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The Inconspicuous Lives of

Dr. Susan Smith McKinney Steward and Dr. Elizabeth Blackwell

by

Alexandra Bogdanovich

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“For what is done or learned by one class of women becomes, by virtue of their common womanhood, the property of all women.” - Dr. Elizabeth Blackwell

Introduction

Historians interested in the broad American struggle for political voice must include women's lives and actions, as they were integral to the fight. Women who were in the trenches, longing for more out of life than marriage, pushing change, and expanding women's place in society, are mostly overlooked. New scholarship, literary and historical, have begun to acknowledge and argue that women played a critical role in the rise of capitalism in America and Europe. Scholars have emphasized eighteenth and nineteenth centuries women's activities as property owners, consumers, laborers, and entrepreneurs. Far less has been written about women in medicine in the nineteenth century when women doctors were making the most strides. American women of the nineteenth century had diverse motivations for wanting to work. Thoroughly understanding women's roles within the larger context of the nineteenth century American push to broaden the professional class, is crucial to comprehending the expansive financial success of America in the nineteenth and twentieth centuries. Although by the nineteenth century women were prohibited from politics, most professions, and any form of commerce, pioneering women doctors made surprisingly great strides in women's participation and success in medicine. The lives and careers of two such trailblazing women doctors stretched over the most dynamic one hundred years in the history of medicine. Dr. Elizabeth Blackwell, who was born in 1821, was the first white woman in America to become a doctor and Dr. Susan Smith McKinney Steward, born in 1847, was the first black woman to qualify as a doctor in New

York State and the third in the nation.¹ How did these two women from very different backgrounds achieve their career goals? What impediments did they overcome? How did women's professionalization affect their domestic lives? These ambitious, hard-working, smart women purposefully defined their own feminism, created more opportunities for women and broke down the barriers of the "women's sphere", and laid the groundwork for later generations to finally succeed with the nineteenth amendment and more rights for women. Examining the lives and careers of Dr. Blackwell and Dr. Smith will inform women's history, but especially the history of women in medicine. This study seeks to expand the appreciation of what women did in the nineteenth century to achieve their career goals. The story of these lady doctors' peeks into the history of women who dreamed of becoming doctors and succeeded in large part due to their own efforts. The nineteenth century focus on women's domestic life and myths about women's capability to work severely limited women's freedom to maneuver and gain careers outside of the home. Dr. Blackwell's and Dr. Smith's lives exemplify the many barriers aspiring women confronted and how these astute and innovative women were able to overcome those barriers and enter a male dominated professional field.

This inquiry is an attempt to understand not only the different experiences of American black and white women but also how their social and economic status influenced their career goals. Dr. Smith and Dr. Blackwell both began their careers as teachers and women's rights activists and both women felt a moral impetus to become physicians. Although they had much in common, their disparate racial status differentiated their paths to becoming physicians. Dr. Blackwell's strove to provide exacting medical training and to care for and uplift women and

¹After being married twice, once she became a doctor her full married name would become Dr. Susan Smith McKinney Steward. For clarity regardless of her marriage status, she will be referred to as Dr. Susan Smith.

create a path for women in medicine. Dr. Smith embraced the meritocratic ideal as a path for black women and men to enhance their lives, a popular sentiment among nineteenth century black people. Dr. Smith surmised that the strength of more women in the workplace, especially in medicine, would boost society from its industrial and societal inequities. Bringing women's stories to the forefront facilitates a greater comprehension of both the social and historical gender constructs which were impacted by race and class in the nineteenth century.

Charting women's historical lives is challenged not only by a lack of documents or records for women but also by the muscular racial inadequacies of women's historical archives. The archives are kind to Dr. Blackwell, the very first white woman to get a medical degree, as her legacy is safely stored in the Columbia University archives and she has a published autobiography esoterically titled *Pioneer Work in Opening The Medical Profession To Women*, which is easily attainable. Dr. Susan Smith, who earned her medical license thirty years after Dr. Blackwell, is mostly invisible in the archives. Dr. Smith received only two paragraphs in a "who's who" reference book on notable African American women of New York.² Complicating the search is Dr. Smith's marital status. She was widowed and then re-married, which prompted her to change her last name twice. For example, when Dr. Smith gave a speech, *Women In Medicine*, to the National Association of Colored Women's Clubs at Wilberforce, Ohio in 1914, it was published at the time under S. Maria Steward (I surmise Maria is her middle name but there is no record of it) and is no longer in print. This speech is the only record of her voice that could be found in the archives. In it she attributes her success to trailblazing doctors like Dr. Blackwell. Thankfully Dr. Smith linked herself to Dr Blackwell in writing, inadvertently

² William Seraile, "Susan McKinney Steward: New York States First African-American woman Physician" *Afro-Americans in N.Y. Life & History* 16, (1985): 27-40.

instructing historians how to discover her hidden narrative through Blackwell's much documented one.

This study begins with a short history of women in medicine from Egyptian times through the nineteenth century. In order to chart the professional achievements of nineteenth century American women, we must begin at the beginning and, not unlike Dr. Smith's goal in *Women in Medicine*, "give" the history of women in medicine to other aspiring women from its ancient history to the early twentieth century. It is important to understand that the opportunities afforded women in nineteenth century medicine were not being offered for the first time in medicinal history and that establishing women's history in medicine is an important facet of women's empowerment.³ By deconstructing the lives of some of the first pioneering black and white women doctors, this study attempts, like Dr. Smith, to foster the idea that more acceptance of women in professions will lift all of society up. The early history of women physicians reveals that treating the sick had been a uniquely feminine trait but as men became threatened by women's power, they began to purposefully shape the role of women according to their own vision and benefit, relegating women to what they saw as the proper women's sphere in the home. Following this discussion, the focus will be on changes in perceptions of women who work and women's exclusion from medicine perpetuated by the idea that women doctors would damage the American family. Then I turn to the broader push to allow women to enter the work force examining specifically how women fought to enter the male-dominated medical field. My examination will take a deep dive into the lives of the first pioneering women - both black and white - to become doctors and succeed in the medical field. Next, I will examine the racial differences between female doctors, and the surprising notion that racial disparities were based

³ Maria S. Steward, *Women In Medicine: A Paper Read Before the National Association of Colored Women's Clubs at Wilberforce, Ohio, August 6, 1914* (Ohio: www.ForgottenBooks.com, 1914), 4.

on socioeconomic status. Finally, I will present an analysis of their success within the confines of women's prescriptive role in nineteenth-century American society. In conclusion, it is important to deconstruct the presumed disadvantages a woman doctor would bring to her marriage and family. I will examine the backlash women doctors faced, which led to dwindling numbers of women entering medicine in the first half of the twentieth century.

A Short History Of Medicine

In Dr. Smith's *Women In Medicine*, she utilizes the historical record to substantiate women's place in medicine beginning with "sacred history".⁴ She begins at the beginning, quoting Exodus, the 1st Chapter in the Bible: "here we find that to women and to women alone, belonged that branch or department of medicine denominated 'Obstetrics'". In the Stone and Bronze Ages there were women surgeons in Samaria, Egypt, and Greece who used flint chisels and stick drills to relieve headaches.⁵ The Ancient Aztecs, other Native Americans, the inhabitants of some of the Pacific islands, and Africa, often employed women healers. The Chinese and Central Thai people were using women in their hospitals as surgeons and midwives before 1000 B.C.⁶ From 3,000 to 525 B.C. gynecology and obstetrics (or midwifery) were taught at the women's medical school at the Temple of Sais in Egypt. According to an inscription at Sais, women doctors were competent practitioners and teachers, "I have come from the school of medicine at Heliopolis and have studied at the woman's school at Sais where the divine mothers have taught me how to cure disease."⁷

⁴ Ibid, 7.

⁵ William K. Beatty and Geoffrey Marks, *Women In White* (New York: Charles Scribner's Sons, 1972), 5.

