

### WOMEN IN MEDICINE.\*

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Since our first parents were expelled from Eden, leaving an ideal home of plenty, peace, happiness and endless life for a realm filled with disease, suffering and death, women must have been more or less interested in the practice of healing. While Adam "toiled and sweat," fought "thorns and thistles and wild beasts" as part of his punishment, Eve gathered and "proved" the roots and simples to find something to relieve or alleviate the aches and pains brought upon her numerous progeny, as she firmly believed, by her transgression.

The daughters profited by the experiences and experiments of the mothers, and each generation added something to the stock of knowledge gained by the preceding generation. In time the women learned to comfort and later to assist each other in their time "of sorrow," for the sentence had been pronounced, "in sorrow thou shalt bring forth children," and any aid and sympathy was gratefully received.

Out of the many a few developed especial skill and gentleness in this work, and the woman midwife was evolved. Whatever progress may have been made in the two thousand years before the flood must have been swallowed in that cataclysm, and the few people left commenced again, history repeated itself, as it always does, and we had nurse, herbalist

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and midwife in the order named. The first really authentic account I can find, of women educated in the science of medicine, is in the early Egyptian history, where we learn that the daughters of the kings were taught all that was known of that science.

That this teaching was thorough, is evidenced by Moses, who received his education under the instruction of Pharaoh's daughter, who had adopted him. His directions for diagnosis and treatment, his rules of hygiene and prophylaxis have never been surpassed. And his teacher was a woman. The results of her work show that she was a thorough scholar, and had a complete understanding of her subject, both from a scientific and practical standpoint.

We can learn very little of the practice of medicine for centuries, but it is safe to say that nearly every mother was her own physician, and that the practice of obstetrics was entirely in the hands of women. One of England's early queens was delivered by an accoucher, an act that caused great excitement in all circles, high and low, showing that it was not usual. But as others followed the lead of their queen, this was really the entering wedge that eventually opened the way for men in this especial line.

The centuries that had given to women the exclusive control of the practice of midwifery had slowly evolved the male doctor from the barber-surgeon. Given a few books, possibly two or three, and later two or three months in some embryonic medical school, to which women were not admitted, gave them or they assumed the title of "Doctor." Then the war began in earnest on the women midwives.

Men had all the advantages on their side, freedom of the schools, the almshouses, hospitals and clinics, and while they gained in knowledge women remained ignorant because deprived of all these opportunities, and while for ages the belief had prevailed that as child-bearing was a natural condition no special preparation was needed by the obstetrician, yet the time came when a choice was made between ignorance and knowledge, and the men won.

Then commenced a struggle which has continued without cessation to this day, a struggle waged by women for admission to the medical profession, and as means to that end, admission to the schools and hospitals. This was and is most bitterly opposed in Europe, because of the belief that women are intellectually incapacitated. This is not surprising when we recall that less than two hundred years ago a French savant wasted reams of paper and quarts of ink to prove beyond peradventure that women were without souls, that they were merely an order of lower animal, created for man's pleasure and profit.

Dr. Mary Putnam says, in speaking of this: "In America it is less often permitted to doubt—out loud—the intellectual capacity of women, therefore the controversy has been shifted to the entirely different ground of decorum."

The struggle was transferred to America, and

some degree of success has attended the efforts of the women interested, although as yet not entirely satisfactory. The battle was largely, though not entirely, waged here on the ground of propriety, and each had some claim to right. There were and are many reasons for protesting against the presence of the "male-midwife" in the lying-in room, or of the young woman in the medical school. But underlying all of this acute sense of outraged modesty was the inborn and inbred belief that woman was not only weaker physically, but was mentally inferior, and could never compete with great masculine minds.

This condition led to the coarsest antagonism on the part of those same male intellectual giants.

