The Blackwell Medical Society and the Professionalization of Women Physicians

THE BLACKWELL MEDICAL SOCIETY AND THE PROFESSIONALIZATION OF WOMEN PHYSICIANS*

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The following essay considers the central, but ultimately self-limiting, role of women's medical societies in late nineteenth- and early twentieth-century America. Most such societies flourished because they helped introduce women physicians to the professional community while at the same time accommodating the women's long-held and highly valued ties to the community of female social reform. Frequently these societies were modeled after the exclusively or predominantly male medical societies in the women physicians' home cities. They fostered collegial relations not only among the women physicians of the region but between male and female physicians, as well. Female medical societies, like their male counterparts, acted as arbiters of the rules of professional conduct, assisting their members to sort out their roles and responsibilities as professionals. As the uncertainties of scientific standards, professional status, and etiquette for physicians were gradually resolved in the 1880s and 1890s, women physicians knowingly relied on the codes of professional conduct embedded in their medical societies to claim their place within the professional community.

Women's medical societies, thus, served as an effective instrument of professional integration and legitimation. In addition, they provided the means through which women physicians might fulfill a sense of responsibility to the older, Victorian code of professional values identified with the world of female benevolence, social reform, and civic activism. These, after all, were the values that had supported the cause of women physicians in the first place. Gradually, however, the attempted amalgamation of modern, scientific professionalism and Victorian social feminism proved untenable. After World War I, younger women entering the profession increasingly

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spurned the tradition segregating male and female professionals. Instead, they sought to be accepted on the basis of educational equality, not gender equity; assimilation, not mere integration. For this later generation of female graduates, women's medical societies seemed less and less attractive. Using the women's medical community of Rochester, New York, as a case study, this essay will first describe the ways in which women's medical societies in the late nineteenth century facilitated an accommodation between the values of scientific professionalism and those of social feminism. Then it will consider the societies' declining popularity and centrality in the 1920s.[1]

I

Women's medical societies, like women's institutions of all kinds, have already occasioned a fair number of comments, both in the literature on professionalization and in the literature on nineteenth-century feminism. Any analysis of their significance in the history of women physicians must first come to terms with the question of context. Do the women's medical societies of the late nineteenth century illustrate the progress of feminism or the process of professionalization? In short, do these societies represent what historian Estelle Freedman has called "separate institution building," or do they represent an intermediate stage of female integration into a male-dominated profession?[2] If the Blackwell Medical Society is typical, these societies were meant to be both. They can be discussed in the context of either the history of feminism or the history of professionalization. Nevertheless, to see these institutions as their members saw them—that is, to see them whole—we will need to use an even wider lens. Women's medical societies were agents of feminism and professionalization, but most of all they were agents of reconciliation and mediation between the two. As did all professional societies of the period, women's medical societies satisfied a genuine need in the late nineteenth century, namely, a sense of community. Ironically, as women physicians came closer to achieving acceptance and legitimacy in a gender-integrated medical community, the female medical society appeared, perhaps inaccurately, less and less central to their professional and personal needs.

[1] The most thorough history of women physicians in America is to be found in Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (New York: Oxford University Press, 1985). For an earlier, pathbreaking study revealing the full dependence of the first generation of women physicians on the nineteenth-century women's movement, see Mary Roth Walsh, *"Doctors Wanted: No Women Need Apply": Sexual Barriers in the Medical Profession, 1835–1975* (New Haven, Connecticut: Yale University Press, 1977).

[2] Estelle Freedman, "Separatism as strategy: female institution building and American feminism," *Feminist Studies*, 1979, *53*: 512–29; Cora Bagley Marrett, "On the evolution of women's medical societies," *Bull. Hist. Med.*, 1979, *53*: 434–38. Virginia G. Drachman addresses a similar issue in her study of the New England Hospital for Women and Children. Cf. Drachman, *Hospital with a Heart: Women Doctors and the Paradox of Separatism at the New England Hospital, 1862–1969* (Ithaca, New York: Cornell University Press, 1984), esp. pp. 14, 15.

What are the implications of using the word *community* in the study of professional societies in the late nineteenth century? The years between 1890 and 1920 saw the distinctive stamp of modernity imprinted on American culture, as it became more corporate, industrial, urban, technological, socially stratified, and culturally diverse. As the larger aggregations of urban society overshadowed the regional economies and self-contained social networks of small-town America, the so-called traditional communities of family, friends, and neighbors were fashioned into a larger mosaic. Robert Wiebe and other historians commonly sum up these changes as the decline of "community" and the rise of "society."[3] For many years, therefore, as the historian Thomas Bender has frequently argued, students of the Progressive Era restricted use of the word *community* to discussions of small-town, pre-industrial society; by definition, they regarded community and modernism as mutually exclusive qualities. Rather than a decline of "community," however, it is more accurate to say that these changes provoked the redefinition, indeed, the multiplication, of the meanings of "community" in American life. Like Bender, I use the term *community* not in the sense of locale, but in the general sense of a shared sociocultural identity. Communities may be effects of geography, kinship, ethnicity, occupation, politics, culture, or any combination of influences that produces what Bender has termed a "community of discourse." The term retains some of its original meaning of closeness or primary relationships, but transcends the more literal identification with a shared locale.[4]

The explication of the idea of "community" affects one's notion of the cultural significance of professional societies. For example, it is commonly observed that professional societies in the late nineteenth century attempted to function as gatekeepers, controlling entry into practice, and as referees, deciding questions of legitimacy and professional ethics. Yet the function best fulfilled by the professional society in this period was its conferral of a powerful sense of collegiality and allegiance on its members. Americans' increasing identification with their professions represented a search for new sources of collective values as well as for new sources of collective power. Professionalism in general and professional societies in particular, therefore, supplied a vital link in the process by which middle-class Americans redefined their relationship to the world around them. As one set of identifications, dependent on local traditions and values, gave way before the

[3] Robert H. Wiebe, *The Search for Order, 1877–1922* (New York: Hill and Wang, 1967), is both the earliest and, probably, the most influential recent analysis of the Progressive Era along these lines. Describing the supersession of a local by a national culture, for example, he wrote, "As ... island communities disintegrated, certain Americans sought to transcend rather than preserve them [including] those with strong professional aspirations" (pp. 111–12).

[4] Thomas Bender, "The Cultures of Intellectual Life: The Cities and the Professions," in *New Directions in American Intellectual History*, ed. John Higham and Paul K. Conkin (Baltimore: Johns Hopkins University Press, 1979), p. 191. Thomas Bender's dissection of the misuse of the term may be found in *Community and Social Change in America* (Baltimore: Johns Hopkins University Press, 1978), esp. chaps. 1 and 2.

complexities of urban America, identification with one's profession offered a satisfying substitute.[5]

For example, general medical societies still routinely spoke out on the health-related issues of their home cities, but they did so in the capacity of specialized professionals guarding the public's health, not merely as general citizens' groups. These state and local bodies functioned as collegial, not civic, organizations. They offered their members an opportunity for collegiality available nowhere else. Their members' shared faith in scientific progress and the propriety of professional dominance supported a set of common values often quite different from those of their neighbors. Perhaps even more important, by 1910 medical education was in the process of becoming a largely standardized experience in which texts and values were duplicated from one school to another throughout the country.[6] The professional community replaced the local community as the doctor's primary source of sociocultural values. Literally and figuratively, doctors ceased to be neighbors to their patients.