⁶ Ibid, 41.

⁷ Ibid, 43.

Ancient philosophers valued women's education. Plato once asserted, "women should have the same opportunities for education as men."⁸ In the later days of the Roman Empire women doctors were on equal footing with men. In the following centuries men wrote about gynecology and obstetrics while women did the work, which was not limited to childbirth and diseases of women.⁹ As Christianity rose to power, the status of women declined given the early Christian church's promotion of female inferiority. By A.D. 581 the church fathers were declaring women to be "unreasonable animals, brutes without souls". The education of women came almost to a standstill; with a few exceptions, women practitioners would not re-appear in historical records until the after the year 1000.¹⁰ Despite oppression of scientific learning through the dark ages, some medical schools did flourish and educate women. The Salernitan School of Salerno, located in what was then the Lombard Kingdom and is now Italy, educated women and men equally in medicine from around the tenth century to the fifteenth century.¹¹ The Salernitan School's focus on strenuous training standards for doctors influenced medical schools in Europe in the nineteenth century. In the 1700s women again began to unofficially enter the medical field in small numbers predominantly informally instructed by male doctors in their family. In the 1720s women and men would travel to Europe to study midwifery, since there were no institutions for medical education in America. The first American medical school was established at the University of Pennsylvania in 1767 and began immediately to exclude women from a medical degree.¹² In Europe, Russia, and America women did not officially start

⁸ Steward, "Women In Medicine", 8.

⁹ William K. Beatty and Geoffrey Marks, *Women In White*, 44.

¹⁰ *Ibid*, 47.

¹¹ Medievalists.net. "The School at Salerno: Origin of the European Medical University." Medievalists.net, January 5, 2012. <https://www.medievalists.net/2012/01/the-school-at-salerno-origin-of-the-european-medical-university/>.

¹² Carol Lopate, *Women in Medicine* (Baltimore, Maryland: John Hopkins Press, 1968), 3.

entering medicine until the early nineteenth century when they began to overcome impediments to authorized certified medical training for women.

Although American women were banned from medical education in the eighteenth century, in actuality caring for the sick was historically the inconspicuous responsibility of the women or midwives who still managed to practice. A tombstone from the 1700s inscribed “this midwife delivered 2,000 babies with no mishap” celebrates a New England midwife.¹³ By the early nineteenth century women mostly preferred a traditional female midwife, but medical schools that were controlled by men refused to license female midwives.¹⁴ The majority of male doctors at this time had limited comprehension of a woman’s complicated reproductive system and women, bogged down by Victorian morality, often avoided being treated by them for gynecological problems. The lack of proper medical care combined with popular Victorian beliefs that women were frail and unfit for any vocation, reinforced the separation of the sexes and established a shield of decency within the new order of industrialism.¹⁵ However, unnecessary disease and death inside the home and family unit took a major toll on Victorian women. Infant mortality was high, and most families planned for multiple child deaths in the household. There were no medical services or prenatal care for mothers. Among the poor, many babies died due to damp housing, substandard food, and dirty water sources. Inasmuch as there were no books or magazines to study hygiene and related topics, and it was considered unfeminine to discuss, poor and affluent women alike were ignorant of proper hygiene care.¹⁶ The first aspiring female doctors, keenly aware of the deficiency in women’s health care and the

¹³ Ibid, 4.

¹⁴ William K. Beatty and Geoffrey Marks, *Women In White*, 41.

¹⁵ Carol Lopate, *Women in Medicine*, 5.

¹⁶ Gloria Moldow, *Women Doctors in Gilded-Age Washington: Race, Gender, and Professionalism* (Urbana and Chicago: University of Illinois Press, 1987), 25.

need for women practitioners, applied this knowledge to their arguments for licensed female doctors.

Nineteenth-Century Women Contemplate Work And The Professionalization of Women

The professionalization of women began early in America. It was no novelty for women to practice medicine, as the above short history has shown. Unfortunately, without the popular awareness of women's history each new generation of women were compelled to start the fight from scratch. As the American Revolution percolated, colonial women were not exempted from being swept away by the rhetoric of Thomas Paine and the dream of a free nation. Community building and political action began for women during the American Revolution when women struggled to find a place in the new political system. Women and men alike contemplated their place as citizens in the new republic, but women's citizenship was not a priority for the body politic. The revolution redefined the political order for men and women, and women took notice by embracing republicanism and molding it to their own needs. Many women identified with republican ideals and "republican motherhood" which aimed to permit women to enter politics without denying their commitment to domesticity.¹⁷ Republican mothers argued it was a woman's obligation to nurture male citizens and infuse virtue into the republic. Dr. Smith and Dr. Blackwell would later employ similar rhetoric to argue that women had a distinct feminine role in medicine.

By the early 1800s, republican motherhood was seemingly forgotten and industrialization concentrated life around urban centers initiating a division of gender spheres; the men worked outside the home in the male domain and the women took care of their families

¹⁷ Linda Gerber, *Women of the Republic: Intellect and Ideology in Revolutionary America* (Chapel Hill: University of North Carolina Press, 1980), 12.

in the home, in the women's sphere. Women's homemaking skills became irrelevant for many professions. Products which were traditionally made in the home were produced by giant machines, thereby compounding women's isolation. Additionally, conservative Victorian morality held sway over large parts of American society, especially among the upper classes. Young women were not expected to exercise at all, and their stiff Victorian dresses did not allow for freedom of movement. Women's underclothes were made up of long dresses with tight fitting bodices and heavy skirts that reached to the ground, often causing fainting fits, migraines, and anemia, among other ailments. Women's wardrobe issues added to the popular Victorian belief that women were too weak and frail to undertake any responsible job.¹⁸ Victorian morality valued women as objects on a pedestal, as angelic and prized individuals who should practice only homemaking.

As the traditional world was being battered by technology and the industrial revolution, black and white women began to reshape domesticity and women's roles. In the early nineteenth century, equality for women was in the air and on women's minds. In the words of Josephine St. Pierre Ruffin, a female black community leader, more and more women were determined "to make more and be more,"¹⁹ Women spoke out by writing articles and giving speeches and, according to Dr. Smith, the climate for women was one of "the awakening of women to a sense of power and responsibility extending throughout the civilized world".²⁰ In a 1888 *Lippincott's* article, Belva Lockwood, the first female attorney to argue in front of the Supreme Court, argued that since she "possessed all the ambition of a man," she saw no reason to "ignore the gulf

¹⁸ Mary St. J. Fancourt, *They Dared to be Doctors: Elizabeth Blackwell & Elizabeth Garrett Anderson* (London: Longman's Green and Co LTD, 1965), 2.

¹⁹ John B. Blake, "Women and medicine in ante-bellum America," *Bulletin of the History of Medicine* 39, no. 2 (1965): 99-123. Accessed March 22, 2021. <http://www.jstor.org/stable/44449845>.

²⁰ Steward, "Women In Medicine", 16.

between the rights and privileges of the sexes”, vowing to use the law to achieve women’s equality. One of the only careers available to an educated woman in the early nineteenth century was teaching. Although teaching occupations were historically male, once school boards realized they could hire women for one-half the pay of men they coalesced around the idea that women “after all are the natural teachers of the young.”²¹ The occupation “housewife” had been reserved for urban middle- and upper-middle class women but in the nineteenth century, for the first time, class divisions weakened and “housewife” began to include a large portion of the female population including poor women. In 1840, Florence Nightingale, a contemporary of Dr. Blackwell, described the challenges educated housewives faced in her diary: “the soul-crushing boredom of an intelligent woman forced to sit all day idle and be satisfied with needle work and small talk.”²² Dissatisfied, mostly upper-class women were compelled to demand more opportunities. Like Nightingale, Dr. Blackwell and Dr. Smith disputed false tropes about women, fighting to professionalize women, especially aspiring female doctors. At the same time, activist women were bringing new ideas to enfranchise women despite deeply entrenched sexism.