During the Colonial period of exclusive female midwifery the medical profession proper in the United States remained entirely unorganized, and a superficial observer would overlook the existence of doctors in the community unless he made especial inquiry. Speaking of this, Thatcher, in the *American Medical Biography*, published in 1828, says: "More than 150 years elapsed after the first colonial settlement before a single effort was made either by public authority or by the enterprise of individuals for the education of physicians or for improvement in the practice of medicine."

The first anatomical dissection was made in New York some time during 1750, and until near the close of the eighteenth century no medical journal was published in America. During the years immediately preceding and following the Revolutionary War physicians began to travel to Europe for instruction, and their work as army surgeons, while not very useful to the sick, served to bring the profession before the public, and their observations of disease on a large scale, aroused a keener interest in the science of medicine than had ever been felt before. While the work in the military hospitals was of great benefit to ambitious physicians and aspiring surgeons, yet if its history were given it would certainly shock humanity.

During the years of 1777 and 1778 the ignorance and stupidity of the profession, the crowded and unsanitary condition of hospitals and camps, cost the lives of one-half our army, but the medical men were learning something by their blunders and mistakes, and J. G. Holland tells us that—

"Life, evermore, is fed by death,  
In earth and sea and sky;  
And that a rose may breathe its breath,  
Something must die."

Therefore, let us hope that this great sacrifice of human life was not in vain, that conditions were improved for those who came after.

The first outcome of this newly aroused interest in this subject was the expulsion of women from even the outlying provinces of the profession and from their world-old privileges as obstetricians. A noted Boston physician said: "It was one of the first and happiest fruits of improved medical education in America that females were excluded from prac-

tice, and this has only been effected by united and persevering efforts of some of the most distinguished individuals in the profession."

After a time a period of reaction set in, and Dr. Samuel Gregory, of Boston, opened a crusade on behalf of the women, and protested earnestly against male-midwives. His article aroused a general discussion in the public press, and the arguments advanced on both sides were violent and vindictive. It is interesting to compare some of the arguments used in this contest with the arguments used on the same subject to-day. Dr. Gregory summarizes his lectures on this subject as follows:

"The employment of men in midwifery practice is always grossly indelicate, often immoral, and always constitutes a serious temptation to immorality." On the other side, Dr. Blackwood, in the *New York Medical Record*, 1884, says: "To attend medical clinics in company with men, women must lay aside their modesty. There are still gentlemen who would blush to expose their mothers, sisters or wives to what, before women only, would be indecent and improper."

Thomas Ewell, M. D., of Virginia, scores one for the women: "I view the present practice of calling on men in ordinary births, as a means of sacrificing delicacy and consequently virtue." In 1870, Theophilus Parvin in his lecture, "Woman and Her Physician," said: "History, physiology and the general judgment of society unites in the negative of woman's fitness for the medical office."

An editorial in the *Buffalo Medical Journal*, 1869, reads: "If I were to plan with malicious hate, the greatest curse I could conceive for women, to estrange them from the protection of women, and make them loathsome and disgusting to man, I would favor the so-called reform which proposes to make doctors of them."

In 1850 we find the following in *Northern Christian Advocate*: "We have long been convinced that both morality and decency requires female practitioners of medicine. Nature suggests it, reason approves it, and religion demands it."

The *Medical and Surgical Reporter*, of 1867, has the following literary gem: "There are free thinkers in the medical profession as there are free lovers in social life. The opposition of medical men arises because this movement outrages all their enlightened estimate of what a woman should be. It shocks their refined appreciation of woman to see her assume to follow a profession with repulsive details at every step, after the disgusting preliminaries have been passed."

An article, entitled "Females as Practitioners," published in 1820, gives us this: "It is obvious that we cannot instruct women as we do men in the science of medicine, we cannot carry them into the dissecting room and hospital. Many of our more delicate feelings, much of our refined sensibilities, must be subdued before we can study medicine, and in females they must be entirely destroyed."

To find "the delicate feelings, the refined sensibilities" of the average male medical student, and

then subdue the same, would be a task to appall a Hercules.

