

Delicacy and Depravity: Women Healers in Nineteenth Century America

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In the mid- to late-nineteenth century, American physicians' contributions to the field of medicine were considerably fewer than those of their European counterparts. The substandard state of American medicine was a major concern. The American medical establishment, desiring to improve the status of the American medical system, took drastic measures in an attempt to unify the medical community. However, physicians' focus on improving the academic standards of the profession prevented them from implementing a parallel improvement in patient care, which was also in a state of decline. The deterioration of women's medical care was especially alarming.

The urgent problem of improving women's healthcare furthered the development of existing alternative therapeutic systems, and allowed women entry into the healing profession. Some women doctors chose to confront the obstacles arising from Victorian concepts of femininity and morality in order to claim their places in the orthodox medical establishment. Others, who did not wish to align with the regular medical system, or who were unable to do so, found a niche in practicing with alternative therapies, like those embraced by the spiritualist tradition.

For the global perception of American medicine to recover, it was essential to strengthen medical links to science.¹ The establishment strove to sustain a strong, unified system of scientific medicine, fearing that if the medical community were fractured into a number of medical sects, medical integrity would suffer.²

Despite these efforts, there were a number of different theories of medicine, some of which were in stark opposition to the orthodox theories of the establishment. Medical traditions which diverged from the strict empirical approach were often referred to as “irregular;” these were based on principles that allopathic, or “regular” medicine, could not afford to recognize as valid.³

One such sect was the healing tradition associated with Spiritualism. Spiritualists saw good health as a result of proper dietary and exercise habits; they saw a person’s physical well-being as a sign of alignment with the natural world of God.⁴ In contrast, allopathic medicine was and is based on a somatic theory of disease, the understanding of which could only be attained through completion of a course of training in an allopathic medical school. Spiritualist healing threatened the orthodox establishment because their existence and success proved that the medical establishment did not have exclusive license to, or franchise upon, medical knowledge.

If allopathic practitioners had admitted that other systems had anything to offer, they would have risked losing their tenuous advantage.⁵ Recognizing this, the establishment took preventative measures to assure its supremacy. In 1878, Congress amended the Medical Act of 1858, which denigrated spiritualist practitioners and imposed penalties on unregistered healers who were paid, or who advertised their practices.⁶

It is not surprising that with all of these bureaucratic battles, concern for the quality of regular healthcare took second place to the establishment’s priority of strengthening and entrenching its privileges, and privileged status. The care of women was among the first areas medical therapeutics to suffer from this institutional neglect. At the time, observers of the state of health care and the medical profession were aware that women’s healthcare was in a state of alarming decline.⁷

Regular medical treatments of the day included bloodletting and the use of arsenic, strychnine, and other toxic substances. Alcohol (ethanol) was a standard ingredient in many “elixirs,” and narcotics, primarily opiates, were standard prescriptions for any number of ailments.⁸ While these treatments were dangerous for all patients, the faulty understanding of female anatomy and physiology added another element of danger to the treatment of women. The prevailing theory of the age was that a woman’s uterus and ovaries were connected to all of the organs in her body by an intricate system of nerves. This presumption allowed all physical or mental symptoms occurring in a female patient to be attributed to her reproductive organs.⁹ There was even a recognized disorder, uteromania, believed to be caused by a tilted uterus. This disease was thought to foster in afflicted women an unnatural desire to subvert Victorian gender roles.¹⁰

Apart from – and in addition to – flawed theory, physicians often had little practical experience. The law prevented men who had not yet earned a medical degree from being present during childbirth.¹¹ As a result, parturient women might easily be attended by a doctor whose practical experience in obstetrics was limited by the fact that he had never witnessed childbirth. This lack of knowledge could cause patients to suffer from a variety of gynecological problems. These resultant problems were often left untreated, because male physicians, out of respect for their female patients’ (and their own) delicate sensibilities, often declined to perform physical vaginal inspections.¹² A woman patient might easily find herself given a dangerous treatment without benefit of an actual examination – if, that is, she went to her doctor at all.