In speeches and lectures, black women of the nineteenth century also promoted women’s rights and highlighted their possession of particularly useful female skills, although racial issues often took precedence. The Anti-Slavery Convention of American Women in 1837 focused on abolition and women’s rights. The meetings were held in New York City and represented the first time that women from such broad geographic areas met with a common purpose of promoting anti-slavery. A large group - one hundred and seventy-five women from different states and representing twenty different anti-slavery groups - gathered to discuss their role in the

²¹ John B. Blake, “Women and medicine in ante-bellum America,” *Bulletin of the History of Medicine* 39, no. 2 (1965): 99-123. Accessed March 22, 2021. <http://www.jstor.org/stable/44449845>.

²² Mary St. J. Fancourt, *They Dared to be Doctors: Elizabeth Blackwell & Elizabeth Garrett Anderson*, ix.

American abolitionist movement and women's rights. Black women focused on slavery and argued for women's special relevance as, "moral and responsible beings...that is the duty of woman, and the province of woman, to please the cause of the oppressed in our land, and to do all she can by her voice, and her pen, and her purse, and the influence of her example, to overthrow the horrible system of American Slavery."²³ White women similarly argued for their participation as citizens, however they were not focused on slavery. They believed that since women were morally superior to men, their moral gifts obligated them to contribute to public policy through volunteer work, public advocacy, and honorable behavior. They contended that if the "mother-heart", intrinsic to all women, could expand outside the home everyone in society would benefit.²⁴

Trailblazing women in the nineteenth century opposed their internment in the domestic sphere, wrestled with the tension between self-definition and the status imposed on them, and strove to join the professional class. Professional women were not attributed the drive toward upward mobility and material success that men demonstrated so openly. Instead, women were often pigeonholed into lesser paying jobs like schoolteachers, writers, librarians, or settlement house workers, disregarding their aspirational relationship with the emerging culture of professionalism. Women confronted professional barriers created by the male elite who structured professional institutions, like the American Medical Association and other affiliations, to exclude women and minorities. Professional men, anxious to keep their power and standing, used their positions to stall any innovative ideas and raised obstacles to the idea of professional

²³ Bettye Collier-Thomas and John Bracey, "African American Women in the First Generation of Woman Suffragists: 1850-1869" in *African American Women and the Struggle for the Vote*, ed. Ann Gordon (Massachusetts: University of Massachusetts Press, 1997), 7.

²⁴ Lillian, Faderman, *To Believe in Women: What Lesbians Have Done For America - A History* (New York: Houghton Mifflin Co., 1999), 1.

women. Most professional jobs such as clerks, journalists, lawyers, librarians, civil servants, and students were almost entirely men.²⁵ However, Dr. Blackwell and Dr. Smith valued the wise open-minded male physicians who helped them along the way. They believed they could provide a positive example of a new kind of woman who could work outside the home without polluting any of her womanly attributes. Dr. Blackwell often argued that feminine skills were consequential for helping society's iniquities, especially within medicine, hygiene, and family care. This helped open doors for other skillful women who were often stifled by conservative conventions that were applied to women professionals.

The Path To Medicine

In the early nineteenth century, black and white American women who aspired to be doctors experienced formidable barriers to medical training, post-graduate education, and integration into male dominated medical associations. The white male elite controlled the emerging network of medical schools, clinics, hospitals, and societies thereby creating another barrier to women's career success.²⁶ Women who did succeed in acquiring training at a medical school often had difficulty securing the kind of supervised postgraduate experience that had been made compulsory by male institutions. White women were occasionally able to break into some of these institutions but, time and again, disappointment followed initial success. Excluded from most clinical internships and hospital appointments, women doctors were forced to establish their own training centers. Black women lacked opportunities and resources within their own community to establish black training facilities.²⁷ Few of the white male training clinics invited

²⁵ Ibid, ix.

²⁶ Gloria Moldow, *Women Doctors in Gilded-Age Washington: Race, Gender, and Professionalism*, 3.

²⁷ Ibid, 4.

black women to participate, and sometimes even then it was on an extremely limited basis. Even if a woman managed to attain a medical education, the rigid requirements from hospitals and specialty boards made it difficult or sometimes impossible to complete their training. One particularly difficult requirement was the multiple hours of in-person training by a licensed surgeon or specialist. Given that most male doctors believed women did not have the ability or the right to practice medicine, in-person training was unattainable to most women, especially black women, unless they had a male doctor in their family. Significantly, Dr. Blackwell's Women's Medical College, unlike most colleges, offered postgraduate training to black women doctors. Most male doctors overlooked women's intelligence and ambition. Instead, they devised ways to keep them out, denying that women had any special contribution to make to the practice of medicine.

Given all these obstacles that women faced, it is not surprising that in 1870 only 544 women in the entire US were trained and licensed physicians, about 10 percent of the male physician population.²⁸ Nonetheless, over the next 30 years that number would grow. Nationally, the number of trained women physicians rose more than twelvefold between 1870 and 1900, from 544 in 1870 to 7,382 at the turn of the century. By 1894, 72 of 145 men's medical colleges enrolled 848 women, and 7 women's medical colleges enrolled another 541.²⁹ By the end of the nineteenth century, doors to half the country's medical colleges would open to a small number of women. Several factors aided these remarkable advances in the medical profession. Women's progress in medicine was part of the nineteenth century fight for female self-determination.³⁰ Feminism, defined as an effort to expand opportunities for women, helped to facilitate women's

²⁸ Regina Markell Morantz, "Women In The Medical Profession: Why Were There So Few?" *Reviews in American History* 6, no. 2 (1978): 163-70. Accessed May 11, 2021. doi:10.2307/2701292.

²⁹ Gloria Moldow, *Women Doctors in Gilded-Age Washington*, 7.

³⁰ Regina Markell Morantz, "Women In The Medical Profession: Why Were There So Few?", 163-70.

entry into medicine. Women's rights activists were particularly helpful to women physicians and raised the issue in public for the first time. Elizabeth Cady Stanton, Lucretia Mott, and others protested in 1848 that, "men monopolized the medical profession and closed such avenues of wealth and distinction to women."³¹ Although many women doctors were personally indifferent to the women's rights fight, nonetheless it furnished a terrain for women to achieve medical training.³² In the 1850s and 1860s, even women who held traditional views of womanhood balked at the growing influence of male midwives or obstetricians. Activist women spread the popular belief that women were distinctly nurturing and natural midwives, never wilting in the face of disease. Influential shapers of opinion such as Sarah Josepha Hale, editor of *Godey's Lady's Book*, asserted that male obstetricians were an "outrage on female delicacy" and advocated for women doctors. Only a few women who possessed extraordinary talent, influence, and charisma transcended such obstacles and achieved career success. Dr. Smith and Dr. Blackwell were among this tiny handful.

Both Dr. Blackwell and Dr. Smith argued in medical essays that women had a particular ability to administer medicine. They spotlighted women's skills as absolutely necessary to take care of women and children's health and improve sanitary conditions. Interestingly, Dr. Blackwell and Dr. Smith were spurred to medicine in part due to their concern for public health and sanitation. Dr. Blackwell once said, "health has its science, as well as disease."³³ In her published memoir, Dr. Blackwell attributed her knowledge of proper sanitation to Florence Nightingale: "to her chiefly I owed the awakening to the fact that sanitation is the supreme goal

³¹ Gloria Moldow, *Women Doctors in Gilded-Age Washington*, 8.

³² Regina Markell Morantz, "Women In The Medical Profession: Why Were There So Few?", 163-70.