Elizabeth Blackwell, the first woman to graduate in medicine in America, had a strenuous time before accomplishing her purpose. After being refused admittance to twelve medical schools she made application to the school at Geneva, New York, and was admitted, the faculty referring the matter to the students, who voted to receive her. On her graduation in 1849, the Boston Journal had this to say: "The ceremonies of graduating Miss Blackwell, at Geneva, may well be called a farce. I am sorry that Geneva should be the first to commence the nefarious process of amalgamation. The profession was quite too full before."

Dr. N. Williams, in a paper read before the New York Medical and Surgical Society, June 6, 1850, delivered himself of the following: "The bare thought of married females engaging in the study of medicine is absurd. It carries with it a sense of shame, vulgarity and disgust!" But it remained for the editor of the Boston Medical and Surgical Journal, of June, 1832, page 106, to epitomize the whole question. He says: "The serious inroads made by female physicians in obstertical business, one of the essential branches of income to a majority of well established practitioners, make it natural enough to inquire what course to pursue."

I quote one more gem, this from the Cincinnati Lancet and Clinic, published during 1881. It is from the address of the President of the British Medical Association, which convened that year in London: "I am not over-squeamish, nor am I over-sensitive, but I almost shudder when I hear of the things that ladies now do or attempt to do. One can but blush and feel that modesty, once inherent in the fairest of God's creation, is fast fading away.

"You, gentlemen, who know the delicacy of woman's organization, you must know that constitutionally they are unfit for many of the duties of either doctor or nurse. May not habit so change that fine organization, that sensitive nature of woman, as to render her dead to those higher feelings of love and sympathy which now make our homes so happy, so blessed? Will not England's glory fade without its modest, sympathizing women and its race of stalwart youths and blooming maidens?

"You, now, gentlemen, know my views as to the propriety of ladies becoming doctors and nurses"

I listen and imagine I hear some progressive American woman breathe gently the euphonious exclamation—"Fudge!"

One more quotation from the other, the golden side of the shield. In 1855 Horace Greeley, in an editorial in the New York Tribune, said: "Fifty years hence it will be difficult to gain credit for the assertion that American women acquiesced throughout the former half of the nineteenth century in the complete monopoly of the medical profession by men, even including midwifery and the diseases peculiar to women. The current usage in this respect is monstrous!"

The establishment of medical schools for women

marked an epoch in the history of women in medicine.

The first of these schools was founded in 1848 by Dr. Gregory, at Boston. This was not only the first school of the kind in America, but the first in the world. In 1874, after maintaining a precarious existence for twenty-six years, by an enabling act of the Legislature, the funds were handed over to the Boston University, which was just founded, on condition that women should be admitted to the medical department of the University. This condition was honestly met, and women were admitted to all the departments on equal terms with male students, but as the medical school shortly became strictly homœopathic, women seeking instruction in other schools of medicine were not benefited.

Shortly after this two schools were opened in Philadelphia, one of which died at an early age of "heart failure." The other, after a severe struggle, was established upon a permanent basis, and is now "The Woman's Medical College of Pennsylvania."

In 1869 the University of Michigan opened the door of its medical department to women, and at the same time voted that two homœopathic teachers should be added to the faculty. The yearly sessions were only four or five months, and the teaching very inadequate, not only in the schools mentioned, but in others which were opened in different States, until Dr. Emmaline Cleveland and Dr. Elizabeth Blackwell raised the standard of scholarship in the school with which they were connected. In 1859 Dr. Blackwell estimated that three hundred women had graduated somewhere in medicine. Many of them became discouraged and gave up the work, while many others struggled into second rate positions. Realizing that these failures were in part due to inadequate teaching and want of opportunity, a number of women applied simultaneously for admission to the leading colleges.