What was the impact of these changes on the professional lives of women physicians? Male or female, regular or homeopath, anyone in medical practice around the turn of the century faced the challenge of medicine's professionalization. Why did women apparently hold onto the older professional norms longer than many of their male colleagues?[7] For women physicians, it seems, the shift in professional identity toward the collegial and away from the local community proved thankless and far less rewarding than for men. They could not easily cast aside the moral, evangelical, reformist component of Victorian social reform. After all, it was those qualities that brought many women into medicine in the first place, usually through the mediating influence of social feminism.[8] As several excellent studies have

[5] Bender, "Cultures," p. 190, distinguishes between the "civic professionalism" of antebellum America and the "disciplinary professionalism" of the late nineteenth century. For the varying assessments of professionalization, see Talcott Parsons, "Profession," entry in the *International Encyclopedia of the Social Sciences*, ed. David Sills (New York, 1968), pp. 536–46, as cited by Gerald L. Geison, ed., *Professions and Professional Ideology in America* (Chapel Hill: University of North Carolina Press, 1983), intro.; Christopher Lasch, *Haven in a Heartless World: The Family Besieged* (New York: Basic Books, 1977), pp. xiv, xv; Burton J. Bledstein, *The Culture of Professionalism: The Middle Class and the Development of Higher Education in America* (New York: W.W. Norton, 1976), chap. 1; Eliot Freidson, *Profession of Medicine: A Study of the Sociology of Applied Knowledge* (New York: Harper and Row, 1970), pp. 22–33; Magali Sarfatti Larson, *The Rise of Professionalism* (Berkeley and Los Angeles: University of California Press, 1977), chaps. 4 and 5; and Martin S. Pernick, *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-Century America* (New York: Oxford University Press, 1985), esp. chaps. 2, 11, and the "Afterword." For the inefficacy of general medical societies in this period, see Charles E. Rosenberg, "Doctors and credentials: the roots of uncertainty," *Trans. Stud. Coll. Phys. Phila.*, 1984, 6: 295–302.

[6] For an excellent account of this standardizing process, see Kenneth M. Ludmerer, *Learning to Heal: The Development of American Medical Education* (New York: Basic Books, 1985), chaps. 4 and 5.

[7] My discussion of changing professional norms for physicians in this period has profited from the comments of Martin Pernick.

[8] Like William L. O'Neill, *Everyone was Brave: A History of Feminism in America*, 2d ed. (1971; Chicago: Quadrangle Books, 1976), and Karen Blair, *The Clubwoman as Feminist: The Woman's Culture Club Movement in the United States, 1868–1914* (Ann Arbor, Michigan: Xerox University Microfilms, 1976), I am using the term *social feminism* as distinct from *feminism* to suggest the broad coalition of nineteenth-century middle-class women, both volunteers and professionals, who, under the banner of female moral superiority, sought to bring about a wide variety of social reforms ranging from temperance and the support of foreign missions to social purity and settlement house work. *Feminist*, in my usage, refers specifically to the doctrine of female equality, and to support for women's rights, particularly female suffrage. Many social feminists supported suffrage, too, but only as one of a number of desirable reforms. Rochester's leading women doctors supported the broad goals of social feminism, but did not subordinate the issue of suffrage to other social issues.

noted, a strong infusion of the reforming zeal common to "social housekeepers" of the late nineteenth century shaped the professional aspirations of the early generations of female physicians.[9] That commitment produced a diverse combination of interests and activities, some directly professional, some not. These included a concern for women's health care and the opening of women's medical colleges, women's hospitals, and dispensaries for women, and, more generally, higher education for women, suffrage, temperance, and membership in countless local women's clubs. With the exception of suffrage, these changes helped pave the way for widespread public acceptance of the Victorian woman physician. As a result, social feminism and female professionalism, though distinct, were thoroughly congruent through the early 1900s. When the broad-based concerns of social feminism, so closely identified with the civic-mindedness of all mid-nineteenth-century professionals, and the collegial professionalism of the twentieth century began to diverge, women's medical societies provided a way to prolong their compatibility.

The proliferation or revitalization of medical societies was common to all sectors of the physician population—male, female, allopathic, homeopathic—at the end of the century. Most appear to have centered around three different, but related, objectives: the advance of professional interests, as, for example, through lobbying state legislatures; the presentation of clinical cases and what today would be called "continuing education"; and, finally, the opportunity to socialize with one's colleagues. It would be fair to say that in the years before medical school hierarchies emerged as rival professional communities sufficient unto themselves, the general and specialized medical societies were the embodiment of professional communities per se. The female medical societies, however, as noted already, were fusions of two distinct communities of value, that of professional medicine and that of social feminism. It was in holding these two ideals together that women's medical societies made their unique, if short-lived, contribution.

The decision to found these societies was a deliberate, positive strategy rather than a negative reaction to the exclusionary policies of male-dominated societies. By 1881 seventeen state medical societies had opened their doors to women. The real obstacle faced by women doctors was not exclusion but marginality. Moreover, as Cora Marrett noted in her synoptic study

[9] Mary Ryan, *Womanhood in America*, 2d ed. (1975; New York: Franklin Watts, 1979), pp. 135–45, among others, uses the term *social housekeeping* to suggest the continuity between the Victorian ideology of motherhood and the "extrafamilial" activities of social feminists. Besides the works of Morantz-Sanchez, Walsh, and Drachman cited above, see also Gloria Moldow, *Women Doctors in Gilded-Age Washington: Race, Gender, and Professionalization* (Chicago: University of Illinois Press, 1987).

of the phenomenon, only a fraction of both male and female physicians ever actually joined their state societies.[10] Thus, while this fact may indicate some reticence on the part of the women, it seems more accurate to recognize that state medical societies attracted only a small proportion of doctors in this period.[11] In contrast, local medical societies, whether restricted by gender or not, enjoyed large and loyal memberships. As Regina Morantz-Sanchez points out in a balanced assessment of women's medical societies, the societies supplied "sought-after fellowship," trained their members in "the unwritten 'rules' of professionalism," and encouraged and assisted members in making "substantial contributions [to] 'feminine' areas of endeavor [such as] female health, family life, and the scientific management of child growth."[12] That is, women's medical societies afforded the opportunity, at least initially, to reconcile two increasingly distinct hierarchies of value, one strictly technical and scientific, the other reformist, moralizing, value-laden.

II

The Practitioners' Society of Rochester, New York, renamed the Blackwell Medical Society in 1906 to honor Elizabeth Blackwell, successfully reconciled the values of social feminism and medical professionalism for more than thirty years. The first society of regular women physicians in Rochester, it was organized in 1887. It appears to have been the earliest such society in the country not restricted to the alumnae of a single institution. When it first met in January 1887, the Practitioners' Society had eight members.[13] Over the next forty years its membership rolls included a total of fifty-eight women plus an additional half-dozen who were awarded honorary status. Although never representing more than 7 percent of the total physician population of the Rochester region (the percentage for 1910; the figure declined to 6 percent by 1915 and 5 percent by 1920), the Society always attracted nearly all of the city's regular female graduates.[14]

[10] Marrett, "On the evolution," pp. 439–40.

[11] There is some dispute about the identity of the earliest female medical society. Ellen J. Smith, "Medical Societies," in *"Send Us a Lady Physician": Women Doctors in America, 1835–1920,* ed. Ruth J. Abram (New York: W. W. Norton, 1985), pp. 206–8, relying on Walsh, *"Doctors Wanted,"* names the New England Medical Society (est. 1878) as the first; Marrett, "On the evolution," p. 445, cites the Alumnae Association of the Women's Medical College of the New York Infirmary (est. 1873), since it was the direct forerunner of the Women's Medical Association of New York City (est. 1899); also cf. Marrett, pp. 439, 440, for statistics on male and female membership in state medical societies.

[12] Morantz-Sanchez, *Sympathy and Science,* pp. 182–83.

[13] They were, in alphabetical order, Sarah Adamson Dolley (Central Medical College, 1851); Frances Fidelia Hamilton (Women's Medical College of the New York Infirmary, 1874); Sarah Perry (University of Buffalo, 1882); Marion Craig (Potter) (University of Michigan, 1884); Anna Searing (University of Michigan/homeopathic, 1868); Mary Slaight (University of Buffalo, 1880); Mary E. Stark (Women's Medical College of the New York Infirmary, 1880); Harriet M. Turner (Women's Medical College of Pennsylvania, 1886). Practitioners'/Blackwell Medical Society, *Minutes,* book 1, pp. 1–64; book 3, pp. 123–24. Edward G. Miner Library, University of Rochester School of Medicine and Dentistry, Rochester, New York. (Hereafter cited as Pract./BMS *Minutes.*)

[14] The overall figure for Rochester physicians is the result of a hand count comparing listings in the Rochester City Directory to those of the state medical directory for every five years from 1910 to 1930, including male and female regulars and homeopaths only.