³³ Elizabeth Blackwell, *Pioneer Work in Opening the Medical Profession to Women*. (London and New York: J.M. Dent & Sons Ltd and E.P. Dutton & Co. 1914), 82.

of medicine, its foundation and its crown”.³⁴ Nightingale's influence on women in medicine cannot be overlooked. Her work brought the field of public health to national attention. Nightingale's accomplishments with the British army during the disastrous war in Crimea were largely the result of her concern with sanitation and its relation to mortality. A crucial part of Nightingale's success was the creation of the British government sanctioned Sanitary Commission, which flushed out the sewers and improved ventilation and people's health. During the Civil War, the Blackwell sisters worked with Nightingale to help train nurses for the Union hospitals. Dr. Blackwell and her sister, Dr. Emily Blackwell, would follow Nightingale's lead when in 1868 they established the first hygiene department in a hospital in the United States at their Women's Medical College of the New York Infirmary. This department emphasized preventative care and personal hygiene, a novelty in the world of medicine.³⁵

When Dr. Smith and Dr. Blackwell entered the field of medicine in the mid nineteenth century, transformations in medical training and practice were underway that helped facilitate some women's entry. In 1765 a physician named John Morgan founded the first university affiliated, “regular” American medical school within the University of Pennsylvania. Its orthodox, science-based curriculum veered away from the mostly apprenticeship training that existed in the colonies and in Europe at the time. The institution continued the tradition of barring women from formal medical training, instead pushing women to subscribe to “irregular” training.³⁶ In the 1850s a rupture between two kinds of medicine, the regulars and the irregulars, created an opportunity for the so called irregulars to include women for medical training for the

³⁴ Ibid, 18.

³⁵ Carol Lopate, *Women in Medicine*, 3.

³⁶ Encyclopedia of Bioethics. Encyclopedia.com. 16 Jun. 2021.” Encyclopedia.com. Encyclopedia.com, July 10, 2021. <https://www.encyclopedia.com/science/encyclopedias-almanacs-transcripts-and-maps/women-health-professionals-historical-issues#:~:text=In%201855%20the%20National%20Eclectic,to%20be%20closed%20to%20women>

first time.³⁷ The irregulars were composed of homeopaths who utilized botanicals, eclectic, and water-cure proponents that challenged the elite control of medical care for the middle classes. The regulars were composed of regular male doctors whose traditional forms of healing had been marginalized. The regular physicians had not adopted the doctrine of germ theory yet, but instead they focused on short term “heroic” therapies such as bloodletting, large doses of toxic drugs, blistering, and purging that were painful and often not effective. Both male and female irregulars felt confident in the use of benign herbal remedies, distinguishing their practices from the regulars severe measures.³⁸ Their mild treatments were as successful as the harsher ones and won the women irregulars a share of the elite clientele, thereby challenging the authority of the older generation of elite male doctors. The irregulars’ anti-establishment standpoint broadened their support with temperance activists, abolitionists, and other reform-minded women. These “new” doctors' sensible advice also wooed urban, middle-class women in droves. Nevertheless, the regular doctors who operated profit-making independent medical schools or university-affiliated medical departments, opposed women’s admission for training. However, some administrators of post-Civil War land-grant schools, especially in the Midwest and West, recognized the need for female medical training.³⁹ As post-war policies attempted to encourage economic stability, women began to have more access to public medical schools. As America’s westward expansion gained momentum, it became pragmatic for women doctors, who could also be homesteaders, to serve the families that had come west. Dr. Smith, like many resourceful women doctors, set up successful practices that were trained in homeopathic medicine, or the irregular traditions.

³⁷ Carol Lopate, *Women in Medicine*, 12.

³⁸ Samuel Thomson (1769-1843), a layman from a poor background, had caught the public mood with the introduction and clever marketing of his medical theories based on herbs and common sense.

³⁹ Gloria Moldow, *Women Doctors in Gilded-Age Washington*, 10.

All these converging societal trends enhanced women physicians' futures and popularity, which by the 1880s and 1890s seemed bright. Exalted in popular press, *The Women's Journal* and *The Women's Tribune* featured regular columns devoted to professional women's achievements, physicians among them, and urged women to visit doctors of their own sex. Women authors wrote for their fellow women who aspired towards careers. Annie Nathan Meyers's *Women's Work in America* (1891) described the success of women in diverse fields and included a discussion written by Dr. Mary Putnam Jacobi about the status of women physicians. M.L. Rayne's *What Can a Woman Do: Or Her Position in the Business and Literary World* (1893) also devoted a chapter to women doctors.⁴⁰ Biographical dictionaries such as Frances E. Willard and Mary Livermore's *American Women: A Complete Encyclopedia of the Lives and Achievements of American Women in the Nineteenth Century* (1897) and Mary Logan's *The Part Taken by Women in the Nineteenth Century* (1911) chronicled numerous women physicians. Even popular novels like Sarah Orne Jewett's *A Country Doctor* (1884) and Mark Twain's *The Gilded Age* (1873) included women physicians as protagonists. Blackwell's and Smith's complex personal journey to become doctors epitomizes the journey for many women physicians and illustrates the elaborate circumstances that were necessary for women to become successful physicians.

⁴⁰ Ibid, 10.

Pioneering Women: Dr. Elizabeth Blackwell (1821-1910)

"It's not easy to be a pioneer. But oh, it is fascinating! I would not trade one moment for all the riches in the world." - Dr. Elizabeth Blackwell

Dr. Elizabeth Blackwell, a discontented woman, became the first white woman doctor in the United States in 1845.⁴¹ Blackwell was born in 1821 in England to ambitious, hard-working parents. The Blackwells had eleven children born between 1816 and 1832. Elizabeth and her siblings were nourished on literature, nature, and politics. The patriarch, Samuel Blackwell, was a successful sugar refiner, acquiring his raw material from slaves in the Caribbean plantations. Nonetheless he held strong antislavery views and taught them to his young children. The family wrestled with the contradiction between the source of their livelihood and their personal beliefs. In England the Blackwell refinery burned down in 1828. The loss of the refinery along with political unrest uprooted the family and they emigrated to New York in 1832. Samuel Blackwell had been an abolitionist and nonconformist, and his beliefs strongly influencing Elizabeth Blackwell, who took up the abolitionist cause in her adult life.⁴² All the Blackwell sisters were ambitious. Elizabeth's little sister Anna was the first female minister and another sister Emily also became a doctor and founded a teaching hospital with Elizabeth in New York. Her brother Henry was a passionate abolitionist who supported suffrage for women and also married the famous suffragist Lucy Stone.

In 1832, when Elizabeth was eleven, the Blackwells arrived in a booming New York City with a population of around 220,000, 20 percent of them foreign born.⁴³ In the 1830s New

⁴¹ Mary St. J. Fancourt, *They Dared to be Doctors: Elizabeth Blackwell & Elizabeth Garrett Anderson*, 32.

⁴² Julia Boyd, *The Excellent Doctor Blackwell: The Life of The First Woman Physician* (London: Thistle Publishing, 2013), 1.

⁴³ *Ibid*, 17.

York's harbor was booming and the new Erie Canal that linked the city to agricultural resources in the Great Lakes region, crammed the fast-moving city with professionals, traders, bankers, industrial workers, shipbuilders, craftsmen, and canal diggers among others. Increased immigration grew the city infusing it with diversity. In this decade New York City was also attracting large numbers of poor Europeans including a massive wave of Irish immigrants seeking relief from British colonial rule. By the 1830s nearly 250,000 people lived in New York City roiling it with significant class and ethnic divisions. The Blackwells, as affluent immigrants, saw the best of New York and thrived. The two older girls, Elizabeth and Emily, were in their teens when they began to establish themselves in New York. With their father's liberal outlook, the girls were allowed more than the usual freedom for women and they often went out alone in the evening to attend political and social meetings. They were especially drawn to the Congregationalist Community who were enormously accepting of women's ambitions. The Blackwells eventually moved to the popular Thompson Street neighborhood, today's SoHo, mingling with celebrity neighbors like John Jacob Astor, Walt Whitman, and William Lloyd Garrison. The family became involved in anti-slavery groups and worked closely with the Anti-Slavery Society of New York, which was founded in October 1833.⁴⁴ Elizabeth's teenage years were filled with stimulating anti-slavery events that encouraged her strong convictions. Although Elizabeth is sometimes described as shy, she gained confidence by becoming an avid reader while trying to alleviate the boredom that permeated her daily female life.⁴⁵

Unfortunately, Samuel Blackwell failed to establish a successful business in New York, and the family was hit hard by a severe economic crisis. They decided to move west to try to

⁴⁴ Ibid, 20.