Harriet K. Hunt, who had been practicing medicine successfully for many years without a diploma, applied at Harvard, and was promptly and decisively refused admittance. Three years later, in 1850, she again asked permission to attend the lectures. Five of the seven members of the faculty voted to admit her on the usual terms "if the statutes of the State did not forbid it." But unfortunately for Dr. Hunt, three colored men had been admitted at the beginning of the school year, and when the students learned that the faculty had voted to admit a woman to the sacred precincts of Harvard, they arose in their might, called an indignation meeting, and "Resolved, That they would not bear the double disgrace of both negroes and women in their school." The faculty, fearful that the students would withdraw in a body and go to Yale, quietly and gracefully "crawfished," and women were excluded, showing that in educational privileges as well as in politics the negro has the advantage of the American white woman.

At about the same time permission was granted to two women to attend the medical school in Philadelphia. On their first appearance they were greeted by a mob of students, who were armed with stale eggs, stones and mud, which they used freely, in-

discriminately and gleefully. The women were, of course, driven from the field by their chivalrous assailants.

These students were no doubt examples of the men whose "finer feelings" and "delicate sensibilities" had been so "shocked and subdued by the study of the divine art of healing."

In 1879 Miss Marian Hovey, of Boston, offered \$10,000.00 to Harvard University on condition that it should receive women among its students. After wrangling for more than a year over the matter, for women's money always "looked good" to men in colleges, churches, etc., even if the women themselves are undesirable, they rejected Miss Hovey's offer. The committee reported favorably, but the faculty of twenty-one members stood—seven bitterly opposed, eight more or less opposed, but willing to try the experiment, six were in favor of admitting them under certain restrictions. Later the university secured the donation by opening the annex, to which women are admitted to certain privileges.

The history of women in medicine cannot be fully given without referring to the struggle of women, from the foundation of the government, for their rights, the right of franchise, property rights, and right to an education along all lines equal with men.

One thing I must mention in this connection, as it has a direct bearing on this subject. The 19th and 20th of July, 1848, the first Woman's Suffrage Convention was called at Seneca Falls, N. Y., and was attended by crowds of the leading people, and the deepest interest was manifested. Daniel O'Conner, who was one of the leaders in this movement, gave this advice to the women: "Demand the uttermost and you will get something." The leaders, Lucretia Mott and Mrs. Elizabeth Stanton, acted on this advice, and demanded in the plainest terms all that the most radical friends of woman have ever claimed—Equal rights in colleges and universities, in trades and professions, the right to vote, the right to share in all political offices, honors and emoluments, to complete equality in marriage, equal rights in property and equal wages for equal work, the right to make contracts, to sue and to be sued, the right to personal freedom and to equal rights in minor children, and to serve on juries, especially when women were tried."

When these demands were supported by such men as Ralph Waldo Emerson, Theodore Parker, Henry Ward Beecher, Rev. Wm. Channing, Henry Blackwell, Wendell Phillips, and women like Lucy Stone Blackwell, Frances D. Gage, Susan B. Anthony, Lydia Maria Child, Antoinette L. Brown, Mrs. Stanton, Lucretia Mott and hundreds more of the best and brightest men and women of the day, we can easily see that the help and support given the comparatively few women who were making an effort just at that time to secure a footing in the medical profession, was incalculable, in fact, never could have been accomplished without the aid of those noble men and women who were working for the good of all.

Another epoch for women physicians began with

the founding of hospitals where women could obtain clinical training to supplement the meager instruction she had received in the schools. In 1850 a few wealthy New York women founded the first woman's hospital in the world, and placed Dr. Marion Sims in charge. One of the By-Laws governing the hospital was that a woman should be assistant surgeon. Dr. Sims, in his "Story of My Life," says: "I evaded this law by appointing Mrs. Brown's friend, Henri L. Stuart as assistant and Mrs. Brown as matron and superintendent," and Dr. Blackwell, who had had an education far superior to the average doctor of the day, who had had special training under Dr. Simpson, of Edinburgh, and Huguier, of Paris, the most distinguished gynecologist of the time, was rejected. Dr. Mary Putnam Jacobi, says of Dr. Sims: "Suffering womanhood undoubtedly owes much to Marion Sims' inventive genius. But on the other hand, Sims' fame and fortune were made by women, from the poor slaves in Alabama who, unnarcotized, surrendered their patient bodies to his experiments, to the New York ladies whose alert sympathies and open purses had enabled him to realize his dream and establish his personal fortunes."

