell and Mary Walker were among the first to offer their services to the army and were gladly accepted for the organization of nursing. Help came to them from all over the country wherever medical women were found. After the war the question of providing medical aid for the soldiers and for the negroes was all absorbing, more doctors were needed, and by the end of the sixties two state universities,<sup>41</sup> California and Michigan, opened their doors for co-education. We find that in 1867 Dr. Ruth Gerry went from the New England Hospital to Ypsilanti, Michigan, to work for the opening of the medical school at Ann Arbor to women. This was accomplished in 1869, and Amanda Sanford, a graduate of the Philadelphia school and the New England Hospital, where she had been an interne, was graduated with honor after a few months' study in the first class. She practiced with success for many years in Auburn, N. Y., where her ability, dignity, and charm of manner soon won for her a large clientele among the townspeople. She was acknowledged by her men colleagues to be one of the ablest practitioners in the whole country. She was soon chosen president of the County Medical Society and active in establishing a flourishing hospital in Auburn.

Another Boston woman also went from the New England Hospital to the medical school of the University of Michigan and graduated in 1873 with the highest honors. This was Emma L. Call, one of Dr. Zakrzewska's students, a woman of the highest ideals for herself and for the "cause." She was at the head of the class of the ninety-six members among whom were twelve women. She then studied in Europe and was the first woman to be admitted by examination to the Massachusetts Medical Society, in 1884. For many years she was not only one of the leading practitioners of Boston but one of the most dependable instructors of internes and nurses to be found in the country, a devoted friend to all who needed help of any kind, medical or spiritual, and a fine type of woman doctor. Dr. Call is still living in Cambridge, Mass.

In the class with Dr. Call was Sarah A. Gertrude Banks

<sup>41</sup> Women were admitted to the medical schools of the Universities of California and Michigan in 1869, Boston University in 1874, Cornell in 1899, Johns Hopkins in 1893, Pennsylvania in 1915, Columbia in 1916.

who, after graduation, organized the Woman's Hospital and Foundling Institute in Detroit. Two years later, in 1875, another noted woman graduated at Ann Arbor. This was Dr. Eliza M. Mosher, who became its first dean of women. She was on the staff of the college for a time and then was asked to establish the hospital of the Women's Reformatory of Massachusetts. Later still she was resident physician at Vassar College and in her old age she was the choice of the mayor of Brooklyn to organize the hygienic "clean up" of the city where she had been for many years in practice. This was done to the immense satisfaction of everybody. Dr. Mosher died October 16, 1928, and was widely mourned.

Thus we have found that after these women pioneers studied medicine they seemed to find themselves necessary in many spheres of medical work for the general public as well as for their own private patients.<sup>42</sup> Gradually the irregular schools were absorbed or allowed to die of inanition while most of the state universities followed the lead of Michigan, California, and Kentucky, and adopted co-education in medicine as well as in art. Finally the schools for women alone, with the exception of the Woman's Medical College of Pennsylvania, closed their doors because their work was done.

## X.

### The Progress of Medical Women in Professional Work.

Whereas, in 1850, there were few specialists among men doctors, so rapidly has medical education progressed that now, some three generations later, there is scarcely a medical specialty not represented by women, and further, there is scarcely an association of men specialists to which women have not been invited to become members.<sup>43</sup> If we glance at an article

<sup>42</sup> In 1880 Dean Bodley of Philadelphia and the Doctors Pope of Boston sent a questionnaire to five hundred medical women who were in practice and found that less than a score had failed to become self-supporting within two years after graduation while many were earning large incomes.

<sup>43</sup> Within a few years several noted specialists in nose and throat work have died. Among them was Dr. Gertrude Walker of the W. M. C. of Pennsylvania, an especially clever operator and diagnostician. To her we are indebted for the beautiful lines engraved on the bas-relief of the panel, *The Woman Physician*, designed by Dr. Rosalie Slaughter Morton:

by Dr. Anna E. Blount, in the Woman's Number of *Medical Review of Reviews* (March 1931), we note how successful women have become in the medical profession, especially if one counts success by income and collections. She found that in the States most populated, like New York, Illinois, and California, women doctors had an average income of \$5,000, while 8% of them reached \$10,000. This, from one point of view, shows that women doctors are needed and appreciated. On the other hand, there are still discriminations against women students in admission to co-educational medical schools where, in 1929, for instance, out of 757 women applicants only 285 were matriculated, although they had met the requirements. There is now a proportion of seven medical women students to ninety-three men.

In 1932, as shown by the statistics amassed by the American Medical Association, of the 696 hospitals approved for internship by the Council on Medical Education, only 99 are open to women internes. California<sup>44</sup> has 13 hospitals admitting women internes, Illinois 19, New York 28, Pennsylvania 26. Nine States have one hospital each to which women are admitted, 3 have none. Four admit only women as internes: the San Francisco Hospital for Children, organized by Charlotte Blake Brown, the New England Hospital for Women and Children, organized by Marie Zakrzewska, The New York Infirmary for Women and Children, organized by the Blackwells, and the Hospital of the Woman's Medical College of Pennsylvania, organized by Ann Preston. This is a striking proof that these pioneer women were wise in their day and generation and builded better than they knew. Doubtless many a scoffer proffered the remark that segregation of women was unwise, but what would the women students of the past eighty

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Daughter of Science, Pioneer, thy tenderness hath banished fear;  
Woman and leader in thee blend, physician, surgeon, student, friend.

These lines have been applied recently to such specialists as Dr. Margaret F. Butler, of Philadelphia, and to Dr. Letitia L. Frantz of Lancaster, Pa., both of whom died in 1932.

<sup>44</sup> California has four *Class A* medical schools. The University of California school has three women who are full professors and forty-four who are assistants or instructors. The Stanford University Bulletin, 1932-33, has one full professorship held by a woman, Dr. Clara S. Stoltenberg, Emeritus Professor of Anatomy, and twenty-two other medical women who are assistants or instructors, besides six in other departments, out of a total staff of two hundred and twenty-seven. In the graduating class of Stanford, 1932, there are six women and forty-three men.

years have done without such segregated hospitals in which to study?

For the sake of those readers who are interested in a comparison of the opportunities, positions, and wealth of medical women but who have not easy access to medical libraries for their statistics it may be said here that there can be no comparison between the conditions in the time of the Blackwells and Elizabeth Garrett and Ann Preston, and those of today. For example:

1856—The Corporators of the Female Medical College of Philadelphia appealed "in behalf of the Institution and of refined civilization for support." They desired to place the college on a permanent basis, by an endowment of \$50,000 in order to procure more extensive apparatus, a library, museum, and to place it on an equality with other similar *institutions* in the U. S. A.—President, Charles D. Cleveland.

1856—Elizabeth Blackwell, Emily Blackwell, Ann Preston, and Hannah Longshore taught physiology in or outside medical schools, in New York and Philadelphia.

1860—There was one "regular" co-educational institution open to women for medical study, and two solely for women students.

1916—The Corporators of the Philadelphia school again appealed for funds. They state that they need the sum of \$500,000 to provide larger facilities in all *departments*.—President, Emily Lewis.

1930—A new building of the Philadelphia school was dedicated, and the Corporators asked for a million dollars.—President, Mrs. James Starr.

1930-1932—Few medical schools anywhere in the world are closed to women students, although six in the United States and a few in the city of London are not at present accepting women students for several reasons, the chief of which is lack of funds, lack of urge, and a feeling that there is no necessity for opening their doors to women since there are enough already open to accommodate all women applicants. There are also enough hospitals open to women to accommodate those who require such positions. All government schools and hos-

pitals in the States, and all county schools and hospitals in England are open to both sexes.

1932—Few of the great laboratories for physiological investigations are closed to women and many women are on the staff of medical schools and of clinics, teaching both men and women. In few cases, however, are women given full professorships in men's colleges. There are now sixty-eight women on the staff of the Woman's Medical College of Pennsylvania, twenty-five of whom have received their degrees from co-educational colleges, six being student assistants. Twelve women besides the Dean are full professors, six are clinical professors. See *Bulletin of the W. M. C. of Pennsylvania, July 1932. The Catalogue and 83rd Annual Announcement.*

## XI.

Admission of Medical Women to County and other Hospital Positions.—Elizabeth Blackwell, in 1848, at Blockley, Philadelphia; Sarah Adamson (later Dolley), at Blockley, Philadelphia, in 1851, to study and "aid" without compensation.—Dr. Clara Marshall, and Dr. Hannah Croasdale, on the visiting staff at Blockley, in 1882.—Dr. Pauline Root, Interne at Blockley in 1883.—Dr. Alice Bennett at the Norristown Insane Asylum, 1880.—Dr. Sarah Hackett Stevenson at Cook County Hospital, Ill., 1881.—The *Mary Harris Thompson Hospital* was founded in Chicago, in 1865, and the Woman's Medical School of Chicago, in 1870 (closed in 1902).

Because of the early struggles of the pioneer medical women for admission to men's colleges, hospitals, and societies, it must have seemed to the leaders that once these objects had been obtained, recognition would then have come more rapidly to their successors according to their merit. This was true in private practice and in gaining positions as medical directors at academic colleges for women, and in appointments to minor offices where the work was hard and not so attractive to men. In fact, rather early it was conceded that women might have positions in charge of women in prisons and almshouses, but these positions did not satisfy women who had graduated with men at some of the best co-educational colleges nor, in fact, those who graduated at woman's colleges where

the teaching and clinical work were equal to that in the schools for men.

It is a matter of history that even in 1848 Elizabeth Blackwell had been allowed to study in the wards at Blockley. Dr. Dolley was interne in 1851, and in 1882 Dr. Clara Marshall was appointed to the visiting staff, and soon thereafter Dr. Hannah Croasdale was also given this honor, and in 1883 Dr. Pauline Root was resident physician.

In 1880 Dr. Alice Bennett, from the Philadelphia school, was asked to care for the women at the Pennsylvania State Asylum for the Insane. She went to Norristown as "an experiment," liberated the patients from chains and cells, and was so successful that within the following decade many other States of the Union followed the lead of the Quaker State in this respect. In 1891 Dr. Bennett had 800 patients under her care. In 1881 Illinois appointed Dr. Sarah Hackett Stevenson to take charge of the women in the Cook County Hospital. In 1905 Dr. Mary O'Malley was placed over the psychopathic wards at St. Elizabeth's Hospital, Washington, D. C., as resident physician, and in 1917 as clinical director. Thus the work, so full of responsibility, increased slowly but surely because it was a reasonable arrangement, a tested experiment, and eminently fitting that since women had been trained as well as men they should receive positions of equal importance.

Before turning to the question of medical women as teachers in medical schools we should not neglect a reference to the kindness of men physicians of prominence in all the cities where there were colleges for women. In 1870 some of the best surgeons in Chicago helped Mary Harris Thompson (1829-1895), to found the Women's Medical School of Chicago, where she had, with many handicaps, opened a hospital for women and children in 1865. Chicago was then a relatively small city, and the great fire of 1871 swept away her little hospital, but with tremendous energy she at once opened a barracks for the burned and wounded, the whole personnel of the Relief and Aid Society backing her with \$25,000 on condition that twenty-five patients should be cared for constantly.<sup>45</sup> Dr. Thompson was a graduate of the Female College of Phila-

<sup>45</sup> Dictionary of American Medical Biography, Kelly and Burrage, p. 1205 (1928).

delphia after having studied in 1859 with Dr. Zakrzewska in Boston, and later serving a year as interne with Dr. Emily Blackwell in New York. Dr. Zakrzewska was proud of the ability and courage of her pupil and she says: "Dr. Thompson was the first woman surgeon who performed capital operations entirely on her own responsibility." One of her biographers, Dr. Alfreda B. Withington, says, "for thirty years she labored there, (in the Mary H. Thompson Hospital) doing all the surgical work with wonderful precision and dexterity of manipulation." She had many noted followers in her surgical work, as we shall soon see.

Hospitals like that of Mary H. Thompson, and the other pioneer institutions managed by and for women impressed the public with the ability of educated women to make and carry out plans for human welfare as well as men could do, for, in fact, to manage an institution requires the same kind of mind as that of a successful wife and mother in a home, plus some business methods and an understanding of the details of budgeting and of mass psychology on a large scale. Such a mind was that of many of our pioneers, notably those previously mentioned and others like Sarah Stockton, who for twenty-one years was superintendent at the State Insane Asylum at Indianapolis, Eliza Mosher at the Woman's Reformatory at Framingham, and Louise Morrow at the Illinois State School for Girls.