⁴⁵ Ibid, 5.

develop beet sugar. They arrived in the bustling city of Cincinnati in 1838, a prominent destination for the Underground Railroad. Already steeped in abolitionist ideology, Cincinnati exposed them to one of the hearts of the abolitionist movement. In order to help Mr. Blackwell's struggling beet sugar business, Elizabeth took a job as a teacher, one of the only jobs available to a woman. In Cincinnati, the men of the family became involved in the Unitarian Church and the anti-slavery movement, and the girls became friends and followers of Harriet Beecher Stowe who, along with her father, was a central force in the abolitionist movement.⁴⁶ Samuel Blackwell died in 1838 leaving the family penniless and devastated. Not only was the family bereaved, his death left Elizabeth and her sisters with an indelible understanding that a husband does not guarantee a woman financial security. In addition to their only brother, Elizabeth and her sister Emily were the most educated and the most capable of supporting the family. They had two choices, teach or take in borders. They decided to open a school in their home, hoping to profit from the Cincinnati's elites' focus on prioritizing education.⁴⁷ According to her autobiography, Elizabeth did not care for teaching or her students: "such stories as the girls tell, such sulky looks and impertinent actions. How sick and impatient I am of my scholastic duties".⁴⁸ Elizabeth wanted to "give (women) a first place, still less a second one- but the complete freedom to take their true place, whatever it may be".⁴⁹ She turned her school over to her sister as she concluded that teaching would not be a suitable profession to achieve her female advancement goals.

⁴⁶ Mary St. J. Fancourt, *They Dared to be Doctors: Elizabeth Blackwell & Elizabeth Garrett Anderson*, 29-40.

⁴⁷ Julia Boyd, *The Excellent Doctor Blackwell: The Life of The First Woman Physician*, 20.

⁴⁸ *Ibid*, 41.

⁴⁹ Inspiringquotes.us. "Quotes." Inspiring Quotes. Accessed July 10, 2021. <https://www.inspiringquotes.us/author/3368-elizabeth-blackwell>.

Marriage and a family were the societal norm for most nineteenth century women. Nineteenth century marriage centered around the husband's family; typically, married women would lose their own familial identity or affluence and become a ward of her husband's immediate family. The Blackwells were a close family with a strong and secure emotional base that the sisters were loath to let go of for marriage. Elizabeth and her sisters also had a strong distaste for the idea of marital authority, and in their adult life concluded that most marriages were not worth the loss of personal freedom.⁵⁰ Elizabeth would not accept barriers to women's self-actualization, including marriage, "if the present arrangements of society will not admit of women's free development, then society must be remodeled, and adapted to the great wants of humanity".⁵¹ Extraordinarily, none of the Blackwell sisters ever married, setting them apart from most other women until the turn of the century when more and more women chose to remain single.⁵² The Blackwell sisters' disdain for marriage was rooted in their upbringing, having grown up with four of their father's sisters in the household who had been forbidden an education by Elizabeth's grandfather. One particularly cantankerous aunt, Barbara, was mentioned in the family archives.⁵³ One of Elizabeth's younger sisters, Anna, wrote letters sympathetic of her Aunt Barbara, lamenting her frustration that women who possessed a keen intellect had no path to an education. Thankfully, Samuel Blackwell believed in education and ensured every one of his daughters obtained one. On another occasion Elizabeth was outraged when a maternal uncle, separated from his wife, was able to legally take her personal family income, leaving her with next to nothing.⁵⁴ The senior Blackwell's death taught Elizabeth that

⁵⁰ Julia Boyd, *The Excellent Doctor Blackwell: The Life of The First Woman Physician*, 10.

⁵¹ Elizabeth Blackwell. *Pioneer Work In Opening The Medical Profession To Women*. 34.

⁵² Lillian Faderman, *To Believe in Women: What Lesbians Have Done for America--a History*, 7.

⁵³ *Ibid*, 3.

⁵⁴ *Ibid*, 11.

marriage did not guarantee stability for a woman, but she understood that ambition in a woman could be a lonely choice, “I felt more determined than ever to become a physician, and thus place a strong barrier between me and all ordinary marriage. I must have something to engross my thoughts, some object in life which will fill this vacuum, and prevent this sad wearing away of the heart”.⁵⁵

Although Elizabeth believed marriage to be stifling for women, she was also shy and possibly “uncertain in her relations with the opposite sex, so she looked to a medical career to ‘place a strong barrier’ between herself and ‘all ordinary marriage’”.⁵⁶ However she was not immune to desire, “the total deprivation of it (sex) produces irritability. When life follows the course of our desires, it is easy to be swept along without thought but love between the sexes is the highest and mightiest form of human sexual passion.”⁵⁷ Dr. Blackwell understood passion but self-actualization was a stronger compulsion for her, “whenever I become sufficiently intimate with any individual to be able to realize what a life association might mean, I shrank from the prospect disappointed or repelled.”⁵⁸ In May of 1839 while living in Cincinnati, Elizabeth met William Henry Channing and began with him the first of several platonic male relationships that she would have in her lifetime. She became fast friends with Channing who was a well-known Unitarian clergyman, writer, and philosopher. Elizabeth, finding little pleasure in social occasions, discovered solace in her companionship with Channing, and in religion and in public meetings. Her friendship with Channing and other men like him worked to alleviate some of her loneliness without the complications of an intimate relationship. Her curious and

⁵⁵ Elizabeth Blackwell, *Pioneer Work In Opening The Medical Profession To Women*, 64.

⁵⁶ Mary St. J. Fancourt, *They Dared to be Doctors: Elizabeth Blackwell & Elizabeth Garrett Anderson*, 7.

⁵⁷ Elizabeth Blackwell, *Pioneer Work In Opening The Medical Profession To Women*, 53.

⁵⁸ *Ibid*, 11.

determined mind propelled her forward. She attended diverse religious organizations and lectures about women's morality and about popular topics of the time like metaphysics and mnemonics. Channing regaled the Blackwell sisters with Unitarian philosophy and within a few weeks of meeting him they had all joined the Unitarian church. At the church the sisters were exposed to the prevailing galvanizing ideas, such as the inherent goodness of people and nature, that society may have corrupted the purity of the individual, and that people are at their best when self-reliant. The idea most enthralling to Elizabeth was the belief in women fulfilling their potential.⁵⁹

By 1844 the Blackwell sisters' failing school finally closed its doors and Elizabeth was offered the post of schoolmistress in Henderson, Kentucky, a small town along the Ohio River. In Henderson, Elizabeth was more exposed to slavery than ever before in her life, further shaping her distaste for the institution and ultimately impelling her to leave her position in Kentucky. In her autobiography she describes the moment she was struck by the injustice and tragedy of human trade. One day she had been sitting on the veranda of her lodgings and a freshly bathed young white girl set out on her way to church, and at the same time a slave in dirty rags asked her mistress for a clean shirt to attend services. Elizabeth was struck by "the contrast of the two figures, the young lady and the slave, and the sharp reprimand with which her mistress drove the slave away, left a profound impression in my mind. Kind as the people were to me personally, the sense of justice was continually outraged; and at the end of the first term of engagement I resigned from the situation."⁶⁰

In 1844 when Elizabeth was 25, her brother had temporarily found work to support the large family and she was able to return to Cincinnati and her old life of attending lectures and

⁵⁹ Elinor Rice Hays, *Those Extraordinary Blackwells: The Story of a Journey To A Better World* (New York: Harcourt, Brace, & World Inc., New York, 1967), 41.