In view of these facts it would only have been an act of justice on his part to have shared his opportunities with these women, who, like himself, had met opposition, unjust criticism and misfortune. But he failed to do so, and it made all the difference to those pioneer women—"between brilliant and modest, between immediate and tardy professional success." The story of these women reads like a romance, and each one has an interest of its own and each is the story of petty persecution, bitter opposition and struggles that would make a man a hero to whom would be erected a monument by an appreciative public.

I have only time to name a few of these heroines: Drs. Harriet Hunt, Elizabeth and Emily Blackwell, Lucy Sewall, Helen Morton, Sarah Adamson, the second woman in the United States to receive a diploma; Emmaline Cleevland, Dr. Zarewska, the brilliant young German woman who came to America that she might practice the profession she so loved; Dr. Mary Thompson, the pioneer physician in Chicago, who, for a time, was introduced as a curiosity, but who soon gained the respect and sympathy of the people so that she was enabled to establish the hospital for women and children, and when the woman's college was opened, the students found Dr. Thompson's little hospital their first opportunity for clinical instruction. In the hospital was a tiny lecture room containing twelve chairs, a table, a portable blackboard and a skeleton, a small dissecting room, and very limited accommodations for patients. In 1871, just as money had been collected to purchase a better house and lot for the little hospital, the great fire wiped it out, and when the remnants were gathered together "they were found to consist of one or two helpless patients, two house maids, a nurse, a pair of blankets, two pillows and a bit of carpet." This fire was for the hospital one of those disguised blessings that we hear so much

about, and in 1871 the Relief and Aid Society purchased a building for \$25,000 and gave it to the hospital on certain conditions, one of which was that twenty-five patients should be cared for yearly free of charge. During the first nineteen years 15,000 patients had been cared for by the hospital. In 1875 Drs. Charlotte Brown and Annette Buckle opened a Woman's and Children's Hospital in San Francisco, and in 1882 the Northwestern Hospital at Minneapolis. From 1857 to 1883 six hospitals had been founded for and were supported by women. Ninety-four women physicians were employed in them, and 18,600 patients were treated in one year. The Woman's Hospital at Philadelphia, which was founded in 1862, during the Civil War, was the outgrowth of a singularly brutal incident. The resources of the college were entirely exhausted, and the lecture course had been suspended because of inability to rent a room in which to hold the lectures, but permission had been granted the students to visit the wards of the Blockley Almshouse. In order to disconcert the women students one of the young men brought in a male patient perfectly nude. This insult so aroused the friends of the hospital that funds were soon collected to purchase a house in which might be opened a hospital where women could obtain clinical instruction without being subject to insult.

At this time, when well educated women physicians were a well established fact and their friends were many and influential, men awakened to the fact that something must be done to suppress them, and the Philadelphia County Medical Society assumed to be the first to check this alarming innovation of "women's schools and female doctors." Resolutions were adopted forbidding all physicians from lecturing to or counseling with or associating in any way with female doctors on penalty of ostracism. The men who lectured in women's colleges were refused membership in all medical societies. In 1871 the annual meeting of the American Medical Association, a national organization, was held in San Francisco, and the "female physician" question was thoroughly "threshed out." If time would allow, it would be very interesting to note the arguments used both pro and con by these great men and leading scientists of the nation, and I cannot close this paper without giving a few samples. Dr. Davis, of Illinois, asked solemnly: "Has the time come to deliberately open the door and welcome the female portion of the community, not only to our profession, but into all professions? Is there any difference in the sexes? Are we to heed the law plainly imprinted on the human race, or are we to yield to the popular breeze?" Dr. King, of Pittsburg, remarked that "This war on women is beneath the dignity of a learned society of scientific men." Prof. Johnson, of Missouri, said: "This body will stultify itself by the admission of women." Dr. Atlee, of Philadelphia, remarked: "The opposition to women's colleges generally comes from professors or controllers of colleges for men. These women's colleges stand in many respects far ahead in obstetrical and clinical instruction of the colleges represented