Its admissions policies—stated and unstated—attested to its members' identification with medicine's mainstream. The Society's constitution and by-laws limited membership to "regularly qualified physicians" as defined by the Medical Society of the State of New York. Given the recent decision of the state society to admit homeopaths, homeopathic graduates technically would have qualified for membership. Nevertheless, whether because they belonged to the local homeopathic societies or because they were discouraged by the regulars, homeopathic physicians did not flock to the Society. In fact, only one homeopath, one of the original eight members, ever joined the Society. Because this physician was one of the most senior medical women in the city and an early University of Michigan graduate (two years before women were admitted to its regular medical department), the Society applied a kind of "grandmother clause" to her eligibility. Similarly, the Society's most illustrious founder, Sarah Adamson Dolley, was an 1851 graduate of the eclectic Central Medical College of Syracuse and Rochester.[15]

Relations between the Society and the female homeopaths of Rochester were cordial, but distant. Only occasionally were the latter invited to attend Practitioners' Society meetings. In the summer of 1902, for example, two homeopathic physicians cooperated in the efforts of the female regulars to raise money for the future medical missionary to China, Li Bi Cu. Yet, several months later, when the president of the New York State Medical Association sent the Society a general letter urging the union of regular and homeopathic medical societies, the request was "tabled" without further discussion. Nor, certainly, did the numerous hydropaths, osteopaths, magneto-therapists, and Christian Scientists of the city play any part in the Society's history.[16]

Whereas its all-male counterpart in the city, the Pathological Society, was known to blackball prospective members, the Practitioners' Society maintained courteous and even casual admissions procedures. Prospective members generally were proposed informally, though procedures were tightened in 1906, when the Society reincorporated and changed its name. In most cases a candidate would be elected to membership at the meeting following her initial consideration. Since meetings were held only once a month, there was plenty of time for second thoughts. Yet often a new

[15] In 1849 Dolley had few medical schools to choose from, especially given her preference for coeducation. In later years she insisted she had not known Central Medical College was an eclectic school until she arrived on campus. I am indebted to Ms. Micaela Sullivan, Research Associate at the Library of the American Medical Association, Chicago, Illinois, for very kindly providing me with standard biographical information for many of the Society's members from the Library's mortuary card file (hereafter cited as Obits./AMA), especially regarding medical schools attended and dates of birth, graduation, and death.

[16] However, neither electrotherapeutics nor hydrotherapy was considered off limits to the regulars. Between 1890 and 1891 both the Practitioners' and the Pathological societies heard presentations, one of them in a gymnasium, on these therapeutic techniques. Pract./BMS *Minutes,* book 1, p. 57; book 2, pp. 7, 12–13, 112, 172–73, 216, 219; book 3, p. 35; Pathological Society, *Minutes, 1885–1895,* pp. 260–61, 281. The *Minutes* of the Pathological Society are also located at the Edward G. Miner Library, University of Rochester School of Medicine and Dentistry. The *Woman's Medical Journal,* first published in 1893, commonly ran articles in the 1890s on the use of hydrotherapy, electrotherapeutics, and gymnastics: see indexes to vols. 1–3, 5 and 6.

member would pay her dues or be nominated to a committee even before she was formally elected. No doubt the informal screening of candidates prior to their application made explicit blackballing unnecessary.[17]

The educational, personal, and career histories of the members reflect the extent of their integration into the professional world of their male colleagues. Of the Society's fifty-eight active members, forty-one (71 percent) received coeducational training, the largest single group (fifteen) having graduated from the University of Michigan. Buffalo and Syracuse universities accounted for an additional nine and five members, respectively. These three schools alone graduated half the Society's membership. Fourteen members graduated from either the Women's Medical College of Pennsylvania (seven) or the Women's Medical College of the New York Infirmary (seven).[18] Half the group were native New Yorkers; twenty-five members hailed from Rochester or western New York. Twenty-four women, or 41 percent, were married, a rate higher than the marriage rate of 32 to 35 percent estimated by Morantz-Sanchez for female physicians nationwide in the same period. At least one-third of those who did marry, married doctors.[19]

Superficially, the career patterns of the Practitioners' members fit the general pattern for women physicians of the era. Of the fifty-two for whom such information was found, forty-two, or more than 80 percent, were engaged in private practice for part of their careers; ten of those in general practice, however, became de facto specialists in obstetrics, gynecology, psychiatry, or anesthesiology by the end of their careers. Thus, a total of twenty (38 percent) eventually became specialists: ten in psychiatry, six in obstetrics and gynecology, and the remaining four in public health or anesthesiology. These figures may be conservative. As late as 1929, according to the noted gynecological surgeon Bertha Van Hoosen, women "were not regarded as eligible for membership in the national obstetrical and gynecological societies." Since women were excluded from such groups, obituaries and other contextual sources are the only means of determining specialty affiliation before 1930.[20]

The Society's members made every effort to forge strong personal and professional ties to the male medical community of Rochester. Sarah Dolley,

[17] See Florence A. Cooksley, "A history of medicine in the State of New York and the County of Monroe, contd., Part II," *New York State J. Med.*, 1936, *36*: 2003.

[18] Obits./AMA.

[19] Morantz-Sanchez, *Sympathy and Science*, table 5.1, p. 137. Her calculations for the Women's Medical College of Pennsylvania suggest a 35 percent marriage rate for graduates between 1852 and 1900, a figure she considers conservative (p. 407, n. 127).

[20] Only one member of the Practitioners'/Blackwell Medical Society, Eveline Ballintine, was a member of a national specialty society (the American Medico-Psychological Association), as compared to thirty-one members, or 34 percent, of the Pathological Society in the sample year, 1910. The year 1910 was chosen for comparison because in both medical societies more than half the members had been in practice for at least twenty years by then. Cf. Rosemary Stevens, *American Medicine and the Public Interest* (New Haven, Connecticut: Yale University Press, 1971), pp. 43–54, 77–78, 133–34; Ludmerer, *Learning to Heal*, pp. 87, 104. For quote, see Bertha Van Hoosen, "Notes and comments," *Medical Woman's Journal*, 1929, *36*: 23.

Fig. 1. The Dozen and One Club, a social group for leading Rochester physicians and their spouses (1895). *First row, first and second from the right,* Drs. Marion Craig Potter and Ezra Potter. As one member wrote in 1899, they met "to compare, and lighten the stress, with the good old Dozen-and-one." Photograph courtesy of Dr. Edward C. Atwater.

for example, whose late husband, Lester, had been her teacher at the Central Medical College, was a friend to many of the city's leading male medical figures. Equally comfortable in male professional circles was Marion Craig, the future Marion Craig Potter. She and her older sister Sarah, daughters of longtime area physician James Craig, graduated from the University of Michigan in 1884. Both women practiced medicine for the next fifty years. Another older sister, Anna, graduated from Michigan in 1893. Marion Craig's marriage to Ezra Potter, assistant physician at the Rochester State Hospital and the future assistant superintendent there, strengthened the bonds between the leading male and female regulars in the city. From her vantage point as daughter and wife of prominent medical men, Potter was well placed to make the most of her connections. A combination of industry, intelligence, conviction, and connections carried her far. Besides a large specialty practice in obstetrics and gynecology, she held many important organizational posts over the course of her long career. She eventually became one of the six women to serve on the Committee on Women Physicians of the General Medical Board during World War I, editing its national *Census of Women Physicians*.[21]

The accompanying photograph of the "Dozen and One Club" (fig. 1) was taken in 1895, two years after the Potters' marriage. It supplies the visual evidence of Marion Potter's unique personal position. The photograph commemorates one of the monthly meetings of a social club of leading Roches-

[21] (n.p.: American Women's Hospitals, 1918). There is a copy in the Marion Craig Potter Collection, box 2, folder 2, Edward G. Miner Library, University of Rochester School of Medicine and Dentistry, Rochester, New York.

ter physicians and their spouses. I use the word *spouse* rather than *wife* because the photograph suggests that Potter participated both as a wife and as a physician. At the front, center of the group, is her older sister Anna Craig, soon to depart from Rochester to take on the post of woman physician at the State Hospital in King's Park, Long Island. The sisters' placement and dress suggest their dual role, professional and familial. Standing in the center of the last row is Dr. E. H. Howard, superintendent of the Rochester State Hospital, the immediate supervisor of Ezra Potter and of the many Practitioners' Society members who would be employed there over the next twenty-seven years (he died in 1927). The group's status and seniority can be gauged by noting that three of its members were past presidents of the Monroe County Medical Society and five became founding members of the Rochester Academy of Medicine four years after this picture was taken.[22]

The Dozen and One Club was merely the first of the elite medical groups of Rochester to sanction the membership of a small number of well-connected women physicians. The Rochester Academy of Medicine, for example, was intended at its founding in 1899 to be the most prestigious medical society in town. Unlike the much older Pathological Society, formerly the most exclusive medical society in Rochester, the academy was not closed to women. The academy's only female charter member, Eveline Ballintine, was a colleague of Ezra Potter's at the Rochester State Hospital and a staunch supporter of the Practitioners' Society.[23] Even more important for the integration of women into formerly all-male medical institutions was the sudden willingness of the leading hospital, Rochester City Hospital, to employ a female physician in 1898. The action of the Board of Trustees was taken largely in response to the pleas of the hospital's Ladies Board of Managers. Not surprisingly, the Ladies Board's candidate (and the Trustees' choice) for Assistant Physician for Diseases of Women in the Outpatient Department was Marion Craig Potter.[24] A year later, when her outpatient workload (in combination with the birth of her first child) had grown too burdensome, Potter recommended that her fellow Practitioners' Society member, Evelyn Baldwin, be appointed to the staff with her. A third Society colleague, M. May Allen, was appointed at Potter and Baldwin's request to fill in during their summer vacations. A fourth, Cornelia White-Thomas, was later added to the permanent staff, but, as White-Thomas's husband was already on the hospital staff, it is difficult to know by whose influence the appointment was made.