## XII.

Medical Women as Teachers, Investigators, and Lecturers in Medical Schools.—Mary Putnam Jacobi and Sarah McNutt at the New York Post-Graduate School in 1882.—Eliza Mosher at the University of Michigan.—Bertha Van Hoosen and Rachel Yarros in Chicago.—Elizabeth Bass at Tulane, Louisiana, and Many Medical Women at the schools especially founded for women students.

The medical graduates from the early colleges for women seem to have been of specially fine fibre and full of energy. Elizabeth Blackwell raised the teaching of hygiene to a plane on a level with that of obstetrics and surgery. She was fol-

lowed by such women as Elizabeth Thelberg of Vassar College, and Lillian Welsh of Goucher.

Emily Blackwell opened the way for better teaching of gynecology and of surgery, and was ably followed by Elizabeth Cushier and Hannah Croasdale.

Marie Zakrzewska upheld the science and art of obstetrics more conscientiously than any medical teacher of men. She was a forerunner of such eminent women as Emmeline Cleveland and Anna Broomall and Bertha Van Hoosen and Rachel Yarros.

Mary Putnam Jacobi and Frances Emily White were examples of the art of making students do their own thinking as well as masters of accuracy in all branches of medicine.

Ann Preston showed what could be done in building up an educational institution with a mere handful of shekels as a business basis. She was ably followed by Rachel Bodley, Clara Marshall, and Martha Tracy. Such economical tendencies are inherent in women's chromozomes. Charlotte Baker Brown proved this, as did Lucy Wanzer and Charlotte Johnson Baker, also of California. Whether in a medical school or by public lectures they and the early hygienists were always teaching preventive medicine as well as its science. They and Beatrice Hinkle and Mary Frame Thomas were the forerunners of Mary Elizabeth Bates, M. Ethel Fraser and Elsie S. Pratt, of Colorado, and of Frances Eastman Rose of Washington, and Ellen Potter and Mary Riggs Noble of Pennsylvania and New Jersey, and of women of even wider reputation like S. Josephine Baker of New York, Lillian H. South of Kentucky, and Valeria N. Parker of Connecticut.

To go a little more into detail on this subject of medical women as teachers, even at the expense of being prolix, it should be emphasized that the pioneers builded better than they knew when they took upon themselves the duty of vying with men as professors and lecturers in medicine.

In 1882 Mary Putnam Jacobi and Sarah McNutt were appointed lecturers at the Post-Graduate Hospital in New York City. Ten years later Dr. Rosalie Slaughter Morton became Assistant Professor of Gynecology with four helpers. In 1912 women were given salaried positions as lecturers at Bellevue

and at New York University. Whereas in 1900 there were in this country only two medical women teaching medicine to classes of men and women—Dr. Eliza Mosher in the department of hygiene at the University of Michigan and Rachel Yarros, chief in that of obstetrics at the College of Physicians and Surgeons in Chicago—by 1930 there were thirty medical women holding similar positions in the United States. There were at that time about 8,000 women doctors listed in the Directory and 154,830 men, all supposed to be in active practice.

Among the well-known teachers in medical schools, whether co-educational or for women only, since the days of the pioneers, we find Elizabeth Bass at Tulane, professor of pathology at the graduate school, Rachel Yarros and Bertha Van Hoosen and Alice Hamilton and Florence Sabin and Elizabeth Hurdon and Esther Loring Richards, and Martha M. Eliot, all teaching men as well as women.

Not only as teachers do we find women filling the highest positions in the gift of medical institutions but as model laboratory investigators, among whom, taken at random, should be mentioned Gladys Dick, Louise Pearce, Florence Sabin, Leda J. Stacy, Martha Wollstein, Georgine Luden, Maude E. S. Abbott, and others who are investigating epidemic diseases, anatomical questions, cancer problems, and other exceedingly important subjects with the care and skill of the most able men.

### XIII.

Women Admitted to Medical Societies Organized by Men.—Emma L. Call, in 1884, to the Massachusetts Society.—Sarah Hackett Stevenson, a Delegate to the American Medical Association in 1871.—Lillian South, Vice-President of the A. M. A. in 1910.—Women in Special Medical Associations.

While touching on the subject of the admission of medical women to the special societies organized by men for their own benefit we may be amused by recalling that when Nancy Talbot-Clark was practicing in Boston, licensed under her diploma from the men's college at Western Reserve University, she applied in 1853 for admission to the Suffolk County Medical Society and thus threw its members into "dreadful consterna-

tion." Nothing so extraordinary had happened before, and there was a by-law that a fine of \$400 should be imposed upon any Censor who refused to admit a properly qualified applicant. Her application was therefore laid before the officers of the State Society who, after mature deliberation, decided that the word *male* should have been inserted before the word *applicant*. Again, in 1855, Dr. Clark applied and was again rejected, although she was personally much respected by the men of the Society and her credentials could not be better. No woman was admitted to the Massachusetts Medical Society, however, until Dr. Emma L. Call, of Boston, with a medical degree from the University of Michigan in 1873, took the examination in 1884, after a long, stormy controversy and was admitted. Dr. Zakrzewska was then too busy to cram up for the examination, and the Society was too afraid of making a precedent to admit her on her well-recognized merits, plus refusing a gesture that would have been very pleasing to the trustees and doctors of the New England Hospital for Women and Children.

All medical women in active practice are now expected to belong to the American Medical Association through their State Societies, despite the fact that in certain cities the fees are rather prohibitive because of the expense of their buildings. Nevertheless, in nearly every State there are or have been medical women elected to the presidency or secretaryship of the local organization. The dates of the admission of women to these societies have been given by Dr. Jacobi,<sup>46</sup> but when she wrote, in 1890, she could not have known of the admission of medical women to the special American Medical Societies.<sup>47</sup> Twenty-five women now belong to the old exclusive

<sup>46</sup> Mary Putnam Jacobi (*Woman's Work in Medicine*, p. 188), gives us a list of the dates of admission of women to the state medical societies as follows: Kansas, Iowa (and Rhode Island) 1872; Vermont, Maine, New York and Ohio, 1874; California, 1876; New Hampshire, 1878; Minnesota 1879; Massachusetts, 1884; Connecticut, 1880; Pennsylvania, 1881 (?). By that time there were, however, only 115 women members in all the States. The controversy in Massachusetts had lasted from 1879.

<sup>47</sup> It may be stated here that it was from the early medical schools for women that in 1870 a woman was admitted to the Montgomery County Medical Society, and in 1872 Sarah Hackett Stevenson was sent as a delegate from the Illinois (Cook County) Medical Society to the session of the American Medical Association in San Francisco, somewhat to the consternation of the other delegates.

In 1862, Dr. Jacobi tells us, a woman was accepted as assistant at the Demilt Dispensary in New York, and in 1870 women were admitted to the clinics at Blockley. These are significant dates for medical historians.

College of Physicians, thirty to the College of Ophthalmologists, sixty-nine to the College of Surgeons, one, Dr. Catherine Macfarlane of The Woman's Medical College of Philadelphia is the first woman elected to the College of Physicians of Philadelphia, one hundred and fifty-five years after its founding, and eighty years after the founding of the Woman's Medical College. The only woman member of the American Gynecological Society is Dr. Lillian K. P. Farrar, of New York, and there are but two women, both professors at the Philadelphia school, Dr. Macfarlane and Dr. Margaret C. Sturgis, on the American Board of Obstetrics and Gynecology, where, obviously, many others should have a seat. Probably the omission of their names is due not to their personal unfitness but to their indifference to the honor, and yet it can not be doubted that their influence would be most beneficial in consideration of the ever-present topics of maternal mortality, birth-control, and still-born infants. When one compares the statistics of the obstetric records of the Woman's Medical College under Dr. Broomall and Dr. Alice W. Tallant and Dr. Lida S. Cogill and their graduates with those of the country at large one must admit that the balance in favor of the women's statistics is certainly most significant.

#### XIV.

Women Doctors in Preventive Medicine, Cancer Research, and Laboratories, and as Directors of Medical Museums.

We have noticed that the specialized medical work of Elizabeth Blackwell was in teaching hygiene and what we now call preventive medicine. Doubtless she would have gone in for courses in public health if she had not been born too soon. She was, however, a contemporary of that great social reformer, Edwin Chadwick, whose work for the better-housing of the poor and more hygienic living for mankind in general struck a new note among reformers of all sorts. His writings were edited and published in the eighties and had a great influence upon all public-minded men and women along with those of such immortals as Darwin, Spencer, Huxley, John

Stuart Mill, Foster with his new theories in physiology—what a wealth of writers there were among the people whom Elizabeth Blackwell may have known personally in England and America! Not only hygiene but physical education to develop the body of growing girls was taking the place of polite and effeminate delicacy, and there were not wanting medical women to study and teach medical gymnastics and corrective exercises to children and young people. Women were appointed medical directors at the women's colleges and at schools for girls. Such names as Caroline Ladd of Bryn Mawr, and Alice Hall and Lillian Welsh of Goucher College, Elizabeth Thelberg of Vassar, and Clelia Mosher of Leland Stanford rush into one's mind.

Soon medical women were demanded for positions on the boards of health, and the names of Dame Janet Campbell and Janet Lane Claypon, of London stand beside that of Helen McMurchy of Canada and of many an American woman already mentioned, led by S. Josephine Baker of New York.

Among the interesting occupations for women doctors is that filled by Dr. Maude E. S. Abbott, of Montreal, whom Sir William Osler called the "most perfect director of museums in the world." Not only is she an expert museum director at McGill University but also a pathologist of great note. Her investigations in the minutiae of diseases of the heart have made her a recognized authority on that subject all over the world. In answer to the question as to what women doctors have done to prove that it is worthwhile to educate them Dr. Abbott says, "Although none of the women doctors of the nineteenth century has become so noted as Pasteur, or Koch, or Ehrlich, the sum of human knowledge is not achieved by the solving of a few problems. It is formed by the consensus of innumerable honest and precise observations, original investigations, and independent conclusions, such work as is being done by many women in medical research today."<sup>48</sup> She then

<sup>48</sup> That women doctors are capable of intensive scientific work is shown by the names on the official program of the scientific exhibits of the A. M. A. at its meeting in Philadelphia, in 1931. Viz. Dr. Georgiana Dvorak-Theobald, Illinois Eye and Ear Infirmary, Chicago, on retinal tumors with drawings; Dr. Emily Dunning Barringer, of New York, on gonorrhea in women, with lantern slides; Dr. Laura A. Lane, of Minneapolis, a study of recent researches in foods to demonstrate the need of correct diets to preserve eyesight; Dr. Ina M. Richter, of San Francisco, on heart disease in school children; Dr. Barbara B. Stimson, of New York, on

mentions Lydia Rabinovitch-Kempner in bacteriology and tuberculosis, Mme. Dejerine Klumpke and Mme. Metchnikoff in Paris, Mme. Vogt of Berlin, Martha Wollstein of New York, Claribel Cone of Baltimore, Lydia DeWitt of Ann Arbor, Dorothy Reed Mendenhall of Wisconsin, Helen Baldwin of Herter's laboratory and others.<sup>49</sup>

Important names like these could be shown in almost every specialty practiced by medical women. Recently, investigations of cancer have been prominently before the public, and in this work whether in the laboratory or in surgery or in the use of radium we find women as busy as men. Among the number is Dr. Leda J. Stacy of the Mayo Clinic, a radiologist and an expert diagnostician of uterine and mammary cancer; Dr. Edith Quimby in research work at the Memorial Hospital in New York; Dr. Zoe A. Johnston, a radiologist of Pittsburgh; Dr. Lillian P. K. Farrar, a radiologist as well as surgeon at the Woman's Hospital in New York; and Dr. Grace Line Homman, of Los Angeles, who, as Dr. Stacy says admiringly, "owns a sufficient quantity of radium for her large practice." These American cancer specialists are the counterparts of a group of women in London who have founded the *Marie Curie Hospital* for the treatment of cancer in women. They personally own a little radium, but from the British Government and from the British Medical Society they have obtained loans of as much radium as they require for their famous hospital. In this group we find a pathologist, Dr. Elizabeth Hurdon, formerly of the Johns Hopkins Medical School; a radiologist, Dr. Helen Chambers, of the Middlesex Hospital; and several celebrated surgeons, among whom are Dame Louise McIlroy, of the Royal Free Hospital, Louisa Martindale of the New Sussex Hospital for Women, Elizabeth Bolton of the Garrett-Anderson Hospital, Maud M. Chadburn of the South London Hospital for Women, and Lady Barrett of the London School of Medicine for Women. These women are not only busy with their own professional work but their names are found as

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fractures; Helen B. Pryor of San Francisco; Anna W. Williams of New York; and Florence E. Ahlfeldt of Philadelphia, each of whom collaborated with men in presenting laboratory investigations.