⁶⁰ Elizabeth Blackwell, *Pioneer Work in Opening the Medical Profession to Women*, 20.

socializing. She soon began to feel dissatisfied again and frustrated at the lack of opportunity for women. Elizabeth read Margaret Fuller's influential book in 1845, *Woman in the Nineteenth Century*, and she began to think about becoming a doctor. Margaret Fuller was a prominent member of the Transcendentalist group and Elizabeth subscribed to the magazine Fuller edited called *The Dial*. Elizabeth relished in Fuller's intention to convince women to leave their "sphere", but always behaving like proper women and mothers; they could fight for their rights as long as those rights did not harm men. Fuller wrote,

by Man I mean both man and woman...I lay no especial stress on the welfare of either. I believe that the development of the one cannot be affected without that of the other. My highest wish is that this truth should be distinctly and rationally apprehended, and the conditions of life and freedom recognized as the same for daughters and sons of time; twin exponents of a divine thought.⁶¹

Fuller's book confirmed Elizabeth's instincts about how to raise women's status. She believed women should have more opportunities and more social influence but not at the expense of men. Instead, they wanted to walk alongside men and enhance society for the better.

Around this time of Elizabeth's awakening, a neighbor friend who was terminally ill, possibly with uterine cancer, had complained to Elizabeth about the unpleasant experiences she had with inept male doctors. Her friend talked about her desire for a female doctor like Elizabeth and asked, "Why didn't (Elizabeth) become a doctor herself, if she wanted a purpose?"⁶² The sheer audacity of a woman becoming a physician captivated Elizabeth and "the idea of winning a doctor's degree gradually assumed the aspect of a great moral struggle, and the moral fight possessed immense attraction for me".⁶³ Elizabeth needed to support herself in some way and

⁶¹ Margaret Fuller, *Woman in the Nineteenth Century* (New York: Greeley & McElrath, 1968), 183.

⁶² Elizabeth Blackwell, *Pioneer Work in Opening the Medical Profession to Women*, 64.

⁶³ Margaret Fuller, *Woman in the Nineteenth Century*, 160.

she disliked teaching. She wished to achieve something worthwhile in her life and became increasingly confident that becoming a woman doctor was the path to independence. When a friend mentioned that until that time no women had been admitted into the medical profession, Elizabeth became even more motivated and decided to apply. In her correspondence with friends and her sisters, Elizabeth formulates her argument for women doctors. She accentuates women's unique role as nurturers and societal keepers. She understood the male medical society needed to be convinced that women doctors and their unique role as nurturers could fulfill an overwhelming medical need for women and children. It was critical that women break accepted myths around women's sensitivity which excluded them from entering male dominated professional fields, especially medicine. In a letter to her sister Emily, Elizabeth formulated her stand, "if society will not admit of women's free development, then society must be remodeled".⁶⁴ Elizabeth did not wish for women to replace men, but instead set out to carve a particular niche for women that could apply their unique skills to medicine. Elizabeth's mission was to prove to men that women had the intelligence and tenacity to practice medicine with as much dedication and competence as the most qualified men. She believed that women were up to the task and that "none of us can know what we are capable of until we are tested".⁶⁵

In the early nineteenth century medical education and training was still in its infancy and the qualifications to become a licensed physician were much less stringent than today. Elizabeth would need to overcome three stages of exclusively male medical training to become a doctor: a preparatory training internship with a licensed physician; attending an accredited medical college; and then surgical training in hospitals. In the 1840s, Blackwell's Quaker friends, who

⁶⁴ Elizabeth Blackwell, *Pioneer Work in Opening the Medical Profession to Women*, 20.

⁶⁵ *Ibid*, 64.

were committed to female education, introduced Elizabeth to Dr. Joseph Warrington, a Quaker doctor in Philadelphia who was willing to train her.⁶⁶ Although Dr. Warrington believed that females should be nurses, he felt more strongly that nurses should also have thorough medical training.⁶⁷ Regardless of his reasoning, Elizabeth was heartened by the opportunity to train with a willing, qualified physician. In 1845 after Elizabeth completed pre-training with Dr. Warrington, few medical professors were willing to meet with her about applying to medical school and the ones that did rejected her outright. She then tried a number of smaller colleges in New York but met with more rejection. It became clear to Elizabeth that not only did most male doctors believe that women's intellect was too weak to study medicine, but male physicians felt more strongly that the medical field was already too crowded. They were concerned that if women were allowed to practice medicine, there would be a strong pull for female patients, increasingly anxious to safeguard their Victorian modesty, to turn to women doctors in droves. As one male doctor put it to Elizabeth, "You cannot expect us to furnish you with a stick to break our heads with."⁶⁸ To most male doctors, medicine was under threat by women and by alternative medical movements such as Thomsonianism medicine and homeopathy.

Although there were many codes in medical schools against allowing women to attend, at the same time there were public debates about whether it was morally correct to have male midwives. Nevertheless, as early as 1842 in Philadelphia, a group of physicians discussed establishing a medical school for women. But in 1846, when Elizabeth began applying to schools, no American medical colleges admitted women. Around the same time in various cities throughout the country, groups were working to open medical colleges exclusively for women.

⁶⁶ Ibid, 69.

⁶⁷ Elizabeth Blackwell, *Pioneer Work in Opening the Medical Profession to Women*, 40.

⁶⁸ Ibid, 49.

By 1850 two all-female medical colleges were founded, one in Boston and one in Cincinnati. Both were irregular schools. Dr. Samuel Gregory founded The Boston Female Medical College principally to prevent male midwifery, which he felt infringed on female delicacy. Dr. Gregory, in the late 1840s, gave lectures on midwifery in Boston. He was strongly opposed to male doctors practicing obstetrics. He felt it was both immoral and dangerous to the health of the “embarrassed” mothers. “Male-midwifery” as he called it, “trespassed on female delicacy, and was a great temptation to immorality, leading women to prostitution and young men to go into medicine because of their curiosity towards women”.⁶⁹ He proposed the need for an institution to instruct women in medical subjects, midwifery among them. Even though he was unable to raise funds for the project, he did enlist two practicing Boston physicians and in 1848 they began instruction to women at the Boston Female Medical College, the first institution to teach medicine to women.⁷⁰ The Boston Female Medical College never vigorously established itself and regulars attacked it for allowing women to enter medicine. Finally, Dr. Gregory disassociated himself from his faculty and supporters because of disagreements over his lax standards for formal education.⁷¹ After he died in 1872 the school directors were forced to look for outside help and eventually joined the then homeopathic medical department of Boston University, becoming a coeducational medical college. Dr. Blackwell and Dr. Smith embraced the push for more women midwives and doctors, believing strongly that women were better suited to treat feminine biology.

In order to save money for medical school Elizabeth worked as a governess in the homes of physicians where she was also able to utilize their medical libraries. By the beginning of 1847

⁶⁹ John B. Blake, “Women and medicine in ante-bellum America,” *Bulletin of the History of Medicine* 39, no. 2 (1965): 118. Accessed March 22, 2021. <http://www.jstor.org/stable/44449845>.

⁷⁰ Ibid, 112.

⁷¹ Mary St. J. Fancourt, *They Dared to be Doctors: Elizabeth Blackwell & Elizabeth Garrett Anderson*, 72.

she had saved enough money and began applying to medical schools in New York and Pennsylvania. Each and every one turned her down, one even suggesting she could get in if she disguised herself as a man. The first English woman doctor did just that. Dr. James (Miranda) Berry was discovered to be a woman only after her death in 1865. She had worked all her life disguised as a man and had risen to the position of Inspector General of Hospitals for the British Army.⁷² Elizabeth rejected any proposition to disguise herself rationalizing, “this is a course of justice and common sense, and it must be pursued in the light of day”.⁷³ She argued instead that women, as women, could make inroads into the labor market by demonstrating that they could be professional beings without diminishing their roles as women.