The Practitioners' Society members cultivated collegial ties to Roches-

[22] This photograph was given to Dr. Edward C. Atwater by the Potters' son, Dr. James Craig Potter (1898–1983). See Edward C. Atwater, "A look at the 'Dozen and One Club,'" *Bull. Monroe County Med. Soc.*, 1982, pp. 20–23. I am grateful to the archivist of Rochester General Hospital, Philip Maples, for making a slide from the photocopy appearing in the article cited here.

[23] Edward C. Atwater, "Medical politics in Rochester, 1865–1925," *Bull. Monroe County Med. Soc.*, 1976, pp. 115–22; Cooksley, "History, contd., Part II, chap. IV," *New York State J. Med.*, 1937, *37*: 88.

[24] *Hospital Review*, 1898, *34*: 76.

ter's medical elite individually and collectively. Local leaders in general surgery, orthopedics, laryngology, and X-ray technology all read papers in person before meetings of the Society. The Society's members also cooperated with the president of the Pathological Society in a campaign to strengthen the city charter's public health provisions; they cooperated with the Pathological Society again in lobbying against state licensure of osteopaths and opticians. While only about one-third of the Practitioners' Society members joined the State Medical Society, by 1900 at least one member was sent every year to represent the Society at the state society's annual meeting in Albany. In 1895 the Society heard the account of Alice Brownell's trip to Baltimore for the annual meeting of the AMA.

Thus, by the turn of the century, the Society's minutes record an increasing number of references to the wider world of American medical practice. In 1900, for example, the trial of cotton gloves for surgeons was described. Sometimes the Society heard reports of on-site visits, as when Marion Craig Potter reported on her trips to the New York Polyclinic and the hospitals of Chicago. Returning from Chicago in 1905, for example, Potter reported "great attention to asepsis, constant use of rubber gloves and enveloping sterile garments." That same year Ida Porter described an operation performed by gynecologist Howard Kelly in Baltimore. In 1906, a report to the Society included the news that the Johns Hopkins Hospital was experimenting with the use of paper "napkins" for patients with chronic coughs. Members occasionally reported on the papers presented at the Rochester Academy of Medicine, or read to the meeting articles in the *American Journal of Clinical Science,* the *Journal of the American Medical Association,* or the *New York State Journal of Medicine.* Rochester's pioneer roentgenologist, Louis Weigel, reported on the status of X-ray technology and orthopedic surgery to the Practitioners' and the Pathological societies. Roswell Park of Buffalo addressed only the Pathological Society in person, but three months later the Practitioners' members heard an extensive—if secondhand—report on his work. Their colleague, Eveline Ballintine, the senior woman physician at the Rochester State Hospital, reported to Society members on the current laws regarding the institutionalization of the insane and the classification of the various types of mental disease, reports that were similar to those given by Superintendent Howard to the Pathological Society.[25]

A first glance at the proceedings of the two societies suggests a strong resemblance between them. In recent years historians have wondered about the ideological and therapeutic differences between male and female physicians. Did male physicians hold a paternalistic view of the feminine

[25] Pract./BMS *Minutes*, book 1, p. 161; book 2, pp. 41, 83, 94, 140, 152, 171, 181; book 3, p. 61; Pathological Society, *Minutes, 1897–1904*, p. 261. Curt Proskauer, "Development and use of the rubber glove in surgery and gynecology," *J. Hist. Med.*, 1958, *13*: 373–81, traces the introduction of rubber gloves to about 1890 at Hopkins.

nature and social role, and, if so, did they invoke a deliberately punitive, controlling, therapeutic regime with female patients? Were women physicians different from males in their view of the feminine nature, in their therapeutics, or in both? Although some investigators concluded initially that the two groups differed radically in both respects, detailed investigation has led to a more complex hypothesis. While the prescriptive literature by male physicians has been found to be generally more traditional and conservative in its implications for women than the comparable literature by women physicians, few corresponding differences have been found in the therapeutics of the two groups. A closer comparative look at the Practitioners' and the Pathological societies may provide some insight into the character and extent of their similarities.[26]

Each society was founded in close conjunction with an outpatient dispensary for the worthy poor, the Pathological Society with the Rochester Free Dispensary, and the Practitioners' with the Provident Dispensary. The Provident Dispensary limited its services to women and children, a reflection of the typical clientele of women doctors in the 1880s. (One can probably infer both a higher social class and a keener attention to Victorian moral sensibility in the clientele of a "provident" as opposed to a "free" dispensary.) Like those of the Pathological Society, the Practitioners' constitution and by-laws called for "mutual improvement in all scientific subjects pertaining to . . . medicine" and the promotion of "social intercourse among [the Society's] members."[27] But whereas the men's group met at the Rochester Whist Club and followed its scientific program with a manly repast of stewed oysters at a public eatery, the women met at each other's homes or offices and did their own catering. One can imagine only a women's society including in its by-laws a formal injunction against a hostess serving more than six dishes. Similarly, members cheerfully departed from the masculine model by exchanging valentines whenever their meetings fell on the fourteenth of February.

In their training, therapeutics, and approach to clinical science, however, Rochester's female regulars were virtually indistinguishable from their contemporaries in the Pathological Society. One-third of the Practitioners' Society's active members between 1900 and 1910, for example, were graduates of the University of Michigan, which had one of the best medical departments in the country, with a strong tradition of preclinical science and a clinical clerkship hampered only by the inadequate size of its teaching hospital. Of the ninety-seven members of the Pathological Society in 1910, more than one-third were graduates of either Columbia (Physicians and Surgeons/New York City until 1896) or the University of Pennsylvania,

[26] For a summary of the varying points of view represented in these debates by one of the principal participants, see Morantz-Sanchez, *Sympathy and Science*, chap. 8 and p. 425, n. 55.

[27] Compare the wording of the Pathological Society's statement of purpose: "social intercourse and mutual improvement in the medical and kindred sciences." See Cooksley, "History, contd., Part II," [1936], p. 2003.

schools engaged in serious attempts to upgrade their preclinical training but still hampered by inadequate facilities for clinical clerkships. Between one-fifth and one-fourth of the members of both societies were graduates of the relatively nearby medical colleges at the universities of Buffalo and Syracuse. Half the members of both societies in 1910 had graduated since 1890. Thus, a considerable number of members of both groups were trained to know the value of basic and clinical research and had been given at least some experience in both. Yet the realities of everyday practice, the unavailability of research facilities, and the extreme limitations of the clinical training available before 1910 except at Johns Hopkins took a similar toll on local practitioners everywhere: their papers and reports performed more of a collegial than a scientific service, conferring at best a *carte de visite* to the world of medical science.[28]

Members of both societies would have agreed with Mary Stark's presidential address to the Practitioners' Society in 1889, in which she said: "Professional competition increases each year and we must keep pace with medical science or we will go to the wall."[29] Perhaps Stark's warning helps to explain the angry response of Marion Craig Potter to what she viewed as inexcusable backsliding by Society members during 1895 and 1896. The minutes tell a tale of declining attendance, perfunctory committee reports, and a persistent unpreparedness by the scheduled speakers. After months of witnessing such behavior, Potter had had enough. During a meeting at Sarah Dolley's house in 1896, Potter "severely" berated the president and secretary for failing to secure scientific papers for the monthly meetings. According to the minutes, "a somewhat prolonged discussion followed." In the end, President Dolley and Secretary Harriet Turner "promised to mend their ways."[30] Similarly, in 1888, one of the senior members of the Pathological Society was appointed to investigate ways to improve meetings. His committee urged that "the discussions be carried on with more spirit."[31]