<sup>49</sup> Maude E. S. Abbott, in the *McGill Magazine*, April 1911.

chairmen of committees in the British Medical Association and in the Federation of Medical Women as well as in many social and philanthropic societies. Their patients come from every part of Great Britain, and their influence for health and sanity cannot be estimated. Add to this list the names of Jane Walker in tuberculosis work, honored by many titles, the first doctor in the world to advocate open air schools, and the late Dame Mary Scharlieb, Dean of the London School of Medicine for Women, and Margaret Balfour, a Fellow of the British College of Obstetrics and Gynecology, who has done unprecedented work for the sick and suffering mothers in India.<sup>50</sup>

## XV.

Women as Surgeons.—Emmeline Horton Cleveland, M.D., 1855, first woman ovariologist in America.

As for women surgeons there is much that might be said, a good deal that has been said in their favor, and considerable misunderstanding and under-estimating as to the number and skill of women who have been practicing this specialty. Quoting from an editorial article by Bertha Van Hoosen in the *Medical Woman's Journal* (1930), we find no less a surgeon than Dr. Connie M. Guion of the Cornell Clinic regretting that so few women go into surgery since they are by nature endowed with hands and brains most fitting for operative work. She mentions Dr. Barbara B. Stimson, of the Hospital of the College of Physicians and Surgeons, as the "only surgeon who has so far emerged." To this Dr. Van Hoosen replies that there are more than sixty women surgeons who have emerged and belong to The American College of Surgeons,<sup>51</sup> indicating that

<sup>50</sup> Louisa Martindale, *The Woman Doctor and Her Future*, 1922.

<sup>51</sup> The College of Surgeons was organized in 1913, in Washington, in order to elevate the standards of surgery. The question of sex was not raised. A candidate must have served three years as hospital surgeon or rather as apprentice and have specialized in surgery for at least eight years, have prepared an account of one hundred case records of major surgical operations, have been properly certified and elected to membership, have paid a fee of one hundred dollars, and signed the pledge to do his work as best he knows how, to observe the code of ethics, to be just in his fees, and to further the interests of the College in every way possible. There were listed in 1931 sixty-nine Fellows who are women surgeons, and of them Dr. Emma K. Willits, of the San Francisco Hospital for Children says. "Women are fully capable of meeting emergencies, and the instant decisions and actions that a surgeon must handle are in line with

their surgical skill and experience has been acknowledged by that highest of tribunals. Dr. Van Hoosen also mentions Dr. Lillian K. P. Farrar, a member of the National Association of Gynecology and Obstetrics, Attending Surgeon of the Woman's Hospital, Consulting Surgeon to the Booth Memorial Hospital, Assistant Professor of Obstetrics and Gynecology in the Cornell University Medical School, a graduate of that college in 1900. Dr. Marie L. Chard was also cited as having done major surgery in New York City for more than thirty years.

*The Medical Mentor* (1930), has published an article by Dr. Agnes Vietor of Boston, herself a noted surgeon and medical author, on this subject. She tells us that the first woman appointee as surgeon at any hospital in Boston was Anita E. Tyng in 1865, assistant to Dr. Horatio R. Storer, and the second was Dr. Annette E. Buckel in 1875, who was given the full title of attending surgeon, both of them operating at the New England Hospital in Boston, Dr. Zakrzewska's hospital. By that time there were women surgeons at all the women's hospitals, Dr. Croasdale and Dr. Broomall in Philadelphia, Dr. Cushier in New York, and several others, each praised by such noted men surgeons as Marion Sims (1813-1883), and Horatio Storer (1830-1922), and Thomas Addis Emmet (1828-1919), as equal in operative results and technique to any Surgeon in the world. In 1890 Elizabeth Kellar of Boston and Mary J. Mergler (1851-1901, M.D.1897), from the Chicago medical school, reported hundreds of abdominal operations each. Dr. Mergler succeeded Dr. Byford as surgeon at the Cook County Hospital, Illinois, in 1882, and was appointed gynecological surgeon to the Woman's Hospital in 1886, and in 1890 she held the same position at the Wesley Hospital. In 1897 she became dean of the Women's Medical School at Northwestern University, and in 1890 head surgeon at the Mary H. Thompson Hospital. For several years before her death in 1901 she was professor of gynecology at the Post Graduate Medical School in Chicago. She wrote many articles for the

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feminine temperament as a whole." Dr. Florence W. Duckering, of Boston, says: "A delicate, sure touch in a woman's hands is often the making of a capable surgeon. The fact that they may be small hands is by no means a drawback."

medical journals and contributed a chapter on the diseases of the new-born to the *American Textbook of Obstetrics*.<sup>52</sup> Dr. Mergler had received some surgical training in Zurich.

Perhaps the greatest pioneer surgeon in America was Emmeline Horton Cleveland (1829-1878), of the Philadelphia Woman's Medical College (M.D. 1855), who, as has been said, was the first woman ovariectomist in America, trained in Philadelphia and in Europe. She had rare native ability, a cool head, and a great deal of sympathy for suffering. She was a superior obstetrician and had an instinct for surgical cleanliness before the days of germ theories, hence her operative success was far above the average in the sixties and seventies. Her early death at the age of forty-nine deprived the world of a second Trotula, the great director of the medical school of Salerno eight hundred years earlier.

If we ask why are there not more truly great women surgeons like those mentioned above, we answer that there are many others quietly performing major operations but not sounding a trumpet. During the Great War women performed exactly the same kinds of operations on men and women as did the men surgeons, and all over the world, wherever there are trained women their surgical results are quite as good as those of men. Dr. Etta G. Gray, for example, performed almost countless operations on the wounded soldiers in Macedonia and Serbia, and personally treated more than 1600 cases of trachoma.

The fact is that statisticians confuse sex and type in the study of medical women, and since women have generally regarded themselves as inferior to men because that lesson was taught them from infancy, they appear to the men who write books as hiding their light because it is of small candle power, no protest being made by the mass of women to such an erroneous idea. When women doctors rise above the thought of mere equality with men to the feeling of superiority in certain departments of medicine, then, and not until then, will they stand actually on an equality with men. It is true as Stanley Hall says, woman is a more complete representative of the race than they. Women admit this, but we have seen that only

<sup>52</sup> See article by Alfreda B. Withington in Kelly's *Medical Biographies*, p. 835.

because of the gift of Miss Mary Garrett were they matriculated in the medical school of Johns Hopkins University. Therefore, we must aim to show by our works and by our harmonious co-operation with all our women colleagues as well as with men that sex and type are not to be confounded any longer. Brains and ability as well as personality are rewarded by the French universities and to a large extent in Italy, but in England and America there are still handicaps to be overcome which can only be removed by concerted action. Great men have championed woman's cause in a remarkable way but now they expect women to champion one another wherever they seem to be worthy.

As concerns surgery, however, there are still too few surgical internships for women. Dr. Van Hoosen has found that out of 5,422 hospitals in the U. S. A. only 182 have internships open to women, many of them being connected with hospitals for women alone. Herein lies an answer to the question. Surgical technique must be acquired by practice, and since women are admittedly superior to men in obstetric technique they can also excel in surgery if and when they choose to fit themselves for the highest positions.

Women have already taken up various other medical specialties such as pediatrics, ophthalmology and otology. We find that there are now thirty women members of the College of Ophthalmology, among them L. Rosa H. Gantt, of South Carolina,, Margaret Noyes Kleinert and Alice G. Bryant of Boston, Dr. Jeannette M. Shefferd of Fall River who belong to the Academy and Societies of Otology and Laryngology, and others in different parts of the country. There is no reason for any discriminations in these specialties because of sex.

## XVI.

Medical Women in the Army and Navy.—Mary E. Walker, M.D., Syracuse University, 1855.—Anita Newcomb McGee, M.D., George Washington University, 1892.—Doctors Rosalie Slaughter Morton, Kate B. B. Karpeles, Olga Stastny.

However much medical women have gained in recognition by medical associations, and however many positions in hos-

pitals and medical schools are now open to them, for all of which they are duly appreciative, there yet remains at least one coveted position. We remember that the fight for woman-suffrage began just at the time that Elizabeth Blackwell was entering the medical school at Geneva, N. Y. Nearly seventy years later suffrage was granted to women in every State in the Union only because of a perpetual agitation by women and a few fair-minded men who worked for the political equality of the sexes. Having won the right to vote in 1920 it was supposed that with it went the duty to protect the country whenever it was in trouble or at war. The duty to vote was no more important than the duty to uphold the government according to the dictates of conscience. Therefore, women wish to be drafted for service in any emergency like men, medical women no less than medical men. This seems not to be comprehensible as yet to the minds of men, and especially to the minds of the men of the army and navy.

We have seen that women doctors have shown their willingness and ability to undertake every kind of medical work by night or by day, on foot, on horseback, by boat, automobile, or aeroplane. They have practiced obstetrics and surgery by electric light or the light of candles or of their own automobiles, whether in hospitals of the first rank, or in the huts of the jungles of Africa, or above the Arctic Circle. Yet they knock at the doors of the army and navy in vain. It is true that during the Great War seven women were appointed Assistant Surgeons, U. S. P. H. S., but at present they no longer have recognition as such, nor may they wear the insignia such as are worn by the trained nurses who, by reason of their organization and subservience to the physicians, have been admitted to the ranks of lieutenants. Thus the shoes of the women doctors verily do pinch their feet, and although they do not wish to wear the shoes of the nurses they would gladly wear the shoes of an army officer. Pacifists rather than militants, women doctors are none the less willing to learn military tactics if that is a *sine qua non* for army service, and they deplore a resort to arms only if arbitration fails.<sup>53</sup>

<sup>53</sup> The service flag of the W. M. C. of Pa. contains 25 stars for alumnae and 10 for the teaching staff. Two of the survivors won the status of French officers, and others won the Croix de Guerre and service bands.

One of the earliest medical women to have an army ranking in the nineteenth century was Dr. Mary E. Walker (1832-1919). Born in Oswego, N. Y., she was graduated from the medical school at Syracuse in 1855 and began to practice medicine in Columbus, Ohio. Later she moved to Rome, N. Y., where she was permitted to wear male attire. During the Civil War she was commissioned lieutenant and assistant surgeon, the first woman to serve on the staff of any army in time of war. She was once taken prisoner but exchanged for a man soldier. She received a medal for bravery and was for many years prominent in Washington as the woman doctor who wore trousers. This fad was possibly excusable because she was in every way distinctly feminine, petite, and gentle, and, although a lecturer on women's rights she never failed to draw a crowd because of her attire. After the war she settled in her Oswego sanitarium which she used for the care of tubercular patients.<sup>54</sup> She wrote a book with the title, *Unmasked, or the Science of Immortality*. It was dedicated *To Gentlemen by a Woman Physician and Surgeon*, 1878.

Ranking as an officer during the Spanish-American War was Dr. Anita Newcomb McGee of Washington, D. C. She had taken her medical degree at the George Washington University in 1892, had studied at Johns Hopkins, was married and had two children when the war broke out. Through the Daughters of the American Revolution which she had been influential in organizing, she was called upon to organize nursing for the army. Under orders from Surgeon-General Sternberg she was ranked as Acting Assistant Surgeon, U. S. A., 1898-1900, and by means of this authority she selected 2,000 nurses as an army corps. They served through the Spanish war, the Philippine insurrection, the Boxer troubles, and later with the Japanese army during the war with Russia in 1904. Dr. McGee is the possessor of numerous war medals from Japan and many citations for her undertakings through the Red Cross Association. She has lectured extensively on hygiene, especially in 1911 at the University of California. She has written many articles for the Red Cross publications and for scientific associations.