Women were no more likely to address the issue than their doctors. Because of the modesty imposed on them by the strict propriety of the age, many women did not ask doctors for help at the onset of physical symptoms, especially those of a gynecological nature.¹³ One

woman, Mary Donaldson, who eventually died of a cancer of the reproductive system, reportedly avoided complaining of her early symptoms because she was ashamed to discuss them with a man.¹⁴

Many women embraced the idea of female physicians as a solution to an embarrassing problem. When Elizabeth Blackwell, the first female graduate of a United States medical school, received her diploma, nearly every person watching was a woman. Margaret Munro DeLancey, a woman who was present that day, remarked that the crowd was a “vast expanse of woman’s [sic] bonnets and curious eyes.”¹⁵ Upon her receipt of the degree, the nearly all-female audience gave her a resounding round of applause.¹⁶

A number of women admired female physicians because they tended to pay special attention to those diseases which were of primary importance to women.¹⁷ This attraction in turn led to an interest in homeopathic medicine, because this alternative tradition was more accepting of female practitioners.¹⁸ Women saw those traditions which encouraged women to become healers as more likely to be concerned with women’s issues. Spiritualists were exceptionally outspoken in favor of women healers, which was a major cause for the great appeal they held for female patients.¹⁹

Not all women were fascinated by, or even accepting of, the idea of female doctors – in fact, Dr. Joseph Warrington found no woman he asked would be willing to see a woman doctor.²⁰ This was a result of enduring social stereotypes about feminine traits and capabilities. Some advocates for women doctors used these very stereotypes to support women’s aptitude for the healing profession; others challenged the stereotypes. Regardless of the approach taken, women who aspired to the practice of medicine, either in the allopathic or any other tradition, faced significant opposition to the achievement of their professional and personal goals.

Many people considered women to be too weak to withstand the pressures of studying math, chemistry, anatomy and physiology, and other subjects in the medical curriculum.²¹ Regular medical groups supported this assumption. The Boston medical community considered it “too nearly self-evident to require argument” that women would be unable to withstand the rigors of medical practice.²²

This belief in the biological inferiority of women led to the assumption that female doctors must possess masculine traits. Some assumed that a woman doctor must be “six feet tall [with] a beard.”²³ Others assumed that a woman doctor would lack the sensitivity and feminine nature possessed by other women.²⁴ The all-male student body of Harvard Medical College argued, in 1851, that no woman with the delicacy ordinarily inherent to her sex would wish to take medical courses with men, and that while they would gladly grant rights to women they would adamantly oppose her presence where it was designed to “destroy respect for her sex.”²⁵

Despite the widespread perception that women were unsuited to medicine, there were those who felt that women’s gentle nature ideally suited them to the healing profession. Spiritualists, among others, felt that women were inherently qualified to heal.²⁶ This opinion received support from Spiritualists’ understanding of women as holding a unique bond with the spirit world and an ancient tradition of female healers.²⁷ While not all proponents of women doctors had ties to Spiritualism, a number of them shared the conviction that women were innately qualified to heal. Dr. Elizabeth Stuart Phelps, a homeopathic physician, felt that there were few vocations more appropriate for women than medicine.²⁸ Likewise, Elizabeth Blackwell, who was a graduate of an allopathic medical school, felt that women were able to exercise a special influence over other women and children, and that as such, would naturally make superior physicians.²⁹ Mercy B. Jackson, one of Boston’s first female homeopaths, said

that women were inherently better at diagnosing infants because they had a greater awareness of their suffering.³⁰

Other women doctors felt that attitudes that widened the divide between the sexes were detrimental to the advancement of women doctors. If women's acceptance as physicians was contingent upon their acceptance of a demeaning gender role, their success in the field would never translate to an elevated social standing. Furthermore, Dr. Mary Putnam Jacobi saw the distinction between male and female doctors as leaving a perpetual opening for attacks from the establishment.³¹

Jacobi's fears were not unfounded. Conventional wisdom gave doctors good reason to discredit the newcomers. Many established practitioners relied on obstetrics as a source of regular income, and thus saw the appeal that female doctors held for parturient women as an economic threat.³² The regular medical groups took stringent measures to prevent the advancement of women doctors to a state of practice where they might present such a danger. Until 1859, male doctors in the Philadelphia Medical Society were expelled from the organization if they were found to have taught in women's medical schools, or even consulted with women doctors.³³

The calculated effort to keep women out of the hierarchical medical profession, along with the general assumption of women's unsuitability for medical practice, combined to make it very difficult for women to be accepted for regular medical training. Orthodox male doctors felt that women were exceptionally credulous, and would be easily swayed by sectarianism.³⁴ Out of fear that alumnae might have propensities that would associate their school with such alternative theories, women were rarely granted admission. Even homeopathic schools, theoretically more accepting of female physicians, were disinclined to accept women.³⁵

If a woman managed to gain admittance to a medical school, she then faced numerous new challenges. One example of the reception awaiting women at school is found in the example of two women medical students at the Toronto School of Medicine in 1870. In this case, offenses included pointedly vulgar comments, refusal to provide female students' seats in lecture halls, and misogynistic graffiti scrawled on walls so frequently, and with such regularity, that the walls had to be repainted every two weeks for the duration of the term.³⁶ This harassment was not limited to traditional medical schools; even at homeopathic schools, women students who did not conform to expected feminine ideals were reviled.³⁷