Papers presented to the Practitioners' Society and to the Pathological Society were cut from the same cloth. Few differences were discernible in either the format employed or the conclusions reached by the two societies in their scientific and clinical presentations. Generally a discussant would describe the historical progression of opinions surrounding a subject, sum-

[28] On the other hand, no member of the Pract/BMS ever ventured a refutation of the germ theory of disease, as did a Pathological Society speaker in 1888. (He lumped the idea together with homeopathy and Christian Science.) Also see Kenneth M. Ludmerer, "The plight of clinical teaching in America," *Bull. Hist. Med.*, 1983, *57:* 218–29; and *idem, Learning to Heal*, pp. 74, 116, 154, 160–61. The coexistence of competing concepts of science among nineteenth-century physicians is discussed in John Harley Warner, "Science in medicine," *Osiris*, 2d ed., 1985, *1:* 37–58. Pages 181–95 of Thomas Bender's essay "Cultures" put in perspective the transformation of American science by suggesting an underlying shift throughout mid-nineteenth-century America from a tradition of empirical and civic-minded science to one of professional, academic experimentalism.

[29] Pract/BMS *Minutes*, book 1, pp. 118, 119.

[30] Pract/BMS *Minutes*, book 2, p. 107.

[31] Pathological Society, *Minutes, 1885–1895*, pp. 153, 154.

marize the best current ideas, and offer a description of clinical cases drawn from his or her own practice. A comparison of the therapeutic values of the two societies reveals their overall similarity of clinical judgment.[32] In obstetrics, for example, concerning the complex matter of the appropriate use of forceps, one discussant at the Pathological Society in 1888 favored their use directly after the "cessation of progress" in labor; in the case of "anaemic women with weak, flabby muscles," he urged the application of forceps "even before cervical dilatation is complete." The speaker's paper provoked considerable disagreement during a lengthy discussion by ten other physicians. The majority held that forceps should be used only as a last resort. Even those supporting the speaker justified their position on the grounds of "the right of parturient women to relief from pain," in some cases recommending the administration of chloroform in forceps deliveries. As for the related question of whether to repair the lacerations of the perineum, in a discussion held several years later, most members favored immediate repair.[33] A similar discussion at the Practitioners' Society in 1900 found the majority also in favor of immediate repairs. As for the use of forceps, Kathleen Buck's survey of sixteen consecutive cases in 1901 indicated no disagreement with the men. Buck distinguished between "normal" and forceps deliveries; the latter occurred in one-quarter of the cases, all of which were described as "slow" or "difficult." On the other hand, perhaps because of its inherent risks and its apparent tendency to slow down contractions, Buck administered chloroform only twice, once for a difficult forceps delivery and once for a case of miscarriage at four months.[34]

In gynecological cases, the evidence suggests that the women were more willing to operate than the men. In 1901, Evelyn Baldwin and Marion Craig Potter, partners at the time in the Rochester City Hospital's Outpatient Department Clinic on Diseases of Women, reported three cases of clitoridectomies performed on young women who practiced, as the minutes report, "self-abuse." Frances Hulburt-White reported the same year on a case of hysteria in which an ovariotomy failed to have any effect.[35] Examples of gynecological surgery such as these are not to be found in the minutes of the male physicians' society. In fact, within two years the Practitioners' Society explicitly disavowed the presumption of a link between pelvic and

[32] See Regina Morantz and Sue Zschoche, "Professionalism, feminism, and gender roles: a comparative study of nineteenth-century medical therapeutics," *J. Amer. Hist.*, 1980, 67: 568–88; and Pernick, *Calculus of Suffering*, chap. 11, for detailed analyses of the evidence for male and female physicians' therapeutics. Morantz concluded that although men's and women's therapeutic practices differed only slightly, the character of the doctor-patient relationship was significantly dependent on the gender of the physician. Pernick, on the other hand, found that, for the decision to administer anesthesia, physicians' gender differences may have been significant. The present study compares the opinions, not the actual therapeutics, of the Practitioners' and Pathological societies since comparable statistics for both societies' members could not be constructed.

[33] Pathological Society, *Minutes, 1885–1895*, pp. 139, 332.

[34] Pract./BMS *Minutes*, book 2, pp. 160–61, 174–75. On the risks and benefits of chloroform, see Pernick, *Calculus of Suffering*; and cf. W. S. Playfair, *A Treatise of ... Midwifery*, ed. Robert P. Harris, 5th Amer. ed. (Philadelphia, 1889), pp. 299–301.

[35] Pract./BMS *Minutes*, book 2, pp. 176, 183.

nervous diseases, as did their male counterparts. Thus, on the subject of nervous diseases, by 1903 both societies heard reports reassessing the etiology of hysteria and noting its reclassification as a "mental disease" requiring "mental therapeutics." Each group heard remarks that year and earlier discounting the older notion that nervous disorders in women originated in pelvic or uterine disorders. Again in 1903, both societies discussed S. Weir Mitchell's rest cure for neurasthenia.[36]

Some differences can be observed in the topics these societies chose to discuss, attributable to the differing choices of specialties of their members. These choices, in turn, reflected the various factors—social, intellectual, and professional—influencing male and female physicians' decisions on whether to specialize and, if so, what specialty to choose. For example, the women's society had a consistently higher concentration of papers on insanity and nervous diseases, reflecting the local importance of the Rochester State Hospital, the particular contribution of Eveline Ballintine, and the general importance of psychiatry to women physicians of the period. New York, after all, was one of a handful of eastern states between 1880 and 1900 which required that a woman physician be on the staff of all public mental hospitals. Among the Practitioners' membership, half of those who eventually became specialists chose to work in psychiatry.[37] The women demonstrated a higher interest in obstetrics and gynecology, too, because many women doctors—as did their male colleagues—increasingly accepted specialization as a mark of expertise rather than of quackery or commercialization. An earlier view, expressed by Mary Putnam Jacobi in 1880, equated female specialization in obstetrics, gynecology, and pediatrics with narrow training and incomplete preparation. By the end of the century, this notion appears to have been abandoned as more prestige accrued to specialized practice and as women physicians took advantage of their reputed expertise in obstetrics and gynecology.[38] In contrast to the women's emphasis on psychiatry, obstetrics, and gynecology, the Pathological Society included many discussions of ophthalmology, otolaryngology, and orthopedic surgery, reflecting the importance of these new specialties to its members.

[36] Pathological Society, *Minutes, 1885–1895*, pp. 119 ff; *1897–1904*, p. 264. Pract./BMS *Minutes*, book 2, pp. 175, 183. Morantz-Sanchez, *Sympathy and Science*, p. 222, notes a trend in the 1890s toward surgical conservatism in leading male gynecologists such as Howard Kelly. Edna L. Manzer, "Woman's Doctors: The Development of Obstetrics and Gynecology in Boston, 1860–1930" (Ph.D. diss., Indiana University, 1979), pp. 254–70, relates increased surgical conservatism to gynecologists' need to differentiate their specialty from general and abdominal surgery and legitimate their claims to greater expertise in the treatment of women's diseases.

[37] Gerald N. Grob, *Mental Illness and American Society, 1875–1940* (Princeton, New Jersey: Princeton University Press, 1983), p. 65, specifically names Pennsylvania, Massachusetts, and New York and notes that by 1900 as many as two hundred women physicians had been so employed. Also see Constance M. McGovern, "Doctors or ladies? Women physicians in psychiatric institutions, 1872–1900," *Bull. Hist. Med.*, 1981, *55*: 88–107.

[38] Edward C. Atwater, "'Making fewer mistakes': a history of students and patients," *Bull. Hist. Med.*, 1983, *57*: 175; Regina Markell Morantz, "Feminism, professionalism, and germs: the thought of Mary Putnam Jacobi and Elizabeth Blackwell," *Amer. Quart.*, 1982, *34*: 474; Charles E. Rosenberg, "American Medicine in 1879," in Abram, ed., *"Send Us a Lady Physician,"* pp. 24, 25.