<sup>54</sup> Kelly and Burrage, *Dictionary of American Medical Biography*.

Another medical woman to be honored by the American Army is Dr. Rosalie Slaughter Morton of Virginia. During the Great War of 1914-1918 she was commissioned by Col. Randolph Kane in 1917 to take a great many Red Cross supplies to Serbia. These consisted of materials directed to the *Serbian Service de Santé*. Her work was most satisfactory both as a commissioner and as a surgeon at the Serbian Front. She was given many medals by Serbia and by France for her war activities. To such women war had no more terrors than to the regular army officers.

Still another army officer during the last war is Dr. Kate Karpeles, of Washington, D. C. Her reward for constant and fatiguing work was merely dismissal at the end of the war, and no permanent title. One cannot but feel a sense of irritation at the seeming unfairness of these temporary appointments of such skilled women who had passed all the medical examinations required by the army.<sup>55</sup>

We may not omit a few words in praise of Dr. Olga F. Stastny of Nebraska, who went overseas during the war and worked in Czecho-Slovakia and Greece with the Red Cross, the Near East Relief, and the American Women's Hospitals. For many months she battled almost single-handed with the diseases brought by the refugees from Smyrna and Armenia to the barren island of Macronesi, off the coast of Greece. Ten thousand refugees there were to be de-loused, cured of typhus or cremated, and treated for every known contagious disease, her helpers being in the main Armenian refugee doctors and Greek soldiers. Their food was chiefly bread and water from the mainland of Greece. Dr. Stastny now may wear the following medals: the *Médaille de la Reconnaissance* from France, a *Citation of Service* from Czecho-Slovakia, the *Cross of St. George* from Greece, and the *Noguchi Medal* from Creighton University for outstanding work in preventive medicine.

<sup>55</sup> At present there are three medical women on the rolls of the United States Veterans' Bureau. They are Bernice T. Wright of Veteran Hospital 88, at Memphis, Tenn., and Mary M. S. Johnstone, of Chicago, and Margaret R. E. Stewart of Cincinnati. Anna S. B. Kearsley of Wrangel, Alaska, is also on the government roll if not actually in the army. These women have an enviable record, and they must be doing better work than men could do or they would not be retained, for doubtless there are men who would like to fill their places.

There are at least two women Medical Officers of the Indian Field Service, Addie W. Carlson, at Wheelock Academy, Choctaw Nation, Valliant, Oklahoma, and Mary H. McKee, Fort Berthold Agency, Elbowoods, North Dakota.

These are but samples of army work under the organization of a woman. And to them we may add Dr. Daisy M. O. Robinson, of the Bureau of Venereal Diseases, lecturer on dermatology, and bearing decorations not only from the Public Health Service of our government, but from the French Academy of Science and the French government.

## XVII.

Medical Women in Medico-Social Work at Home, and in Foreign Missions.

The foregoing outlines of the medical work of women from the early days of the pioneers indicate some of the difficulties in their path and their struggles with almost insurmountable and preposterous obstacles. Ages-old customs and habits of thought could not be wiped out in the twinkling of an eye. Organized public opinion is a thing of slow growth needing constant stimulation or suppression, and medical men thought that even if a few women did study medicine the public could not be expected to employ them. The familiar phrase was often heard in the old days with a sort of pathetic whine, "I can not feel the confidence in a woman that I feel in an elderly man," but it is surprising that when medical women hung out their signs they were not so slow as their men colleagues in getting a good clientele, family practice included.

Possibly this is because from the bottom of their hearts they loved their work and wanted to do something to lessen the pains of the sick. Hence the pioneer women opened evening dispensaries where the poor were treated as in the dispensaries at the New England Hospital, or the New York Infirmary, or the Philadelphia clinics. The first of these altruistic dispensaries was that of the Blackwells. We have seen that this soon developed into a small hospital and then into a larger hospital and a medical school.

In the eighties it was quite the custom for ex-internes of the early hospitals managed by medical women to open evening dispensaries for working women and children so soon as they

were sufficiently established in practice to find a location and charitable funds for the purpose. These dispensaries eventually developed day-clinics, then out-practice departments, then a ward or two, until, in the course of a few years they also became hospitals. This was the evolution, for example, of the Vincent Hospital in Boston, founded as an evening dispensary by Dr. Lena V. Ingraham and Dr. Grace Wolcott; and of the evening dispensary of Dr. Alice Hall-Chapman and Dr. Kate C. Hurd-Mead, in Baltimore, now a part of the South Baltimore General Hospital. We have already seen that Chicago, Minneapolis, San Francisco, and Detroit, had similar institutions. Several others might be mentioned like that of Dr. Mary McLean and Dr. Ella Marx in St. Louis. We should add, in passing, that the hospital of the Blackwells, founded in 1853 as a dispensary, has grown to the enormous size of the New York Infirmary for Women and Children with its hundreds of beds and the New England Hospital, founded by Dr. Zakrzewska in 1862, which now has 165 beds and 75 bassinets, and Ann Preston's hospital, established in 1861, in Philadelphia, now in its new medical school building, which has 134 beds and 16 bassinets, plus a large out-patient department. This by no means tells the whole story of women's work in organizing and carrying on hospitals either in the United States or in foreign countries, but it gives a mere hint of the growth of the work of medical women during eighty years. In 1871, in connection with the hospital of the Philadelphia school, Dr. Broomall organized an out-patient department which was the forerunner of dozens like it by means of which pre-natal treatment was given, and when in labor the patients were attended in their homes without the necessity of an order from the department of town-poor relief. Such pre-natal work was done at the Woman's Medical College and at the New England Hospital dispensary many years before it was done in any of the men's colleges, and the women students were taught never to hurry the end of labor, but to wait patiently before applying forceps, and to take no liberty with the cases of the poorest that would not be taken with the richest woman or baby in the most hygienic home or hospital.

This was the kind of obstetric work carried out not only

in America but in foreign lands by the medical women who went as missionaries. Statistics show us that eight times as many medical women have gone to foreign lands from the Philadelphia college as from all the other colleges together. This shows the influence for medico-social service of women teachers and professors, and the psychological suggestions governing the careers of women students. Statistics show that in 1915 there were forty-two of its graduates in China and forty-one in India.

It was early in the sixties that a graduate of the Philadelphia school applied to a missionary society for a position as physician in some foreign country, but she was refused because she was not married. They were sending women only as wives on very small salaries. In 1869, however, Dr. Clara Swain was sent to India, where she immediately won the hearts of the purdah women and was received into the homes of princes as well as of outcasts. She had a great and interesting career for thirty years, building hospitals, teaching nurses, training native midwives in western ways, and introducing Christianity wherever she found human beings ready to listen to her Bible-women. Dr. Clara Swain died in 1910, but many other women physicians had by that time been sent to India to practice, and as early as 1897 the Women's Medical College of Philadelphia could count thirty-seven of its graduates in foreign fields. Among these were Dr. Elizabeth Reifsnyder, who went to China in 1883 and became the first surgeon to do abdominal operations in that country, and Dr. Anna S. Kugler<sup>56</sup> who went to India in 1883 to do medical work with almost no money or remedies. She found herself in the midst of 2,000,000 Telugus, devout Brahmins, and her work was at first lonely and difficult, but within a quarter of a century she had assisted at the birth of five thousand babies, among whom there had been seventy-five Caesarian sections. By 1900 there had been several classes of nurses graduated from her hospital, the new buildings of which, in Guntur had 115 beds all of them full in 1906. Dr. Kugler died in 1931.

Dr. Rosetta Sherwood-Hall, of Corea, can tell as interesting stories as any of the other missionary physicians. She went

<sup>56</sup> *Guntur Mission Hospital*, by Anna S. Kugler, M.D. 1928.

to Corea in 1890 from the Woman's Medical College of Pennsylvania, and besides educating her family she built a hospital in Seoul, and a tuberculosis sanitarium not far away. She also organized training for native nurses, and opened a medical school for native women, and a school for the blind. Her son Sherwood and his medical wife are now her assistants. Every six or seven years Dr. Sherwood-Hall has returned on furlough to America to study at one of the post-graduate medical schools in order to give the Coreans the best possible care and teaching. These are but samples of the women doctors who, as missionaries, have shown their ability as well as character in medical emergencies. Their lives have proved the value as well as the need of educating women in medicine if merely that they may work in foreign fields and attend the Muslim and Hindu women among whom men are not permitted to practice.

Not only have medical women gone from America and Europe and Australia to Asia and Africa to practice among the indigenous peoples, but several of the native women of China and Japan and India have studied medicine in America and returned to minister to their own compatriots. Hu King Eng of Foochow, for example, matriculated at the Philadelphia school and returned to her home after graduation to build an orphanage and hospital and training school for midwives. Her work in Foochow was of inestimable value and yet, in 1925 or '26, in an outburst of fury against the members of different political parties and Christians, her orphanage and hospital were raided and pillaged, her laboratory was burned, and she was forced to flee for her life to Singapore where her mind went to pieces over the injustice of her countrymen. Among other Chinese women educated in the United States we find Mary Stone with an M.D. from Ann Arbor, working in Shanghai so superbly as to call out the greatest praise from Dr. William H. Welch, who visited her institutions in his tour of inspection a few years before the Chinese insurrections. Ida Kahn is another Chinese woman who has been able to bring health and joy to her country women through her medical knowledge. Esther Kim Pak, a Corean, a pupil of Dr. Rosetta Sherwood-Hall, finished her education in America. Kai

Okami, of Tokio, is a fine Japanese woman who graduated at the Woman's Medical College of Pennsylvania in 1889, and returned to open a hospital in her native city, where she is still working even at an advanced age. The contact of the American students with these Asiatics was an education in itself, and it is difficult to say which gained the more in international understanding. Perhaps the outstanding example of the awakening of India was Mrs. Anandabai Joshee, a high caste Hindu from Poona, who graduated at the Woman's Medical College of Pennsylvania in 1886. At that time the old halls of the college were gay with foreign costumes. Mrs. Joshee, the Brahmin, quiet and aloof, went to the lectures in beautiful silk robes of fascinating colors. Kai Okami, the Japanese, in embroidered gowns swathed around her lithe body, always bowed low to the professor and to the assembled students as she entered the classrooms. Miss Islambooli from Damascus generally appeared in dark silks shot through with gold or silver thread in patterns like those on the famous weapons and vases. At the same time two cheerful negro women from the South were mingling happily with the white students of the North, and a full-blooded American Indian, Susan LaFlesche from Nebraska, and a dark-skinned Eurasian from the Punjab added their touch of differentiation to the total color scheme as well as to the educational business of the college.

But not only from the Philadelphia college and the New York school have women gone to mission fields but from co-educational schools as well. For example, Dr. Nina H. Maynard went from Barnes University in 1908 to Tanganyika, East Africa, and is still working there among the black people who seem to be surprisingly responsive to modern ideas of cleanliness. In 1931 she reported for that one year a total of 1,308 confinement cases, which included fourteen pairs of twins. She is physician, surgeon, obstetrician, trainer of nurses and midwives, minister's wife, mother, and general factotum. The story of her work with primitive and scanty materials and of operations in the great out-of-doors is almost unbelievable in its variety and stress.

## XVIII.

The American Women's Hospitals.—A Committee of the Medical Women's National Association.

We have at length reached the story of what is perhaps the most important work of medical women since the founding of medical schools and hospitals by the pioneers. This is the work done by medical women during the World War and its aftermath. We have found that during the Civil War Elizabeth Blackwell<sup>57</sup> and Mary Walker organized most of the nursing for the army from among untrained women, and doubtless the few women graduates of medical schools were of great service to the wives and children of soldiers.

By the time that the Spanish-American War was waged Dr. Anita Newcomb McGee was able to organize thousands of trained nurses who served the American armies wherever they were encamped and, fortunately, by the time of the World War, nurses had their own organization.

In 1915 medical women were as a rule members of the American Medical Association and in this year the Medical Women's National Association was founded with Dr. Bertha Van Hoosen as President.<sup>58</sup> The services of this Association were offered to the government in a letter to President Wilson. Subsequently, at a meeting of the Medical Women's National Association in New York, June 5th and 6th, 1917, a War Service Committee was organized to give to medical women who had been denied any part in the war an opportunity in war service.<sup>59</sup> Dr. Van Hoosen, president of the Association, appointed as chairman of this committee Dr. Rosalie Slaughter Morton who had previously organized health work among the federated clubs of women under a mandate from the A. M. A.