As Elizabeth was attempting to enter male medical schools during the 1840s and 1850s, the sexist male academic societies were busy adding obstacles to establishing women’s medical colleges. In 1847 the male medical world established the men-only American Medical Association, evidently to counteract threats from women doctors.⁷⁴ However, some alternative male organizations were friendly to the women doctors' cause. The National Eclectic Medical Association made up of male irregulars, formally approved coeducation for women in medicine by resolution in 1855 and, finally, in 1870 it became the first medical society to accept women members.⁷⁵ Traditional medical societies, however, continued to be closed to women. The State Medical Society of Pennsylvania, as well as several county medical societies in the State, passed resolutions against the professors and graduates of women’s medical colleges on the basis that women were unfit for medicine.⁷⁶ For instance, in his 1871 American Medical Association

⁷² Esther Pohl Lovejoy, *Women Doctors of the World* (United Kingdom: Macmillan, 1957), 277.

⁷³ Mary St. J. Fancourt, *They Dared to be Doctors: Elizabeth Blackwell & Elizabeth Garrett Anderson*, 27.

⁷⁴ Carol Lopate, *Women in Medicine*, 12.

⁷⁵ Kate Campbell Hurd Mead, *Medical Women of America: a short history of the pioneer medical women of America and a few of their colleagues in England* (New York: Froben Press, 1933), 10.

⁷⁶ Carol Lopate, *Women in Medicine*, 64.

presidential address Alfred Stille disparaged female physicians for being rivalrous with men who “aim toward a higher type than their own.”⁷⁷ These negative conceptions of women in medicine were theoretically accelerated by “scientific evidence” that supported the inferiority of women on biological grounds, including the idea that women’s brain capacity was less than a man’s.⁷⁸ Male physicians, like the prominent Dr. Charles Meig, fueled detrimental stereotypes about women, concluding that “she (woman) had a head almost too small for the intellect but just big enough for love.”⁷⁹ Parroting this same rhetoric, Dr. Edward Hammond Clarke concluded in his 1873 book on women’s biology that “higher education for women produces monstrous brains and puny bodies.”⁸⁰ Women like Ann Preston, who was a member of the first female class to attend the Medical College of Pennsylvania (later renamed Woman’s Medical College), pushed back on these negative female tropes that fueled the banning of women from medical colleges and organizations. After graduating in 1851, Dr. Preston did her post graduate study there and was eventually appointed professor of physiology and hygiene in 1853. As a leader in the college, she battled women’s exclusion from medical institutions and national conventions until the college, along with many others, were forced to close at the beginning of the Civil War. After the Civil War ended, the college reopened with Ann Preston as its dean and with a new name, the Woman’s Medical College of Pennsylvania. Now as dean Dr. Preston again took up the fight to allow women into medical institutions like the AMA. After her death in 1874, the old

⁷⁷ Ibid, 69.

⁷⁸ Ibid, 78.

⁷⁹ Kate Campbell Hurd Mead, *Medical Women of America: a short history of the pioneer medical women of America and a few of their colleagues in England*, 55. Dr. Meig was an American obstetrician of the nineteenth century who is remembered for his opposition to obstetrical anesthesia and for advocating the idea that physicians' hands could not transmit disease to their patients.

⁸⁰ Edward Hammond Clarke, *Sex in Education: or, A Fair Chance for the Girls*, v 4 (1873), 41.

rules were finally rescinded and women were allowed to attend national conventions for medicine and enter some institutional organizations.⁸¹

In 1847 Elizabeth finally received an acceptance from Geneva Medical College, a small public medical school in Upstate New York (now Hobart and William Smith College). The situation surrounding her admission was bizarre: they accepted their first female medical student as an ill-conceived practical joke. The skittish male faculty, not wanting to take responsibility for her admission, consulted her male classmates on whether she should be admitted. Since the prospect of a lady doctor seemed too silly to them and they viewed the situation as potentially very amusing, her classmates agreed in a raucous general assembly to allow her entrance.⁸² During the short academic medical course that lasted a little over a year, Blackwell faced discrimination and many hurdles and still had a long way to go with the required postgraduate medical training at a surgical hospital. Professors often forced her to sit separately during lectures and excluded her from labs.⁸³ The local residents labeled her a “bad woman” for defying gender roles. However, when faced with her colleagues attempting to bar her from certain critically important anatomy and physiology lectures, Dr. Blackwell successfully convinced her superiors with her “keen” intellect and the importance of women attending every class the men did.⁸⁴ Between semesters Blackwell gained important experience working for the Almshouse Hospital in Philadelphia where staff shortages made the hospital accept anyone, even a woman physician in training. Blackwell graduated first in her class in 1849.⁸⁵ Unfortunately, Elizabeth

⁸¹ Kate Campbell Hurd Mead, *Medical Women of America: a short history of the pioneer medical women of America and a few of their colleagues in England*, 66.

⁸² Elizabeth Blackwell. *Pioneer Work In Opening The Medical Profession To Women*, 52-58.

⁸³ *Ibid*, 55.

⁸⁴ *Ibid*, 70.

⁸⁵ *Ibid*, 88.

failed to set any precedent at Geneva College; many years passed before they accepted another woman.⁸⁶

Once graduated Elizabeth, having not found a teaching hospital that would accept a woman physician, supposed she would have better luck in supplementing her Geneva education with study at the esteemed teaching hospitals of Europe where, she deduced, they would welcome a female physician. In 1850 she moved to Paris, which was an important training ground for clinical medicine. In Paris she was disappointed to find only one opportunity offered to her from the maternity hospital called *La maternité*, where she was relegated to midwifery and nursing.⁸⁷ Although Blackwell was disappointed that her advanced medical training did not furnish respect from the uneducated French women who were midwives in training, she concluded that the outstanding education she received in the one-year program of women and children's diseases and midwifery made it all worthwhile.⁸⁸ In 1851, after *La maternité*, Elizabeth moved to London where she was welcomed by St. Bartholomew's Hospital for further training, filling in gaps in other fields of medicine beyond midwifery and children's diseases. During her training in England and France, she witnessed male doctors neglecting to wash their hands between patients which often caused epidemics, and she began to develop a focus on preventative care and personal hygiene that she would hold for the rest of her life.⁸⁹ As Blackwell's experience and training grew in a medical profession dominated by men, she

⁸⁶ Carol Lopate, *Women in Medicine*, 5.

⁸⁷ *Ibid*, 7.

⁸⁸ "That Girl There Is A Doctor In Medicine," U.S. National Library of Medicine, accessed February 23, 2021, <https://www.nlm.nih.gov/exhibition/blackwell/career.html>.

⁸⁹ Michals, Edited by Debra. *Biography: Elizabeth Blackwell*. Accessed July 10, 2021. <http://www.womenshistory.org/education-resources/biographies/elizabeth-blackwell>.

recognized the importance of self-control and women's need to establish, first and foremost, a brawny work ethic if they were to move forward with any progress.