Thus, specialization was increasingly characteristic of the careers of male and female physicians, but with a narrower range of specialties for women. For women doctors, specialization long remained a matter of unofficial concentration because most of the national specialty societies refused to admit female members until after the creation of the specialty boards. In this regard, women's medical societies did serve a compensatory function as de facto specialty societies.

Beyond mere "continuing education," the primary function of the papers delivered to both groups was to convey a sense of participation in the progress of the profession. The Practitioners' Society's annual reports, for example, frequently paid tribute to the "original papers" produced each year by the members. These papers were original only in the sense that the information they contained was gathered through the author's search of the medical literature. Case reports, of course, were drawn directly from the discussant's own experiences in practice. Such presentations, however, were rarely precise or systematic enough to produce definite conclusions concerning etiology, symptomatology, or standards of intervention.

The creation of the Practitioners' Society, like the creation of other female medical societies of this period, should be understood largely as part of the burgeoning of professional organizations in the late nineteenth century. As Cora Marrett pointed out, female medical societies were typically to be found in those cities that already had an active organizational climate. The women's groups seem to have profited from the presence of male organizations. Thus the professional significance of women's medical societies lay not in their separatist admissions policy nor in their feminist culture, but in their deliberate effort to interact fully and freely with the contemporary medical world.[39] By the turn of the century, women's medical societies provided the same services as their male counterparts: continuing education, professional advancement, and collegial socializing. In short, they reinforced the bonds of professionalism, not the boundaries of separatism.

III

The question remains of whether the women of the Practitioners' Society pursued professional advancement at the expense of traditional, feminine social responsibilities. The answer must be no. The most successful female physicians in Rochester were precisely those who cultivated the strongest and most enduring ties to local, state, and national women's organizations, medical and otherwise.[40] At least until World War I they never

[39] Marrett, "On the evolution," p. 438.

[40] The same conclusion can be drawn for the homeopathic women physicians in Rochester at that time. Marcena Sherman-Ricker, for example, was Susan B. Anthony's physician in Anthony's later years. In 1906 she was listed as a gynecologist on the staff of the elite Rochester Homeopathic Hospital. At her death in 1933 she was credited with founding the Baptist Home in Fairport, New York, as well as the Door of Hope Home in Rochester. In 1931 she was also an international delegate for the WCTU. "In memoriam," *Medical Woman's Journal*, 1933, *40*: 55.

Fig. 2. The Practitioners' Society of Rochester. Photograph taken in 1899 and presented to founding member Sarah Adamson Dolley (*center, second row*). *Left to right, front row,* Marion Craig Potter, Kathleen Buck, Mary E. Dickinson. Their subdued dress and demeanor, we can be sure, were meant to suggest the seriousness and competence appropriate for an association of nineteenth-century professionals. Their formality of pose was deliberate, as suggested by the contrast of figure 3.

flagged in their commitment to women in medicine, nor, indeed, in their commitment to more general concerns—such as temperance, social hygiene, or suffrage—inherited from nineteenth-century female reformers and feminists. The history of the Practitioners' Society between 1900 and the end of World War I reveals its leaders' deliberate attempts to sustain members' loyalties to the values of professionalism, social reform, and feminism. In contrast, a study of women physicians in Washington, D.C., by Gloria Moldow found a declining interest in social reform and feminism and a correspondingly increased concentration on strictly professional advancement in graduates of the 1880s and later.[41]

What accounts for the Rochester society's sustained social commitment? The answer may lie in its members' experiences prior to their decision to become doctors. One-third of the members attended a normal school, a female seminary, a women's college, or a nurse training school prior to turning to medicine for a career. Moreover, among the graduates of the 1880s, five of whom were founders of the Society, the percentage who spent their premedical years at predominantly female institutions was dou-

[41] Moldow correlated a decline in age at graduation with these trends. However, since the 1880s graduates in Rochester were both young in age at graduation and among the physicians most committed to feminine social reform, age at graduation does not appear to be the salient factor. Gloria Melnick Moldow, "The Gilded Age, Promise and Disillusionment: Women Doctors and the Emergence of the Professional Middle Class, Washington, D.C." (Ph.D. diss., University of Maryland, 1980).

ble the rate for the group as a whole. One can reasonably speculate that their social feminism was rooted in an early exposure to the gender-specific, feminine culture of female-dominated educational institutions in the late nineteenth century. In some cases, notably Sarah Dolley's, an egalitarian, Quaker background prepared the way for a lifetime of social activism. Prior experience, therefore, may help to explain the group's sustained activity both on behalf of women physicians and in the interest of all women.[42]

More important, perhaps, was the influence of the Society's remarkable founders. For, in spite of its commitment to professional integration, a commitment typical of all women's medical societies of the period, the group, perhaps atypically, remained true to its original values and expectations for more than twenty years. Sarah Dolley, Mary Stark, Marion Craig Potter, and the rest insisted from the beginning that the Society support and encourage a broad conception of female professionalism encompassing medical expertise, social reform, and women's rights. On the one hand, Sarah Dolley was fond of saying that doing their work well was the best way for women physicians to help themselves and "woman's cause."[43] Yet, even as late as 1908, Dolley urged the members of the Women's Medical Society of New York State to "bring moral power and moral purpose to permeate [their] whole professional life. At all cost keep the vantage for the soul."[44]

Dolley, Stark, and Potter—all founders and past presidents of the Society—brought to it a strong tradition of social activism. Dolley, as president of the Ignorance Club (a discussion group composed primarily of professional women), joined Susan B. Anthony and others in the founding of a Women's Educational and Industrial Union in 1893. Potter, as a member of the prosuffrage Political Equality Club, also allied herself with Anthony in a variety of court cases taken up in the cause of women's suffrage. When in 1899 Anthony invited seventy-three women's groups to join in a Rochester Council of Women, Mary Stark proposed that the Practitioners' Society accept the invitation. In addition, the staff of the Provident Dispensary for Women and Children, all affiliated with the Society, voted to be represented at the Columbian Exposition in 1893 in Chicago as an example of the gains

[42] Mary A. E. Wager, "Women as physicians," *Galaxy*, 1868, *6*: 774–89. After completing medical school, Sarah Perry actually enrolled in the Nurse Training School of Rochester City Hospital for the sake of the clinical experience. Very little has been written recently about the culture of the nineteenth-century normal school. What has been written seems to suggest that these schools' students, if not their faculty, were mostly female by 1890. On this subject I have profited from conversations with historians of American education Lynn Gordon and Harold Wechsler. Also see Myra H. Strober and Audri Gordon Lanford, "The feminization of public school teaching: cross-sectional analysis, 1850–1880," *Signs*, 1986, *11*: 212–35.

[43] Quoted in Eveline Ballintine, "Presidential Address to the Practitioners' Society" (11 Jan. 1906), in Potter Collection, box 1, folder 9, Miner Library.

[44] "Presidential address," *Woman's Medical Journal*, 1908, *18*: 63–65. These excerpts from her 1907 speech were repeated verbatim from her "Closing Lecture to the Class of 1873–74," delivered at the Women's Medical College of Pennsylvania on 5 March 1874, and published as a pamphlet by faculty and students of the college. See Papers of Sarah Adamson Dolley, Archives and Special Collections on Women in Medicine, Medical College of Pennsylvania, Philadelphia, Pennsylvania.

made by women in medicine. Potter maintained a high profile in the Women's Christian Temperance Union, in prosuffrage groups, and in a variety of women's clubs. By deliberately taking charge of the health committees of these organizations and focusing her attention on the medical and public health issues of the day, she combined a busy professional life with an energetic schedule of voluntary social activism.[45]

At least until 1910, the Society remained true to the philosophy of its founders. Thus, for example, it strongly supported the establishment of evening dispensaries and charity wards in local hospitals. When President Mary Dickinson made her annual report in 1902, she specifically addressed the "relations of physicians—especially women"—to such organizations as the YWCA, the Door of Hope Home for Girls, the settlement houses, and the like. Dickinson herself served on the Board of the Door of Hope Home for many years. As the product of both the Medical College of the New York Infirmary for Women and Children and the Nurse Training School of the Rochester City Hospital, her words and actions bespoke the Victorian tradition of female professionalism, a tradition embracing professionalism and social housekeeping. In contrast, Dr. Nathan Soble, in his presidential address of 1898 to the Pathological Society, scornfully charged the dispensaries with creating "pampered pauper pets."[46]

Still, as the values of Victorianism receded into the past, a different conception of professionalism increasingly determined the values and priorities of all physicians, male and female. Social reform without an explicitly professional dimension was becoming, by definition, unprofessional. For this reason, although Dickinson advocated a mode of social activism with deep roots in nineteenth-century social feminism, she—like Marion Craig Potter—always cloaked her intentions in the rhetoric of professional as well as social duty. In this way, strict professionalism was not allowed to crowd social feminism out of the Society's professional agenda until after World War I.