The members of this committee were Drs. Emily Dunning Barringer, Mary M. Crawford, Frances Cohen, and Sue Radcliff. To them were added Drs. Mathilda Wallin, Caroline Purnell (chairman for foreign service), Marie L. Chard, and Gertrude Walker, Chairman of Finance. The organization was completed with Mrs. Conger as executive secretary, Bertha

<sup>57</sup> Kelley & Burrage's *Dictionary of American Medical Biography*.

<sup>58</sup> *New York Medical Journal*, June 13, 1917.

<sup>59</sup> *Bulletin of M. W. N. A.* No. 4, July 1923.

Rembaugh as Counsellor and Mrs. Currier, a professional money campaigner. Thus was organized the Committee hereafter known as the *American Women's Hospitals*, the name having been suggested by Dr. Morton who also suggested the badge and the costume of the personnel. Under Dr. Gertrude Walker, Chairman of Finance, and Dr. Wallin, as treasurer, Dr. Morton's entire committee, including medical women all over the country engaged in a vigorous and successful campaign for money, raising nearly \$300,000. The methods and personnel of this committee were approved by the Red Cross, Surgeon-General Gorgas, and Col. Kane, U. S. A.

Under Dr. Purnell of Philadelphia and her committee in 1918, fifty-two doctors and seventeen technicians were certified for work with other organizations in France, Serbia, and other Near East countries, five doctors and many nurses being consigned to France to work with the Committee for Devastated France. Some of these were financed by the A. W. H. alone. Dr. Kinney, chairman of the dental committee, sent seventy women dentists either to foreign countries or to various parts of America to replace men who had gone to the war. Twenty women were sent to the Cornell laboratories to become technicians, and five to the Army Medical School in Washington, D. C. The second class of thirty followed them. Then twenty others registered as sanitarians for work in the cantonments. Dr. Gertrude W. Welton registered and classified all those who could do X-ray work. Dr. Alma Vedin classified the anesthetists. Dr. Mary A. Smith arranged through the medical women on the Councils of Defense for hospitals to be managed by them at home in case such were required. The number of such hospitals and sanitariums offered for this purpose greatly amazed the Red Cross authorities under whose banner all the women's work of the Council of Defense was carried on. Further, Dr. Marion Craig Potter collected the statistics of the medical women of the United States and purged the lists of all dead or irregular practitioners, a most necessary and difficult business.

Dr. Morton after serving one year (1917-1918) as chairman for the A. W. H. was commissioned by the Medical Women's National Association to represent it in Serbia. Through Col.

Kane, U. S. A., and the Red Cross she had already carried medical supplies to Serbia and had become acquainted with army and relief methods in that country and in France and England.

In 1918 Dr. Mary Crawford with Dr. Purnell and others of her committee carried on the A. W. H. work at home and abroad. In 1919 Dr. Crawford resigned and the Chairmanship was transferred to Dr. Esther P. Lovejoy who reorganized the personnel in order to undertake medical work in devastated countries. This was followed by work among the refugees during the great exchange of populations in Turkey, Albania, Greece and Armenia. Naturally this involved the raising of millions of dollars from American and foreign sources, the details of which have been told by Dr. Lovejoy in her book *Certain Samaritans*,<sup>60</sup> which followed her account of the work of the Red Cross medical committees during the war in *The House of the Good Neighbor*.<sup>61</sup> This relief work has been done not only in the countries above-mentioned but in Russia, Japan, France, the Balkans, and at present by the medical personnel of a traveling dispensary who are undertaking work in our own southern states, North and South Carolina, Kentucky and Tennessee, financed and guided by the American Woman's Hospitals committee, but under the direct supervision of Dr. Hilla Sheriff, Dr. L. Rosa H. Gantt, Dr. Lillian South, and members of the boards of health of the states concerned.

These wide activities have been financed, as has been said, by Dr. Lovejoy's committee in co-operation with the Red Cross, the Near East Relief, the American Committee for Devastated France, the Society of Friends, and various missionary societies. The work of Dr. Mabel Elliott in Armenia, of Dr. Olga Stastny and Dr. Elfie Graaf in the Greek islands, of Dr. Rosalie Morton and Dr. Etta Gray and her assistants in Serbia, and of Dr. Angenette Parry and Dr. Ruth Parmelee at the model hospital at Kokinia near Athens has been of inestimable value to many thousands of sick and forlorn patients.

Dr. Parmelee is still at the Kokinia hospital, carrying on

<sup>60</sup> *Certain Samaritans*, Macmillan, 1927-1933. See also article by Dr. Elvenor A. Ernest in *Medical Review of Reviews*, March, 1931.

<sup>61</sup> *The House of the Good Neighbor* (in Paris, during the war), Macmillan, 1919. Both of these books are by Dr. Lovejoy.

the medical work with foreign help, and training nurses as she trained nurses in Salonica. The Greek government appreciates all this work and will superintend it so soon as its own financial condition permits. It has always been found, however, that when the work in one country was closed there were at once other medical activities to be undertaken, and for the work in each country or hospital or dispensary the financing has been difficult since the war. No résumé can give any idea of its magnitude, and the only way to appreciate it is to follow Dr. Lovejoy and to see it through her eyes.

## XIX.

Medical Women as Writers of Scientific or Popular Articles.

It was Longfellow who wrote:

*Happy those whose written pages  
Perish with their lives,  
If among the crumbling ages  
Still their name survives.*

That we have found the names of so few women writers down the ages in comparison with men throws a flood of light on the psychology of both sexes. If we believe that history is the essence of innumerable biographies, we feel sorry that so few medical women have taken pains to record the story of their lives, but it must be admitted that though they have kept silent their work has survived in deeds of kindness that have covered the earth and helped mankind to rise to heights they could not have attained without the unobtrusive help of sympathetic and trained women.

The art of writing, as Pope says, is not learned by chance, and therefore medical women, busy with their homes, their children, their patients or laboratories have not rushed into print until forced to do so by some veritable urge. Realizing that there is far too much worthless material packed away in books it is a cause for congratulation that women in the past at least have not been found guilty of rushing into print at a moment's notice with no more than a kernel of anything new to add to the already enormous sum total.

However that may be, we are glad to cite the publications of Mary Putnam Jacobi,<sup>62</sup> Elizabeth Blackwell,<sup>63</sup> Eliza Mosher,<sup>64</sup> Josephine Jackson,<sup>65</sup> Lulu Hunt Peters,<sup>66</sup> Caroline Latimer,<sup>67</sup> Agnes C. Viator,<sup>68</sup> S. Josephine Baker,<sup>69</sup> Esther P. Lovejoy,<sup>70</sup> Mary McKibbin-Harper,<sup>71</sup> Leda Stacy,<sup>72</sup> Alice G. Bryant,<sup>73</sup> Lena K. Sadler,<sup>74</sup> Florence D. Johnston,<sup>75</sup> Elizabeth Hurdon,<sup>76</sup> Elizabeth Bundy<sup>77</sup> and Bertha Van Hoosen.<sup>78</sup> In

<sup>62</sup> Mary Putnam Jacobi wrote one hundred and twenty-eight articles for medical journals and magazines on medicine and social questions, also nine books, and she edited two others. She wrote many chapters in *Pepper's System of Medicine*, and many "fugitive papers."

<sup>63</sup> Elizabeth Blackwell wrote, in 1876, *Counsel to Parents on the Moral Education of Children* which was translated into French and German, besides six other titles later.

<sup>64</sup> Eliza M. Mosher wrote *Health and Happiness, a Message to Girls*, 1913, and many articles on posture and other topics concerned with hygiene and medicine.

<sup>65</sup> Josephine Jackson's most important book was a "best seller" called *Outwitting Our Nerves*. Of this hundreds of thousands have been bought, doubtless with the happiest of results.

<sup>66</sup> Lulu Hunt Peters books on the *Calorie Kids*, and on *Diets for Children and Adults*, and on foods for reducing weight, etc., were very popular. Unfortunately, she died in her prime, in 1929.

<sup>67</sup> Caroline Latimer's *Girl and Woman* was only one of her books that were written at a time when books touching sex topics were only beginning to be allowed in the mails. It was a much appreciated book.

<sup>68</sup> Agnes C. Viator's writings and investigations on *Visceroptosis* have convinced the rank and file of readers that many of the symptoms of ill-health can be cured by manipulations and replacement of prolapsed abdominal organs, there being a type of woman and even of man in whom the ligaments are weak.

Dr. Viator was formerly instructor in physical diagnosis and surgery at the Woman's Medical College of the New York Infirmary, and Assistant Surgeon of the New England Hospital in Boston. She edited *A Woman's Quest*, the Life of Marie Zakrzewska.

<sup>69</sup> S. Josephine Baker has also written best sellers on the subject of the care of children. Her Little Mother's Leagues have been organized in hundreds of schools throughout the world.

<sup>70</sup> Esther P. Lovejoy, as has been seen, has written two important books concerned with the American Women's Hospitals, *The House of the Good Neighbor*, and *Certain Samaritans*, besides many articles about the work of her committee.

<sup>71</sup> Dr. Mary McKibbin-Harper is a member of many literary societies, co-editor of the *Medical Review of Reviews*, editor of the Medical Women's National Association Bulletin. She writes the literary page for a newspaper, medical and travel articles, and has had prizes for a series of historical sketches and a short story.

<sup>72</sup> Leda Stacy, of the Mayo Clinic, has written many articles on gynecology and cancer, and other topics of interest to medical women and men.

<sup>73</sup> Alice G. Bryant has written many articles for scientific journals on the subject of deafness and lip-reading, as well as others on problems in physics, etc.

<sup>74</sup> Lena K. Sadler has written *The Mother and Her Child*, containing certain chapters or suggestions by her husband. Together they have also written several books on the problems of boys and girls, the last being *Piloting Modern Youth*.

<sup>75</sup> Florence D. Johnston was for a time associate editor of the *Journal of the American Medical Association*.

<sup>76</sup> Elizabeth Hurdon has published many articles on the treatment of cancer by radium, also chapters on gynecological pathology in collaboration with Howard A. Kelly.

<sup>77</sup> Elizabeth Bundy's *Textbook on Physiology for Nurses* is now in its sixth edition.

<sup>78</sup> Bertha Van Hoosen has written many articles for medical journals. She is professor at Loyola Medical College, one of the editors of the *Medical Women's Journal*, etc.

the Index of the American Journal of Obstetrics and Gynecology, 1928, appear the names of twelve women writers, i.e., 5% of the contributors. In other medical publications we find the names of Alice Tallant,<sup>79</sup> Helen Putnam,<sup>80</sup> Maude Glasgow,<sup>81</sup> Sara M. Jordan,<sup>82</sup> and Gertrude Felker,<sup>83</sup> as well as Dr. Alfreda Withington, of Kentucky, whose recent articles in the *Atlantic Monthly* on her work as a physician among the Kentucky mountaineers have been most interesting and important. She is the author of many articles concerning the early women pioneers in the *Dictionary of American Medical Biography* (Kelly and Burrage). She also accomplished a good deal of work for the Red Cross during the war.

We can scarcely take up a medical journal in these days in which no woman has a share. They are able to write as abstruse or as simple articles as men and we are thankful that they do not aim at long articles full of paragraphs copied from the work of others, or details of operations down to the tying of the last stitch. Such minutiae are as wearisome to the average reader as detailed descriptions of a game of chess or of golf to a person who only cares for a game of bridge. Many of the medical women writers nowadays are laboratory technicians and not full-fledged graduates of a medical school. These women are doing a great work on diagnosis of disease and cancer research, but they are following the old alchemists or astrologers rather than the disciples of Osler and of Pasteur who, by actual contact with patients found that each had his own reaction and must be studied as a whole.<sup>84</sup> Pasteur was not a physician, but between animals and grapes and human beings he traced the relationships of disease under various conditions, and then experimented to find antidotes for the poisons that caused the destructive symptoms of disease.

It matters little, therefore, that women do not write books

<sup>79</sup> Alice Tallant has written on obstetrics.

<sup>80</sup> Helen Putnam has written on school hygiene.

<sup>81</sup> Maude Glasgow has written on school inspection.

<sup>82</sup> Sara M. Jordan has written many articles in connection with the diagnostic work of the Lahey Clinic, etc.