Even choosing to attend an all-women's medical college could not permanently insulate women from such ostracism. At the time, medical schools did not include a course of clinical instruction in their curriculum; such practical experience was the fruit of admission into a hospital program for clinical work. Most hospitals would not accept women into these programs.³⁸ Those women who were accepted faced a campaign of insults similar to those occurring in the schools. The first students from the Women's Medical College of Pennsylvania who studied clinical medicine at Pennsylvania Hospital were regularly harassed and scorned by their male peers.³⁹

Even within all-female medical communities, which existed in a number of women's hospitals, there were bureaucratic concerns that prevented women from achieving their greatest potential. Many established female physicians encouraged solidarity among women in the medical profession; however, many women felt that such a firm allegiance would be detrimental to their personal progress in the field.⁴⁰ By the end of the century, New England Hospital, founded for the care of women and children and the training of women health care professionals, had developed a reputation as stifling the possible advancement of its women doctors by

insisting on solidarity with the cause of the female physician.⁴¹ This discord within the female medical community led some women to pursue healing careers through the Spiritualist tradition, which allowed them unusual freedom to choose from a variety of medical theories.⁴²

Choosing to practice medicine under the aegis of spiritualism did not mean that a woman could not first receive a medical degree. Spiritualist support for the medical education of women meant that many homeopathic women's universities, like the Woman's Medical College of Philadelphia, had close Spiritualist ties.⁴³ Although admittance to these institutions did not involve the same sexism as admittance to coeducational colleges, the cost of attendance and the difficulties in getting clinical experience were prohibitive for some women. These women often practiced as lay healers within the Spiritualist community. There were, however, some successes: for example, Cordelia Greene, who started her career assisting her father in his hydropathy practice, later went to medical school.⁴⁴

Spiritualist healers did not all subscribe to a common therapeutic system. Rather, Spiritualists embraced different aspects of a number of healing techniques, including homeopathic medicine. Other techniques, like physical manipulation, botanical medicine, and hydropathy, as well as techniques which ordinarily associated with Spiritualism, such as channeling the spirits of physicians and clairvoyantly looking into the bodies of ill patients, also featured in Spiritualist healers' therapeutic repertoires.⁴⁵ Chandos Leigh Hunt, a well-known spiritualist doctor, accepted all of the above as valid techniques.⁴⁶

The unity of Spiritualist healers lay in the mutual belief that the supernatural spirit world was involved in healing. A number of Spiritualist healers, the so-called "healing mediums," felt their abilities came from spirit powers working through them. Other Spiritualist healers saw their talent as a gift which may have come to them from the spirits, but was innately their own

skill, and so did not identify as mediums.⁴⁷

Some Spiritualist healing mediums lost their practices when, inexplicably, their powers deserted them.⁴⁸ Such apparent caprice in spiritual gifts made women healers realize that they needed extrinsic qualifications in order to strengthen their credibility, and secure for themselves a future in the profession. Successful Spiritualist healers usually mastered the use of a specific branch of therapy, like mesmerism, hydropathy, or herbal remedies.⁴⁹ These solid credentials, coupled with what was usually a good education, allowed them some measure of security that healers who practiced solely as healing mediums lacked.

Although some women found ways around the challenges of acceptance to medical school and clinical training, the perpetual fear of being discredited pressured women practitioners to maintain a strictly orthodox approach. Orthodox medicine saw Spiritualism as symptomatic of mental illness.⁵⁰ Thomas Hazard warned that healing mediums should be on their guard against conspiracies to commit them to asylums.⁵¹ In fact, R. Frederick Marvin, a professor of psychological medicine and medical jurisprudence at the New York Free Medical College for Women, identified a new disorder that he called “mediomania,” or the insanity of mediums.⁵² He associated it with a history of venereal disease, which further discredited spiritualist healers.⁵³ Women who were trying to practice within the regular medical establishment could not interact with female homeopaths or spiritualist healers, because they needed to maintain a façade of respectability that such association might damage.⁵⁴ Still, the oppression which confronted so many women doctors who were educated in allopathic medical schools caused them to turn to Spiritualism as a more welcoming alternative.