Between 1900 and 1910 the Practitioners' Society began to consolidate the achievements of fifteen to twenty years' work. Evidence of its members' increasing visibility and self-confidence in this decade is not hard to find. Potter, Baldwin, and White-Thomas, for example, all won positions on the Junior Staff of the City Hospital by 1902, a great coup in the estimation of their female colleagues. Potter was promoted in January 1902, albeit grudg-

[45] Typescript of curriculum vitae for Marion Craig Potter, from the private collection of Dr. Marion Craig Potter, her granddaughter; Provident Dispensary Association, *Minutes*, pp. 75–81; Pract./BMS *Minutes*, book 1, p. 131; book 2, p. 144; book 3, pp. 125 ff. Also see Blake McKelvey, *Rochester: The Quest for Quality* (Cambridge, Massachusetts: Harvard University Press, 1956), pp. 11–12, 194–95, 226.

[46] Pract./BMS *Minutes*, book 2, p. 193; Pathological Society, *Minutes, 1897–1904* (23 June 1898), pp. 57–59. Soble, at the time of this meeting, was on the staff of the City Hospital Outpatient Department. In March of the following year, however, he submitted a courteous letter of resignation to the Executive Committee of the medical staff. *Hospital Review*, 1898, *34*: 76; "Correspondence, 1893–1906," Medical Staff Collection, box 2, Rochester City Hospital, Rochester, New York.

ingly, from the Outpatient Department to the House Staff, an event proudly discussed by the members of the women's medical society in March.[47] Several months later, they began in earnest to express their newfound self-assurance. In particular, they began to seek wider recognition in the professional world beyond the city of Rochester.

They first demonstrated their ambition by deciding to confer honorary membership in the Society on a distinguished, if diverse, group of senior female colleagues. Elizabeth and Emily Blackwell, Mary Putnam Jacobi, Florence Sabin, Sarah Hackett Stevenson (first woman seated in a state delegation to the American Medical Association), Cordelia Green (co-founder of the Castile Sanitarium), and Clara Swain (first female medical missionary to India) represented the broad range of achievement the Society wished to honor. These plans eventually required the Society to reincorporate legally, change its name from the Practitioners' Society to the Blackwell Medical Society, introduce three levels of membership into its by-laws (active, associate, and honorary), and require members to join their county medical societies. The process was complete by March 1906. The choice of Elizabeth Blackwell for the Society's name was not unanimous; a few younger members preferred the more "professional" title of Woman's Medical Society of Rochester. The name the members settled on, however, was a testament to the continuing influence of the Society's founders in maintaining both its traditions, feminine and professional.[48] An account by a local reporter of a meeting the following fall, carefully pasted into the Society's Minute book, hinted at the members' emerging organizational pride. In the reporter's words, "In view of the fact that the [Blackwell Medical] Society is the only organization of women physicians west of New York, the doctors say they wish that all women of their profession not affiliated with any similar society would become members." (The reporter's non sequitur may reflect the fact that a similar society, the Physician's League, did then exist in Buffalo.)[49]

Evidence for the Society's strengthened self-confidence can be found in Eveline Ballintine's presidential address at the annual meeting in January 1906. Ballintine knew that revision of the Society's constitution would be the major business of the evening. Nevertheless, she believed that the Society first must consider the broader implications of its reorganization. Ballintine's goal for the group was extremely ambitious. Now that the woman physician's "foothold [has been] established," she wondered, "is there not

[47] *Hospital Review*, 1902, *38*: 57; Rochester City Hospital, Medical Staff, *Minutes, 1873–1924*, p. 381; Pract/BMS *Minutes*, book 2, p. 201.

[48] See Morantz, "Feminism, professionalism and germs," for an explication of the unscientific connotations attached to Blackwell's career and thought. Pract/BMS *Minutes*, book 2, pp. 179, 181, 186, 199–206, 210, 217–19; book 3, pp. 85–86. An additional reason for the encouragement of "out-of-town" members was the members' wish to "draw to [them]selves desirable talent and freshen [their] work," as one of the younger members remarked at the end of 1903 (*Minutes*, book 2, p. 257).

[49] Pract/BMS *Minutes*, book 3, p. 99.

an opportunity for us to move onward?" Brushing aside the problem of declining female enrollment in medical schools, she posed two fundamental questions: "What is the future of the woman physician to be?" And, "In this age of differentiation of work is there not a special work for women doctors?" She offered several suggestions designed to strengthen the woman physician's position both in the profession and in the community. Thus, she first recommended expanding the organization of women physicians throughout the country, ultimately to form a national society. Next she suggested that women's medical societies affiliate with the General Federation of Women's Clubs. Finally she addressed what she believed to be the most serious obstacle to the woman practitioner, namely, the dearth of good internships. Here she pulled no punches. In Ballintine's view there was only one way simultaneously to attack the problem of internships, advance female medical careers, and fulfill the woman doctor's unique obligation to the public. She proposed that the Society "use its influence" to organize and sustain a women's hospital, staffed only by women and catering only to the woman patient or her children. As an added incentive, she suggested that such an institution might be suitable for the care of the unwed, parturient women currently in the care of the Door of Hope Home for Girls. She optimistically predicted that many philanthropic organizations would be willing to help establish such an institution.[50]

That Eveline Ballintine would suggest the founding of a woman's hospital as late as 1906, well after the closing of many all-female medical schools and hospitals and the decline of others, suggests a remarkable, if unrealistic, faith in the viability of such institutions.[51] Not surprisingly, however, no more was heard of this proposition. Instead, the Society directed its energies and ambitions toward another of Ballintine's proposals, the expansion of women's medical societies across the state and nation. These efforts were successful. Cordial relations were well established among the women physicians of Rochester, Buffalo, and New York City by this time. They could count on the solid support of women physicians around the state in their next step: creation of a women's medical society of New York State.

The women physicians from Buffalo and Rochester were, in fact, well known to each other. Their cooperation dated at least from 1901, when the Physicians' League hosted a dinner for its Rochester counterpart at the Woman's Building of the Pan American Exposition in Buffalo. That occasion may have marked the origin of the ideas both for a regional or statewide organization and for creating honorary and associate memberships. Dr. Electra Whipple, president of the Buffalo group, was a guest at the Rochester society's annual meeting in 1903, and the two groups seem to have

[50] Ballintine, "Presidential Address" (11 January 1906), Potter Collection, box 1, folder 9, Miner Library.

[51] For the decline of women's medical schools and hospitals around the turn of the century, see Walsh, *"Doctors Wanted,"* pp. 188–93; Drachman, *Hospital with a Heart*, pp. 151–57; and Morantz-Sanchez, *Sympathy and Science*, pp. 244–49, 255–61.

Fig. 3. This photograph was taken in September 1911 on the steps of the Castile Sanitarium run by Dr. Mary Green. The smiling and relaxed women pictured here are members of the Blackwell Medical Society of Rochester, the Physicians' League of Buffalo, and the Medical Society of Castile, New York. Just prior to the taking of this photograph, the women partook of a course of calisthenics (including dumbbells).

stayed in touch for the next few years. Finally, early in 1907, the Rochester group—now known as the Blackwell Medical Society—invited the Buffalo Physicians' League to join them in forming a women's medical society of western New York. Whipple replied, accepting "enthusiastically," and proposed extending membership "to embrace the whole state rather than limit it to western New York." When the Women's Medical Society of New York City and the Cordelia A. Green Society of Castile also agreed to join, plans were made to launch the new society at a dinner to be held in Rochester in March 1907. In a special tribute to Sarah Dolley, the founders agreed to hold the banquet on her seventy-eighth birthday and to name her the first president.[52]

Thus, by 1907, the Blackwell Society had set its sights high, and was about to set them higher, beyond New York State. In 1908, at a meeting of the American Medical Association in Chicago, the Women's Alumnae of the AMA, in concert with the women's medical societies of Chicago and the state of Illinois, organized a banquet for women physicians attending the meeting. Marion Craig Potter's sister Dr. Sarah Buckley was one of the organizers. Potter herself made a notable speech to the assembly following dinner at a "Symposium on Organization" intended as a testing ground for the idea of a national women's medical society. As reported in the *Woman's*

[52] As quoted in Pract/BMS *Minutes*, book 3, pp. 40, 113; also see book 2, p. 243.