<sup>83</sup> Gertrude Felker has written on home sanitation, etc.

<sup>84</sup> We may remember, too, that the days of Pasteur were the days of Bright and Addison and Hodgkin, each one of whom was immortalized by giving his name to a mortal disease, while the discoverers of anesthesia are almost forgotten.

unless they have some new wisdom to impart. When one studies medical history it seems as though most of the writers whose works have come down to us were copyists to whom the mistakes in their copy meant nothing because they understood little of what they copied. After two thousand years there was very little improvement in medical diagnosis or treatment over that taught by Hippocrates, and scant advance was made beyond Galen for fifteen hundred years although even he was only a slight advance over his predecessors. At that rate it is not yet time for women to discover the cause of cancer or the germ of infantile paralysis, for they have been too recently emancipated from the confines into which they were placed by the prelates of the Church in the early days of the Christian era. The ability to read notes does not make a musician, nor the knowledge of colors make an artist. Nor is the self-taught musician a master of composition, nor the artist merely a maker of pictures. The fact is, as Mary Putnam Jacobi has said, we can not expect women to excel men for at least a hundred years of intensive training, but we are continually looking for sporadic geniuses of the female sex.

Evidently, therefore, though in medical and surgical practice highly efficient, many women are as voiceless as those whom Oliver Wendell Holmes lamented

*"those who never sing,  
But die with all their music in them."*

## XX.

Statistics as to the Personnel of the Medical Women's National Association as gathered from a questionnaire sent to its members in 1931.

The above Association in 1931 had about seven hundred and fifty active members, more than half a dozen of whom have been in practice above fifty years. Of the first 162 women who replied to the questionnaire promptly we find 90 single and 72 married, a few widows, two having divorced their husbands, one twice married, many childless, few having had more than three children. Not more than three seem to have retired from practice on account of marriage, and even they have continued

to organize social service and medico-social committees on which they have busied themselves in teaching hygiene to audiences in all parts of the country. Dr. Valeria Parker and Dr. Rachel Yarros, both married, have reached audiences of hundreds of thousands in their talks on the prevention of venereal diseases, while Dr. Josephine Baker and Alice Hamilton have reached as many more with talks on child care, preventive medicine in general, and industrial diseases.

These 162 women received their medical degrees at thirty-two colleges, of which five were homeopathic and two eclectic. The Women's Medical College of Pennsylvania leads with thirty-two, the New York school and the Johns Hopkins follow with twelve each, and other co-educational schools are represented by four to six each. Three young graduates among this number have taken the National Board examinations and may practice in every State in the Union if they choose.

Many of these replies show that their authors have studied at foreign medical schools and hospitals, in fact the proportion of women studying abroad must be quite equal to that of men; they group themselves as practicing psychiatry (3), physio-therapy (2), ears and eyes (4), obstetrics and gynecology (31), public health (23), pediatrics (10), X-ray and radiology (5), anesthetist (1), biological research (1), the rest are in general practice.

Nearly everyone in the list has taken a prominent part in the proceedings of her County Medical Society, many of them having served as president or secretary for long terms. One, Dr. Lillian H. South, has been honored with the office of vice-president of the A. M. A., and three, Martha Welpton, Alice Conklin and Emily Dunning Barringer have been Councillors of the A. M. A. Most of them have held prominent positions on the staff of their local hospitals and several, like Dr. Mary T. Greene, own sanitariums which they manage most satisfactorily. There have been mentioned the names of various professors in medical schools and to them we may here add the names of Dr. A. Beulah Cushman, of Chicago, Dr. Miriam M. Drane, of Memphis, Tenn., and Dr. Elizabeth Bass of Tulane University, and remind ourselves that Dr. Bertha Van Hoosen, of Chicago, is not only professor of obstetrics at Loyola Uni-

versity but head of the department. She, and Alice Hamilton and Rena Sabin, if I am correctly informed, are on the Honor Roll of the Federal Women's Bureau.

I find that I have no room for a résumé of the hobbies of these medical women, but from gardening to golf and travel, from making collections of stamps and maps and books to bric-a-brac there is nothing omitted in their substitutes for medical work whenever they take some form of relaxation. In this they appear to be more catholic than men, and in their vacations they literally circumnavigate the globe. Among these world travelers are Mary McKibbin-Harper, our only bearer of the silver torch for literary work, who has lectured from Chicago to Tokio, and Esther Lovejoy who has organized hospitals in many of the countries to the south and east of the North Sea through Europe and Asia; and Anna Broomall and Bertha Van Hoosen and Anna Fullerton and Elizabeth Stevens who have gone to India or China or Japan to help the medical missionaries with their work.

Sometime we hope to amplify these lists as they deserve, and to publish as completely as is possible the biographical accounts of the most famous medical women of the U. S. A. and also those of every other country. Such a monumental piece of work has never been attempted and can only be done through the co-operation of the most painstaking women in every part of the world.

## XXI.

### Conclusions and Summary.

Thus we have found that since 1846 when the reaction against man-midwives made itself obvious in Boston, there has been a great and constantly growing change in the opinion of men and women all over the civilized world as to the study of medicine by women. In 1848, through Dr. Gregory, a college for midwives in Boston was opened by means of government funds; its teaching consisted of two terms of three months each by means of lectures and practical experience in obstetrics.

Between 1849, when Elizabeth Blackwell was graduated from a man's medical school, and 1877, five medical colleges for women were opened in the United States and one in England. Women were by that time studying at several co-educational schools in America, Switzerland, and France. They had also founded hospitals and dispensaries including one in London by Elizabeth Garrett-Anderson, and one in Germany by Dr. Franziska Tiburtius,<sup>85</sup> a graduate of Zurich (M.D. 1876), the second woman of the nineteenth century to practice in Berlin. The struggle for admission to the official medical societies ended before the death of the pioneers, and after the opening of the Johns Hopkins Medical School to women there seemed to be no more hindrances to their study of medicine at any school of the first rank. The appreciation of medical women as students was felt by the greatest teachers in Europe, and even as early as 1873 forty women were studying with and praised by Winckel in Dresden, and probably many of these women had also studied with Simpson in Edinburgh, then introducing the use of chloroform for women in labor, and at the Maternité in Paris. On each of the English-speaking women very flattering praise was honestly and ungrudgingly bestowed by their professors, whose methods of education were not merely by lectures but by personal contact with patients and pupils, endeavoring to make the pupil a self-educated and reasoning individual through expert guidance.

In the course of years medical education has become more and more thorough as well as expensive, but the supply of women doctors has seemingly always equalled the demand. In 1900 there were 1,000 in the medical schools of the United States, but at present the number is less owing to the fact that laboratory technicians who graduate from the arts colleges receive good salaries without further expense for education, and find congenial and less strenuous work than the private practice of medicine. It has been found, however,<sup>86</sup> that women are now being excluded from some of the co-educational medical schools for seemingly arbitrary and selfish reasons, the chief of which is that the Women's Medical College of Pennsylvania,

<sup>85</sup> Franziska Tiburtius, 1843-1926, *Erinnerungen einer Achtzigjährigen*, 1925.

<sup>86</sup> This is from facts gathered by Mrs. Bessie Bartlett, of Chicago University.

the only one solely for women still in existence in America, is in *Class A* rating and "may as well provide for all applicants." Married women, they say, will join the ranks of home-makers and not that of practitioners, and therefore the money for their education is wasted! This has been abundantly proved to be a fallacy, for even though women doctors, like men doctors, may marry they generally carry on their practice and prove that the two occupations do not conflict but make for happier marriage, more comfortable homes, intelligent and well-educated children, and a satisfactory and useful life. These women obviously sacrifice only golf and bridge and the skimming of popular magazines, but gain much higher values in life.

It is amusing to consider how the life of medical women was depicted by the novelists of the nineteenth century. In 1876 Charles Reade, in *The Woman-Hater*, based Rhoda Gale, the "lady doctress" on what he thought of the life of Sophia Jex Blake. He was entirely wrong in his psychology, and he grossly misrepresented her career. Rhoda Gale is not a sympathetic heroine, neither lovable nor loving, in fact, she is the antithesis of Sophia Jex Blake, and merely an abnormal freak. Mark Twain and Charles Dudley Warner in *The Gilded Age*, depict a Quaker woman doctor, Ruth Bolton, a frail and minor woman who marries and never goes into practice. Then there is *Dr. Zay* by Elizabeth Stuart Phelps, which followed *Dr. Breen's Practice* by William Dean Howells; Grace Breen is a shadowy homeopathic doctor with little to recommend her to patients or to marriage proposals, in reality, she is the type of a girl of the eighteenth century, fainting and shy. *Dr. Zay*, on the other hand, is a good type of strong and educated women, but here again is a woman who ends her medical career by marriage, as unlike the early pioneers as possible, for although many of the medical women in actual life married they continued to practice and raised families of three or more children who became lawyers, doctors, or administrators like the daughter of Mary Frame Thomas, who became president of Wellesley College. One of these novels of medical heroines is *Dr. Janet of Harley Street*, written by a medical woman, Dr. Arabella Kenealy, and in this case the heroine is a truly alive woman though somewhat more masculine than are the medical

women whom we know today, and more strident and militant. When *Dr. Janet* was written, in 1890, there was also another English novel on the market, *Mona McLean*, having for a heroine a type of a normal woman who studied and practiced medicine. This book was written by Margaret Todd who, in 1918, wrote the actual biography of Sophia Jex Blake, a true story whose heroine, though a born fighter and admirer of certain masculine traits, was a lovable woman, an indefatigable worker for any cause which she adopted, a great pioneer, as well as an undoubting friend of women and the cause of medical women in particular.

In conclusion, let me add that I have tried to show that women doctors have justified the trust left to them by the pioneers. From every part of the country I have received biographical notes of beloved women physicians and locally famous surgeons, excellent teachers in medical schools and expert specialists in the various departments of medicine which invariably show that women who devote their brains as well as their hearts to the cause of sickness and suffering are as necessary to the well-being of the nations as their more robust but not less self-sacrificing men colleagues. Perhaps, therefore, Longfellow was right in saying,

*Happy those whose written pages  
Perish with their lives,  
If among the crumbling ages  
Still their name survives.*

# APPENDIX

## Autobiography of Elizabeth Cushier

*Edited by* ELIZABETH B. THELBERG, M.D.

Eugenics had not been born when, in 1837, I made my appearance in this world, one of eleven children, seven of whom reached adult life. I had an older brother and sister, then there was a gap of seven years, three children having died in an epidemic of confluent measles. Thus I was the oldest of the second group and later was to be something of a mother to the younger ones. We were brought up in the strictest economy, as my father's income was a very limited one, but we were, as I remember, a happy, healthy lot, quite enterprising and consequently often trying. In my early years I was sent to a private school but later went to the public school.

When I was sixteen my father moved from New York to Little Falls, New Jersey, a small country place where, with the exception of my mother, I had no companions. As I had at that time neither knowledge of gardening nor interest in it, and no other occupation and as good books were scarce, I determined to do what I could toward advancing what little knowledge I had. I first turned my attention to arithmetic in which I was woefully deficient (and still am) and then began, with the help of the then popular Olendorf, the study of French. I need not say that my progress was not brilliant, but it was of some help when later I took up in earnest the study of that fascinating language. It was not long, however, before I made the acquaintance of the Hinton family who had also come from New York and who were living a mile or two away. They were people of cultivated tastes and progressive ideas, warm advocates of anti-slavery and enthusiastic supporters of the woman suffrage movement. This was in the early fifties. Mr. Howard Hinton and Mr. George Perry, a member of the household who later married Howard Hinton's sister, Ione, were connected with the New York Home Journal, then published by N. P. Willis. Ione Hinton, much younger than the others, was about my own age and we soon became warm friends. The friendship has lasted up to the present time, (for Mrs. Perry is still living). It was to these friends that

I owed my first appreciation of English poetry, for one of the books I found in their home was Chamber's Encyclopedia of English Literature, and what a field of beauty that opened to me! Thus with horse-back riding for recreation, and books, and the burning questions of the day for mental and spiritual stimulus the next few years were very happy ones. To the influence of this family I owe in part my determination to lead an independent life.