here. By the rules of our Medical Association I dare not consult with the most highly educated woman physician, yet I may consult with the most ignorant masculine ass in the medical profession." Dr. Storer, of Boston, said: "There is this inherent quality in their sex, that uncertain equilibrium, that varying from month to month in each woman that unfits her for those responsibilities which are to control life and death." To this Dr. Gibbons, of San Francisco, replied: "If we are to judge of this proposition by the arguments of my friend, I think it would prove conclusively the weakness of his side of the question. It is a fact that a large majority of male practitioners fluctuate in their judgment, not once a month with the moon, but every day with the movement of the sun. I ask whether it be not true that one-half of the male practitioners are not to a greater or less extent under the influence of alcohol at some period of the twenty-four hours?"

And so the war went blithely on until finally the whole subject was laid on the table without a vote. This was the last discussion of the question, for in 1876 the national meeting was held in Philadelphia and women delegates were admitted without discussion.

After all these years of struggle and bloodless warfare, we find women in all the schools, in nearly all the colleges and universities; we find women physicians in all the cities and in most of the smaller towns; we find them admitted to equal membership in nearly all medical societies, but they are seldom found on the programs or in official positions. Men are not afraid of the consequences, and, therefore, do not refuse to consult with women; but they seldom, if ever, call a woman doctor in consultation with them. In many of the allopathic schools, while women are allowed to matriculate, on the same terms as men, and with all the privileges, yet the male students, supported by many members of the faculty, use every effort to make the lecture and dissecting rooms places of martyrdom, and they succeed admirably. Every sense of decency is violated, obscene stories are told, ribald and vulgar songs are sung and the vilest drawings are left upon the blackboards and walls of the dissecting room for days at a time. A few years ago a young woman student complained of these things, to a member of the faculty of a medical school in Iowa. At his next lecture he told of the complaint that had been made, and drawing his hand over his mouth and chin to cover a malicious grin, he added: "But, boys, I am not running a Sunday School." The "boys" responded with a whoop that would do credit to a base ball "rooter." If after running the gauntlet of mental and moral torture for three or four years the woman receives her "sheep skin," she goes out into the world and finds that instead of receiving the help and encouragement from her brother practitioners that the boys in her class receive, she is utterly ignored and must "paddle her own canoe," and sink or swim as fate wills. The young man unites with the Masonic order, becomes an Odd Fellow, a K. P., an Eagle and an Elk, dabbles in politics, is appointed city or county physician, is

elected coroner, or is invited to accept a position as interne in some hospital founded and supported by women. Each and all of these things are steps and helps to something better; but all closed to women.

One other thing that meets and surprises the young woman doctor is the fact that instead of the majority of women patronizing women physicians, only a small minority do so, which is certainly discouraging for the woman who has at such an expenditure of money and nerve force prepared herself for this work. A lady came into my office one day a few years ago, and said, with great earnestness: "Doctor, more women ought to study medicine. I cannot see why they do not. We need them so much; there should be more women than men in the profession." I replied: "You can find the principal reason in your own home. You are deeply interested in women physicians, which is all very nice and laudable, but when you or any member of your family is sick, you send for a man doctor every time. It is you and such women as you that discourage women in the profession and keep other women out."

But women are in medicine to stay, and I have faith to believe that in the course of time they will receive the kindly and broad recognition they certainly deserve.

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