Medical Journal, she "spoke eloquently of the tangible argument in favor of organization." One harbinger of future difficulties is worth noting, however: as reported in the *Journal,* audience sentiment was "pretty evenly divided for and against national organization." Even at that early date, a fear of professional segregation forced many women physicians to renounce any effort to organize their profession according to gender.[53]

IV

Although interest in "organizing" continued to run high for another few years in Rochester, by World War I the Blackwell Society's members began to lose interest. For example, attendance at meetings after 1910 declined from the high achieved between 1904 and 1907, when the group was planning its reorganization and expansion. Although the Blackwell Society continued to function until 1926, meetings became the occasion for country club dinners followed by the presentation of a paper by an out-of-town guest; far fewer contributions were made by members. While more active members, such as Potter, Ballintine, or M. May Allen, continued to give papers locally, these were usually intended for later publication in the *Woman's Medical Journal.* The minutes themselves indicate declining interest or perhaps lack of available time for meetings. The last minutes preserved for the Society, those of September 1913, were no more than scraps of paper inserted between the leaves of the secretary's bound leather book.[54]

The Blackwell members' presence as officeholders and committee members in the Women's Medical Society of New York State also declined from a high level in the state society's first few years to far lower levels after 1910. Membership in the state society, in fact, provided a striking index of declining commitment to women's medical organizations by the more recent medical graduates. Of the Blackwell members practicing medicine between 1907 and 1926, 100 percent of those who had graduated before 1910 became members of the state women's medical society. Of those who graduated after 1910, only 22 percent joined the state organization. Five members of the Blackwell Society became president or vice-president of the state society, but all of these officeholders had graduated before 1900.[55]

In women's medical organizations, as in all explicit feminism, the members may be said to have lost interest. In 1906, for example, the Society publicly mourned and memorialized the passing of Susan B. Anthony. By 1913, however, they merely tabled a motion by M. May Allen that the Blackwell Society be represented in an upcoming suffrage parade in Washington,

[53] *Woman's Medical Journal,* 1908, *18:* 123–25.

[54] Pract/BMS *Minutes,* book 3, pp. 264–89.

[55] Eveline Ballintine, Kathleen Buck, Sarah Dolley, and Marion Craig Potter all served as presidents of the Women's Medical Society of New York State; Evelyn Baldwin served as vice president.

D.C. Senior women such as Potter were continuing their organizational efforts, but younger graduates did not pick up where their elders left off. Instead, they tended to the business of establishing themselves in their fields.[56]

In many ways, the death of Sarah Dolley in December 1909, just three months before her eightieth birthday, symbolized the passing of an older conception of professionalism for women. At least in the minds of her younger colleagues, Dolley was the conscience for all the women physicians fortunate enough to have known her. In an older tradition uniting professionalism and social feminism, Dolley encouraged female physicians to combine "intellectual assets with a purity of intention." Her credo, "the strength to suffer and the will to serve," in language clearly drawn from the Victorian ideal of Christian womanhood, epitomized her personal vision of the ideal female physician.[57] Dolley's union of "science" and "value" placed her in the world of Victorian professionalism. Yet she also identified fully with the values of modern medical science. Even in her seventies Dolley continued to supply the Blackwell Society meetings with an account of the newest therapeutic technique or a recent clipping from a medical journal on some innovative subject.

Sarah Dolley's vision of the woman physician faded slowly from view. Although the Blackwell Society survived for another eighteen years after Dolley's death, it ceased to function effectively after 1913. The outbreak of war, ironically, produced a temporary resurgence of interest in women's medical organizations, as has been noted elsewhere.[58] Many of the Blackwell Society's most active members, for example, gave their time to the Medical Women's National Association, founded in 1915. More significantly, many of them worked tirelessly for the American Women's Hospital Service, founded in 1917 as the War Service Committee of the MWNA.[59] Nevertheless, after the war the Rochester women appear to have put less and less effort into their local organization, and it was dissolved between 1926 and 1927. This was not an isolated phenomenon. Rather, the effects of declining female enrollment in medical schools and declining commitment to women's organizations by women already in practice caused consternation among the leaders of the MWNA.[60] By 1930, the MWNA's Scholarship Committee found its only adequate source of contributions to be "the sympathetic woman of means outside the profession." Even so, it was forced to solicit individual donations at the Association's annual meeting to liquidate a

[56] Pract./BMS *Minutes*, book 2, p. 144; book 3, p. 285; Provident Dispensary, *Minutes*, pp. 64, 74–75.
[57] *Woman's Medical Journal*, 1908, *18*: 65.
[58] Cf. Morantz-Sanchez, *Sympathy and Science*, pp. 276–77.
[59] Potter Collection, box 1, folder 3, Miner Library. I am presently completing a history of the first two years of the American Women's Hospitals and the overseas work of the AWH contingent from Rochester.
[60] As early as 1921, Kate C. Mead, chair of the MWNA's Committee on Organization, reported that many women physicians responded negatively to her membership solicitations with the comment that they "did not believe in segregation from the men" (*Medical Woman's Journal*, 1921, *28*: 152).

Fig. 4. Dr. Sarah Dolley (1904). Photograph taken upon presentation of a diamond brooch at her seventy-fifth birthday celebration given by the Practitioners' Society. Dolley is wearing black velvet and lace. The first president of the Women's Medical Society of New York State, she died five years later.

five-hundred-dollar deficit. That same year, the editor of the *Medical Woman's Journal* reported and concurred with the "startling" remark of Howard Kelly that "unless women were more assiduous in interesting women students in the study of medicine, women physicians would before a great while become extinct."[61]

In its broad outlines, at least, the forty-year history of the Blackwell Medical Society reflected the history of women's medical societies nationwide. Moreover, the circumstances of its rise and decline help to answer the question with which this essay began: Were late nineteenth-century women's medical societies products of female separatism or instruments of professional integration? The answer is that they were both. Women physicians knew their professional identity and success were intimately tied to civic duty, that is, to their role as social housekeepers. They naturally were reluctant to give up an ideal of professionalism so much in harmony with

[61] The comment was made to Louise Taylor-Jones, chair of the Committee on Organization and Membership of the MWNA and repeated at its Annual Meeting in June 1930. *Medical Woman's Journal*, 1930, *37*: 6, 192.

existing cultural norms for women. Yet they were well aware of the changing character of modern medicine and certainly intended women's medical societies to facilitate their assimilation into the new professional community. But women's medical societies were not intended simply to satisfy a hunger for professional success. The ambitions and professional standards of the Blackwell Society's members were tempered by genuine affection for, and belief in, the values and culture of Victorian social feminism. It was that as much as anything that kept the women of Rochester's medical community loyal to the older model of medical professionalism for so long. Although the Blackwell Medical Society was meant to be a bridge between Victorian and modern notions of medical professionalism, its influence was never intended to be unidirectional. At least until the years preceding World War I, it was designed to allow its members access to both the old and new professional traditions and to provide a setting in which those two cultures could reach rapprochement.

Unhappily, perhaps, the delicate balance maintained by women physicians during these transitional years could not be passed on to the generations of postwar women physicians. When I interviewed the eighty-seven-year-old Dr. Mary Saxe, the Blackwell Medical Society's last surviving member (she had been its treasurer in 1926), she explained the Society's demise in terms that apply generally to American women physicians between 1910 and 1970. First, as she rightly noted, the percentage of both women medical students and of practicing women physicians in Rochester (and everywhere else in the United States) declined in the 1920s as did the acceptance of a "woman's sphere"; women physicians felt increasingly isolated. Second, as she stated matter-of-factly, "Everybody was out for themselves ... everybody was interested in getting ahead." When I inquired about the fate of the Society's last minute book, she candidly admitted to having thrown it out many years ago because, she thought then, "It wouldn't be of any use to anyone."[62]

[62] Interview with Dr. Mary Saxe, Rochester, New York, 20 April 1985.