In 1869 I lost my dear mother. As my older brother and sister were both married and living in New York, I was left with the care and responsibility of the household which consisted of my father and the four younger children. I felt quite a mother to the younger ones, having especially much regard for their being properly fed. As it was almost impossible to obtain a capable servant, I did some of the cooking, among other things learning to make bread. That my efforts were appreciated was shown by the disappearance of a barrel of flour every six weeks.

A year later my father remarried, thus freeing me from responsibility and making it possible to seek a more independent life. I decided to go to New York, and as I had had some instruction in music and had a voice, I determined to see what I could do in that direction. The result was that I later obtained a position as soprano in a church choir and also had pupils.

In the summer of 1868 while spending a holiday in the Berkshires, I saw in a number of Littel's Living Age, an article headed "Influence of the Ganglionic System in Producing Sleep." I knew nothing about the ganglionic system, had never heard of it, but the article looked most interesting, if one could only understand it! This meant, I knew, a knowledge of physiology, and physiology suggested medicine and its study. I knew that there were a few women physicians, but I had never met one, and the thought of taking up the study of medicine seemed chimerical; however, it became a fixed idea. When I returned to the city I sought my "advanced friends" as the only ones among relatives and other friends who would sympathize with my plan. I met with warm encouragement from them, and as they were homeopaths, they naturally ad-

vised in that direction. I knew nothing of the comparative virtues of the "pathies," and entered the homeopathic college for women then established. I had conceived a lofty ideal of the study of medicine, its dignity and its seriousness, and when I was introduced to its home and its conditions, as existing in that college I was greatly disappointed. I made, however, the best of what opportunities it gave and as the branches of anatomy and physiology were well taught in that college my winter there was not lost.

I there made the acquaintance of a congenial fellow student, Emily Anthon, daughter of the former rector of St. Mark's Episcopal Church, and niece of Professor Anthon of Classical Dictionary fame. We were equally dissatisfied with our present instruction. During the winter we heard of the existence of another college, the one on Second Avenue and 15th Street, started in connection with the New York Infirmary for Women and Children by Doctors Elizabeth and Emily Blackwell, where clinical instruction was considered and made an important part of medical study. When we learned of its standing in the profession and of the aims of its founders to make it rank with the best, we decided to continue our studies there.

In the following winter we entered the College of the New York Infirmary, and came under the influence of Dr. Emily Blackwell (Dr. Elizabeth Blackwell had already established herself in London), and later of Dr. Mary Putnam Jacobi, who was the first woman added to the staff of instructors. These latter, who were of course chosen from among the younger men in the profession, all became eminent in later life. They were earnest and faithful in their work and desirous that their students should stand well before a board of examiners who had been asked to serve and had been appointed by Dr. Blackwell in order that there should be no question as to the thorough preparation of their students. This board consisted of the then most prominent men in the profession, among them Drs. Willard Parker, Austin Flint, Alfred Loomis, William H. Thompson, and Stephen Smith. In this school we found what we had hoped and looked for—appreciation of the seriousness of the work upon which we had entered. How could it be otherwise when Dr. Blackwell felt so deeply the importance

of bringing to the students a knowledge of the difficulties with which they would have to deal in the treatment of the helpless who would later come under their care?

After graduation in 1872 I entered the service of the Infirmary as intern and extern for a year, and later became the resident physician for another year. Owing to the necessity in those days for the closest economy in running the Infirmary, there was but one nurse employed in a ward of eight obstetric patients. This meant that the interns did a great deal of the work which would ordinarily have been the duty of a nurse, but we were none the worse for it. The Infirmary was at that time the only place in New York where a previously virtuous girl who had become pregnant could find refuge, other than in the ward at Bellevue or on Blackwell's Island, where she was thrown with the debauched and dissolute. In the Infirmary, in addition to the ordinary maternity patients, those who were "without benefit of clergy" for the first time, were never refused shelter, and much helpful work was done in this way, by sheltering from future contumely the young misled girl. During my first winter as resident physician we had an epidemic of "Puerperal Fever," so-called at the time, and six of the patients were very ill. For some unknown reason the trouble was rife that year, both in hospital and private practice. I recall that the most prominent obstetrician of New York lost that season two of his private patients from Puerperal Fever. Those were busy and anxious days for us. It was the first time that I had ever been brought in close contact with real illness and suffering, and I recall with what tenderness Dr. Blackwell regarded my sadness over the scenes which were before me. Every patient recovered, and as I look back and recall our comparatively limited knowledge of antiseptics and our complete ignorance of asepsis, I wonder that they did not all die.

In 1874 while dining with friends of my father's at 5 Livingston Place, I learned that they were desirous of selling the house which had become too large for their diminished family. They suggested that it would be a good place for the Infirmary. I heartily agreed with them, and brought the suggestion to the attention of the trustees, with the result that

within the next year the Infirmary had been moved to Livingston Place, thus giving much needed space to the Infirmary College which could then expand into the old building on Second Avenue. What a change it was for the Infirmary! Its new home with the park in front and a large garden at the back, its large, light and airy rooms seemed not only attractive but almost palatial. A large room on the third floor served as the obstetric ward and we had now suitable rooms for surgical cases, and also some rooms for private patients. Its entrance, its spacious hall, and wide light staircases added much to our pleasure and pride in our new surroundings.

I had become in the meantime, in addition to my work in obstetrics and gynecology, much interested in normal and pathological histology, and as there was at that time no opportunity in this country for women to do laboratory work in that branch of medicine, I decided to go abroad, and on the advice of Dr. Isaac Adler went to Zurich and studied with Professor Ebert. My opportunities in his laboratory were varied, ranging from the study of the circulation of the blood in the tail of a tadpole and searching for nerve endings on striped muscular fibre, to the pathological cases which we followed from the hospital wards to the post-mortem room and finally to the laboratory for microscopic examination of the diseased tissues. My work, however, was not limited to this; there were most valuable lectures and bedside clinics, especially those of Professor Huguenin, professor of general medicine. Every moment one felt in an atmosphere impelling to most earnest study. To this was added the pleasure of occasional trips to other parts of lovely Switzerland which could be taken without interruption to the course of study, as the not infrequent short holidays gave the necessary freedom for these little excursions. The few months which I later spent in Vienna did not compare in value with those that I had passed in Zurich. I returned to New York at the end of eighteen profitable months, and again entered the Infirmary to remain as resident physician.

Now came interesting and active work at the Infirmary in building up gynaecological surgery. Doctors Emmet and Thomas most courteously gave me opportunities to attend their

clinics at the Woman's Hospital. Their courtesy did not extend any further than this, as no woman student was permitted to fill any position in the hospital, but the clinical instruction was very valuable, and we were soon doing in the Infirmary plastic work which proved most successful. To this was later added abdominal surgery. The purchase of adjoining houses made possible an extension of our work, and the addition of a quite modern operating room with every facility for complete asepsis.

In 1882 I left the Infirmary to join Dr. Emily Blackwell who was living in East 20th Street near Fourth Avenue, where for the next eighteen years we had a delightful home. (This was the former residence of Alice and Phoebe Cary). Here my private practice rapidly grew, which, together with my work at the Infirmary, gave me the happiest years of my life. My dear home surroundings, my association with Dr. Blackwell, my relation with my colleagues, students, and patients were of constant interest and delight. There were of course sad episodes, among them three cases of puerperal pulmonary thrombosis, certainly more than my share. One case occurred in the hospital, two in private practice. In the first two cases the diagnosis was verified by autopsy. In these two cases there was nothing to give rise to a suspicion of this calamity; in the third case, during the second week of an otherwise normal lying-in a non-septic phlebitis of the left femoral vein appeared. Evidently it was an extension of a thrombus from a pelvic vein. Extreme precautions were taken including absolute rest—almost immobility of the patient. All was going well when in the third week of the lying-in, as the patient was resting in bed while her husband read to her, she had a sudden cramp in her leg, and jumped up and forward to seize it. She fell suddenly back, her husband said as though she had been shot, and long before I reached her she had died.

A happier experience, among others, was one in which a patient had been sent to me as "suffering from cancer." There was a foul escape from the vagina which was cicatrized throughout. It was most puzzling, until I discovered the presence of an imbedded rubber-covered spring pessary which had buried itself in the vaginal walls and worked its way into the

rectum at the level of the vaginal cul de sac. When the instrument was dissected out, the knuckle which had projected into the rectum left a large opening into the latter about six inches from the anus. After removal of the pessary and healing of vaginal wounds I asked Dr. Emmet to see the patient, knowing his interest in and skill in operation for such fistulas. I wanted him to take the case as giving the greatest promise of relief to the little woman who had been so brave a sufferer. Dr. Emmet was much interested in the case, but as there was then no vacant bed in the Woman's Hospital he advised my attempting the operation myself. The narrowing of the vagina by cicatricial tissue made it necessary to operate by the rectum, and this in the days of silver wire sutures! It proved to be the most difficult piece of work I had ever done. It required several sutures to close the fistula. With much anxiety I awaited the result, which proved successful. When I reported the result to Dr. Emmet I received a note of congratulation in which he said, "There are few surgeons who could have closed a fistula in that position and under such conditions with a first operation." So I had his kind note to add to my pleasure in sending my patient home cured.

In 1887 Dr. Blackwell and I spent part of the summer in Holland, Belgium, and Normandy, and their attractions which included the beauties of Amiens Cathedral and Mont St. Michel added one more pleasure to our store of memories. In 1893 Dr. Blackwell and I decided to establish a summer home for ourselves, and selected the coast of Maine, where on a bit of rocky woodland we planted our cottage, "Seawold." It proved for years a source of joy to us. Dr. Blackwell found much pleasure in sketching, and I in digging and planting, for I had learned the art and love of gardening. Indeed I found my surgical knowledge of great use here; I splinted up broken limbs, met disease with antiseptics and treated the threatening of borers by injection of ether.

When, with the opening of the Cornell Medical Department to women there was no longer need of a separate college in New York where women were given opportunities of study, the Infirmary College was closed. The buildings which it had occupied and which were at that time connected with the In-

firmary were converted into further hospital space thus widening its usefulness. The Obstetric and Gynaecological Services were given their share and became still more valuable both for the reception of a greater number of patients and for the clinical advantages they offered. My service was an active one, including vaginal and abdominal hysterectomies as well as plastic gynaecological operations and Caesarian sections.

In 1900 Dr. Blackwell and I, again feeling the lure of Europe, began discussing the possibility of giving up our practice and spending a year or two abroad. The change was of greater importance to the Doctor than to myself, as she was several years older than I. Though I did not feel that I actually needed to make the break at this time, I could not resist the thought of travel with such a companion. Our tastes were in many ways alike and we had both seen enough of the "other side" to know what it had to offer. It did not take long to decide to give up practice and start out on our travels. The time was favorable, for the Infirmary was well staffed by efficient young physicians—and yet the break was not an easy one for me to make, either with the Infirmary or with my private practice, for I loved my work. My last two cases of abdominal hysterectomy were done a few weeks before our leaving, and their success and the God-speed of my two patients helped to soften the break.

The Doctor and I had eighteen delightful months in Sicily and Italy, spending the summer in the Austrian Tyrol. We came home with our minds stored with memories of all the beauty we had seen, which was to be for us a permanent joy. I made only two more trips abroad, one in 1907 when I visited Spain, and my last in 1913 when I spent several months in Egypt.

When Dr. Blackwell and I returned in 1901 we had no desire to live in New York, and so decided to establish our winter home in attractive Montclair, where my niece, Dr. Elizabeth Mercelis, was already settled. Our home at York Cliffs, Maine, where we spent our summers, was as dear to us as ever. Thus the years happily passed until in September, 1910, a sad blow came in the death of Dr. Blackwell, making an irreparable break in my life. She passed away, after a short illness, within sight and hearing of her beloved sea.

I continued to spend my summers at York Cliffs where there were still more happy associations than sad ones. As years went by, my days with my books and family and friends passed happily, but they were not useful ones. There were no special duties, and I, who had cared so much for others was now being cared for. The interruption to this uselessness came with the World War and its sad needs, and I was soon busy making clothes for the Belgian and French women and children. My niece, Dr. Mercelis, and I planned, cut, stitched and collected, and sent many valuable bales of clothing to those in need. Later came work with the Red Cross in preparing and sending necessities and comforts to our own soldiers.