Although becoming a qualified physician was a nearly insurmountable challenge for women in the mid- to late-nineteenth century, many accomplished this goal. Having personal

experience with the dire state of women's healthcare, they recognized the great need for doctors who would understand their patients' suffering and provide quality care that did not bear the taint of sexist attitudes or squeamish modesty. Women with the means and desire, like Mary Putnam Jacobi and Elizabeth Blackwell, went to allopathic medical schools; by so doing, Jacobi challenged existing stereotypes while Blackwell used those stereotypes to justify her presence. Other women, like Chandos Leigh Hunt, chose to select those therapeutic practices that they considered effective, and practice them outside of the medical establishment, both asserting their right as women to heal, and demonstrating that the range of valid medical theories was broader than the narrow ideals of orthodox doctors. Regardless of these women's choices, Spiritualist doctrine was a source of support and inspiration to the pioneering medical women who challenged an oppressive society and claimed their rightful place in the healing profession.

NOTES

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- ¹ George Weisz, Divide and Conquer: A Comparative History of Medical Specialization. (New York: Oxford University Press, 2004), 72.
- ² Weisz, 43.
- ³ Alex Owen, The Darkened Room: Women, Power, and Spiritualism in Late Victorian England. (Chicago: University of Chicago Press, 2004), 137.
- ⁴ Regina M. Morantz, "Feminism, Professionalism, and Germs: The Thought of Mary Putnum Jacobi and Elizabeth Blackwell." *American Quarterly*, Vol. 34, No. 5 (1982), 462.
- ⁵ Owen, 110.
- ⁶ Owen, 111.
- ⁷ Ann Braude, Radical Spirits: Spiritualism and Women's Rights in Nineteenth-Century America. (Bloomington, Ind.: Indiana University Press, 2001), 142.
- ⁸ Constance B. Backhouse, "The Celebrated Abortion Trial of Dr. Emily Stowe, Toronto, 1879." *Canadian Bulletin of Medical History*, Vol. 8, No. 2 (1991), 161.
- ⁹ Anne Taylor Kirschmann, A Vital Force: Women in American Homeopathy. (New Brunswick, N.J.: Rutgers University Press, 2004), 93.
- ¹⁰ Braude, 160.
- ¹¹ Linda L. Goldstein, "'Without compromising in Any Particular': The Success of Medical Coeducation in Cleveland, 1850-1856." *Caduceus*, 10 (1994), 109.
- ¹² Kirschmann, 97.
- ¹³ Meryl S. Justin, "The Entry of Women into Medicine in America: Education and Obstacles, 1847-1910." *Synthesis*, Vol. 4, No. 3 (1978), 33.
- ¹⁴ Louise M. Gearin, "The Giant Little Woman: Dr. Elizabeth Blackwell, the First Woman U.S. Medical Graduate." *Journal of Medical Biography*, Vol. 6, No. 2 (1998), 91.
- ¹⁵ Margaret Munro DeLancey, "Dr. Elizabeth Blackwell's Graduation – An Eyewitness Account by Margaret Munro DeLancey." *New York History*, (April 1962), 184. See also Margaret Munro DeLancey to Josephine M. DeLancey, 29 January 1849, contributed by Wendell Tripp, in the present author's collection.
- ¹⁶ DeLancey, 185.
- ¹⁷ Frederick Wegener, "'Few Things More Womanly or More Noble': Elizabeth Stuart Phelps and the Advent of the Woman Doctor in America." *Legacy*, Vol. 22, No. 1 (2005), 5.
- ¹⁸ Wegener, 3.
- ¹⁹ Wegener, 121.
- ²⁰ Gearin, 93.
- ²¹ Gearin, 89.
- ²² Justin, 42.
- ²³ Gearin, 93.
- ²⁴ Gearin, 94.
- ²⁵ Justin, 36.
- ²⁶ Owen, 121.
- ²⁷ Owen, 112.
- ²⁸ Wegener, 1.
- ²⁹ Morantz, 472.
- ³⁰ Kirschmann, 21.
- ³¹ Morantz, 460.
- ³² Justin, 42.
- ³³ *Ibid.*
- ³⁴ Kirschmann, 3.
- ³⁵ Kirschmann, 62.
- ³⁶ Backhouse, 162.
- ³⁷ Kirschmann, 70.
- ³⁸ Virginia G. Drachman, "Female Solidarity and Professional Success: The Dilemma of Women Doctors in late 19th Century America." *Journal of Social History*, Vol. 15, No. 4 (1982), 2.
- ³⁹ Wegener, 5.

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- ⁴⁰ Drachman, 611.
⁴¹ Drachman, 614.
⁴² Wegener, 3.
⁴³ Braude, 149.
⁴⁴ Goldstein, 111.
⁴⁵ Braude, 146.
⁴⁶ Owen, 127.
⁴⁷ Owen, 109.
⁴⁸ Owen, 123.
⁴⁹ *Ibid.*
⁵⁰ Owen, 139.
⁵¹ Braude, 145.
⁵² Braude, 159.
⁵³ *Ibid.*
⁵⁴ Kirschmann, 4.