In 1919, my sight beginning to fail, I was operated upon for cataract. Two or three years passed before I could read with any pleasure or comfort. After three operations my sight was restored, so that reading again became my chief joy in life. In the meantime, during the dark days, I lived on my memories, saying—

*When treasures of the written page  
Can no more thirst of soul assuage,  
Then flash within the brain,  
Those memories of immortal thought,  
To us by gifted mortal brought,  
Which still the pain.*

My books are still my great delight and although I find great difficulty in writing, and my general vision is poor, I can read (when the print is good) several hours a day. As, amid all the trash which is at present belched forth from the press, there is so much written that is worth reading, I am never at a loss—excepting for capacity to keep up with what is offered.

Until this year (1930), I have been able to go to my summer home in Maine. This last summer was spent in my attractive home here in Montclair, with its garden and fine shade trees. "Seawold" at York Cliffs was occupied by some of the younger ones of my family, who will come after me and who love the place as I do.

In spite of the limitation of these old days; limitations of sight, hearing, and capacity for getting about, I have much to be thankful for in freedom from all suffering, and in general good health, and also in the continued appreciation and enjoyment of all forms of beauty—in Nature, in Art, and in Literature. Although an active interest is no longer possible, I can still rejoice in the progress of women in Medicine, and in the growth and increased usefulness of the New York Infirmary for Women and Children.

And so I am waiting in peace (if not always with patience), the coming of the inevitable, a coming which at ninety-three years of age cannot be long delayed.

ELIZABETH M. CUSHIER, M.D.

November 17, 1930.

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On the ninety-fourth anniversary of her birth, November twenty-fifth, 1932, Dr. Cushier joined "The Choir Invisible of those immortal dead who live again in lives made nobler by their presence."

She was not only the leading woman surgeon of her time, but was also an eminently successful practitioner. Early interested in endocrinology, her diagnosis and successful treatment of myxoedema justly won for her at that period, the late 70's, deserved recognition. Her interest in and loyalty to her profession never flagged. Up to the time of her death her subscriptions to, and her pride in the work of The Service Committee of the Medical Women's National Association were continuous. The American Women's Hospitals (A. W. H.) wishes to express its appreciation of Dr. Cushier's support, and its sorrow at her loss.

Dr. Cushier's students owe to her, apart from our pride in her as a physician and surgeon, a debt as a woman of the world.

When there comes drifting into my mind the line: "Would'st fashion for thyself a seemly life?" the inward eye flashes a picture of a beautiful woman coming down the broad stairway of the old Infirmary wearing a scarlet opera cloak, her white

hair gleaming, her face aglow with joy of the music she was about to hear.

Dr. Cushier and Dr. Blackwell introduced me to my first reading of Gibbon; loaning me their own ancient calf-bound copy from their York Cliffs library.

They were worthy successors of Alice and Phoebe Cary in that charming house on East 20th Street, the center of much literary life of old New York.

Dr. Blackwell's adopted children and Dr. Cushier's nieces added to its atmosphere of home.

It was my habit to call at Seawold on my way to my own summer home on the Maine coast. On my last visit, Dr. Cushier, at that time able to use her eyes only for short periods, drew me into a corner of the lovely living room, and asked eagerly, "Now, what are you reading? What do you like best?" "Masefield's Sonnets" was my answer.

She at once began—and it was her farewell—in that beautiful voice:

*Be with me beauty for the fire is dying,  
My dog and I are old, too old for roving.  
Man, whose young passion sets the spindrift flying  
Is soon too lame to march, too cold for loving.  
I take my book, I gather to the fire and turn old yellowed leaves. Minute  
by minute  
The clock ticks to my heart. A withered wire moves a lost chord of music  
in the spinet.  
I cannot sail your seas, I cannot wander your highland, nor your cornland,  
nor your valleys  
Ever again; nor join the battle yonder where the young Knight the broken  
squadron rallies—  
Only be quiet, while the mind remembers the beauty of fire, from the beauty  
of embers. . . .*

To live in hearts we leave behind is not to die.

ELIZABETH B. THELBERG, M.D.

Vassar College



## ILLUSTRATIONS

Illustrations in this book are mainly from the collections of Doctors Mary McKibbin-Harper, Esther Pohl Lovejoy, Victor Robinson, Martha Tracy, Frederick C. Waite.

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*Elizabeth Blackwell M.D.  
With kindest regards.*

ELIZABETH BLACKWELL, M.D.

[1821-1910]



EMILY BLACKWELL, M.D.

[1826-1910]



SARAH HACKETT STEVENSON, M.D.

[1849-1909]

First Woman Member of the House of Delegates of the American Medical Association.



MARY PUTNAM JACOBI, M.D.

[1842-1906]

First woman admitted to New York Academy of Medicine. Professor of Materia Medica and Therapeutics at the Woman's Medical College of New York Infirmary, and member of the faculty of New York Postgraduate Medical School and Hospital.



ANN PRESTON, M.D.  
[1813-1872]

Dean, and Professor of Physiology, Woman's Medical College of Pennsylvania.

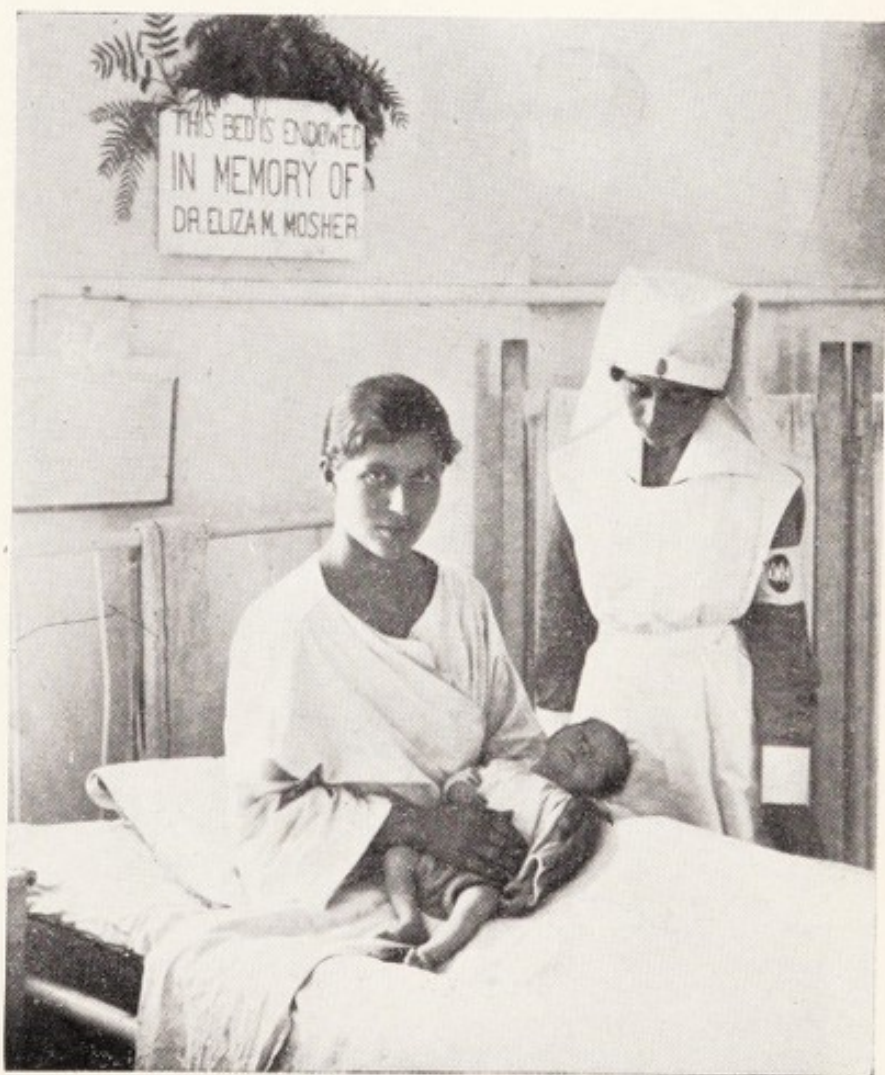


MARY HARRIS THOMPSON, M.D. [1829-1895]

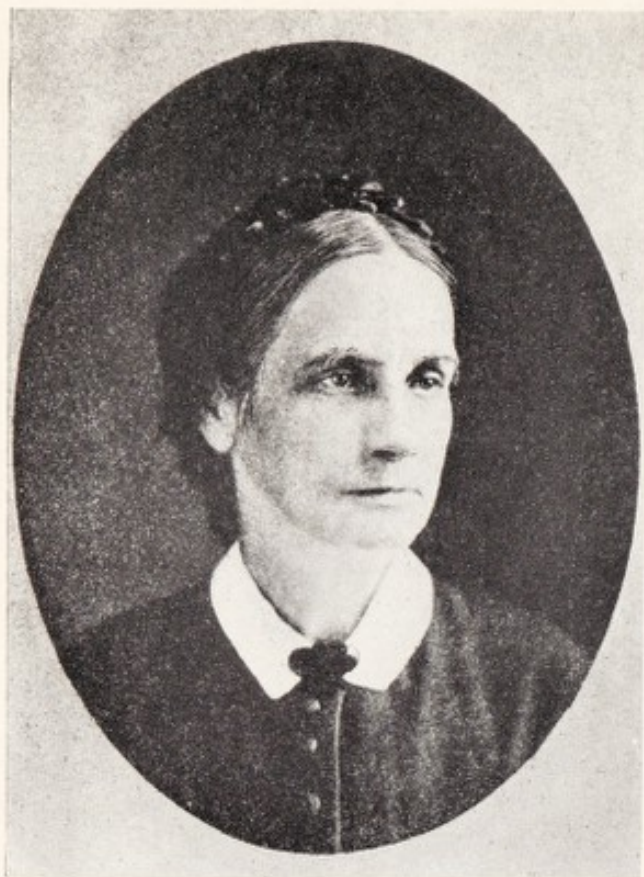
Founder of the Women and Children's Hospital of Chicago [1865]; "the first woman who specialized in surgery."

ELIZA M. MOSHER, M.D.  
[1846-1928]

Professor of Hygiene and Dean for  
Women's University of Michigan.



MOSHER MEMORIAL BED  
Kokkinia Hospital, American  
Women's Hospitals, Athens,  
Greece.



MARY FRAME MYERS THOMAS, M.D. [1816-1888]  
Taken about 1870



JANE VIOLA MYERS, M.D. [1831-1918]  
Taken about 1880



ANNA E. BROOMALL, M.D. [1847-1931]  
Courtesy of Dr. Mary Wade Griscom



HANNAH E. MYERS LONGSHORE, M.D. [1819-1901]  
Taken about 1875



**KATE CAMPBELL HURD-MEAD, M.D.**

Historian, Medical Women's National Association. President, Medical Women's National Association, 1923-4.



**ELIZABETH B. THELBERG, M.D.**

Vassar College. President, Medical Women's National Association, 1927-8.



**MARY MCKIBBIN-HARPER, M.D.**

Editor, Medical Women's National Association.  
Co-Editor, Medical Review of Reviews.



MARTHA TRACY, M.D.

Dean of the Women's Medical College of  
Pennsylvania, 1918—



OLGA STASTNY, M.D.

President of Medical Women's National Association,  
1930-31.



ESTHER POHL LOVEJOY, M.D.

President, Medical Women's International Association, 1919-24; President, Medical Women's National Association, 1932-33; Director, American Women's Hospitals, 1919—



MARY ELIZABETH BASS, M.D.

Professor of Clinical Laboratory Diagnosis, The Graduate School of Medicine, and Assistant Professor of Clinical Medicine, School of Medicine, Tulane University of Louisiana.



NEW YORK INFIRMARY FOR WOMEN AND CHILDREN



M. LOUISE HURRELL, M.D. (*seated*)

Director, and INEZ A. BENTLEY, M.D., Assistant Director, American Women's Hospitals' Service, France, 1918-19.



RUTH A. PARMELEE, M.D.  
Head of American Women's  
Hospitals Service in Greece.



ANGENETTE PARRY, M.D.

President, Medical Women's National Association, 1918-19; head of maternity department, American Women's Hospitals, Kokkinia, Greece, 1928-32.



MABEL E. ELLIOTT, M.D.  
Head of American Women's Hos-  
pitals Service in Armenia, Turkey  
and Greece, 1920-23.



ETTA GRAY, M.D.  
Head of American Women's Hos-  
pitals' Service in Serbia, 1919-23;  
President, Medical Women's Na-  
tional Association, 1919-20.

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