During the next few years Dr. Blackwell commuted between Europe and the United States, focusing not only on medicine but, also, on substantiating women's aptitude for work and utilizing the emerging women's rights movements to open medicine to women. Dr. Blackwell returned to the United States full-time in 1852 and settled in New York City, determined to establish her own practice. Discrimination against female physicians meant reluctant patients and difficulty in finding a hospital or clinic that would allow women physicians to practice medicine in their facilities. In her autobiography she describes the first few years in New York as "a blank wall of social and professional antagonism."⁹⁰ During what appears to be a bleak moment in her career, Dr. Blackwell presented lectures on the advancement of medical education for women and the promotion of preventative care through personal hygiene to the medical community and the public at large; a topic she would return to for the rest of her life. In 1852 Dr. Blackwell presented her first series of lectures in New York titled *Lectures on the Laws of Life*. The lectures centered on the need for "physical education and exercise" and for the proper physical and moral development in children."⁹¹ She subsequently continued to lecture until around 1854 when, with the help of Quaker friends, Dr. Blackwell opened a free dispensary for out-patient treatment of poor women and children. The dispensary was forced to close in less than a year mainly due to a lack of hours and services. In 1857, Dr. Blackwell, along with two proteges - her sister Dr. Emily Blackwell who had received her degree from Cleveland Medical College (now Western Reserve), and a German physician, Dr. Maria Kakrewska - established the New York Infirmary

⁹⁰ "That Girl There Is A Doctor In Medicine," U.S. National Library of Medicine, Accessed February 23, 2021, <https://www.nlm.nih.gov/exhibition/blackwell/career.html>.

⁹¹ Elizabeth Blackwell, *Lectures on the Laws of Life, with Special Reference to the Physical Education of Girls* (London: Sampson Low, Son & Marston, 1871), National Library of Medicine.

for Women and Children, a full-scale hospital with beds for medical and surgical patients. The infirmary's mission was not only to administer medical services to the poor, but also to provide training for female medical and nursing students and jobs for women physicians. The infirmary was housed in the blighted neighborhood of the Lower East Side. Regardless, the Infirmary navigated the dangers of the neighborhood successfully and managed to treat over 3,000 people in the first year and increased their service, thereafter. Dr. Blackwell was dedicated to medicine, but she also viewed medicine as a means for women to achieve advancement and self-determination. In 1858, she wrote to a friend prioritizing women's advancement over the practice of medicine:

My whole life is devoted unreservedly to the service of my sex. The study and practice of medicine is in my thought, but one means to a great end...the true ennoblement of woman...You know I am not a natural doctor, so I do not confine myself to practice. I am never without some patients, but my thoughts and active interests are chiefly given to some of those moral ends for which I took up the study of medicine.⁹²

Dr. Blackwell had considered the most suitable way for women to triumph over male perceptions of female fragility was to be educated alongside men, as she had done. Not surprisingly she was indifferent to women's only medical colleges that had opened in New York, Boston, and Philadelphia during the 1850s. Eventually, however, she was forced to reevaluate the need for women's only medical colleges because the women trained in her Infirmary were not admitted to male medical facilities. She and her sister resolved to petition the state legislature so the New York Infirmary could gain credentials to become a teaching hospital. They were successful and in 1864 the New York legislature passed a bill "enabling the New York Infirmary for Women to confer the title of M.D. with a view of extending the facilities for the medical

⁹² Mary St. J. Fancourt, *They Dared to be Doctors: Elizabeth Blackwell & Elizabeth Garrett Anderson*, 126.

education of women.”⁹³ One newspaper expressed satisfaction with the legislature, “this is as it should be. No thinking man will fail to see the propriety of ladies becoming physicians.”⁹⁴ The women doctors then worked to raise money from influential friends for a new teaching facility. In 1868 Dr. Blackwell, her sister Emily, and Dr. Kakrewska officially founded the Women’s Medical College of the New York Infirmary, a subsidiary of the infirmary with fifteen students and a faculty of nine women. Dr. Emily Blackwell served as the Professor of Obstetrics and Diseases of Women at the college and together they successfully offered American women high-quality medical education.⁹⁵ At the Women’s Medical College Dr. Elizabeth Blackwell founded and headed one of the first Departments of Hygiene at a teaching institution, presaging sterile operating theatres and hospitals of the twentieth century. The department became instrumental in propelling the nineteenth century sanitary reform movement, which emphasized healthy homes and healthy bodies, particularly in the poorest neighborhoods. The Infirmary also instituted regular sanitary visits to those neighborhoods. The sanitary movement provided a unique opportunity for women to enter the public sphere and engage in public discourse.⁹⁶ Like the Blackwell sisters, women affiliated with sanitary reform would give lectures, visit individual homes, and write advice manuals on “female” topics like maternal health, hygienic child rearing, cooking, and housekeeping.⁹⁷ Blackwell and her partners decided that only a more advanced standard of education would aid women physicians in overcoming the higher standard with which they were held by male physicians and organizations. They were determined to make the education at their college of the highest quality and to purposefully surpass male medical

⁹³ William K. Beatty and Geoffrey Marks, *Women In White*, 41.

⁹⁴ William Seraile, “*Susan McKinney Steward: New York States First African-American woman Physician*”, 27.

⁹⁵ Carol Lopate, *Women in Medicine*, 5.

⁹⁶ *Ibid*, 7.

⁹⁷ *Ibid*, 8.

institutions with more stringent admission requirements than many medical schools at the time. Blackwell had been determined to return to England, and she did so in 1869, a year after the College's opening. She left the charge of both New York projects to her sister and Dr. Zakrewska.

Throughout her later life, Dr. Blackwell focused on methods to remove the obstacles for women within the field of medicine. She became even more interested in health and moral chastity and wrote several books on how to stay healthy through such disciplines as diet and exercise. She spent the remaining 40 years of her life in her homeland, Great Britain.⁹⁸ Dr. Blackwell's life and actions were fundamental to women entering the field of medicine in the nineteenth century. She understood that convincing men of women's competence in professions would mean turning men's insecurities and negative societal norms into advantages for women as well as encouraging women to define themselves. Dr. Blackwell successfully sought to delineate the new wave of nineteenth century feminism through opportunities for women in all professions and, through her shining example as a professional woman, she led the way for many more women to not only enter medicine but also to enter professional employment.

Pioneering Women: Dr. Susan Smith McKinney Steward (1847-1918)

For black women, in the mid-nineteenth century the struggle to become a doctor was both distinctive and analogous to that of white women. The first generation of black women to become physicians were able to overcome racial and gender barriers aided by access to training in all-female institutions run by women like Dr. Blackwell. By 1870 the United States census counted 525 trained women doctors in the United States, more than the rest of the world

⁹⁸ "That Girl There Is A Doctor In Medicine," U.S. National Library of Medicine, Accessed February 23, 2021, <https://www.nlm.nih.gov/exhibition/blackwell/career.html>.

combined, but only three of them were black women.⁹⁹ Most medical schools and teaching hospitals that trained white women physicians rarely admitted women of color. Black women not only faced gender discrimination but also racial discrimination. Racial and gender barriers differed from state to state making them difficult to navigate. Like Dr. Blackwell, activist black women endeavored to free black women from the private sphere of femininity by arguing that women's contributions to society were crucial for a more prosperous America. Black women's activism was rooted in the abolitionist movements, where they learned to advocate for themselves and for other women.

The very first black woman to become a doctor in the United States was Dr. Rebecca Lee Crumpler, who graduated in 1864 from the New England Female Medical College.¹⁰⁰ There is very little that has survived to tell Dr. Crumpler's story. Oddly, another doctress, Dr. Rebecca Cole, was formerly credited with being the first black woman doctor probably due to the lack of proper records about the first women doctors. The record became corrected with a modern focus on women's history, but it plainly demonstrates the incredible necessity to fortify women's historical archives. Dr. Crumpler secured her place in history with her book of medical advice for women and children, *Book of Medical Discourse*, published in 1883. Crumpler was born in 1831 in Delaware and grew up helping an aunt who unofficially took care of the sick. By 1852 she had moved to Charlestown, Massachusetts, and began working as a nurse for the next eight years. Since there was no school for nursing until 1872, Dr. Crumpler received no formal training in nursing but the male physicians who employed her must have recognized her skill as

⁹⁹ Fee E, Brown TM, Lazarus J, Theerman P. Medical education for women, 1870. *Am J Public Health*. 2002;92(3):363. doi:10.2105/ajph.92.3.363.

¹⁰⁰ "Changing the Face of Medicine | Rebecca Lee Crumpler." U.S. National Library of Medicine. National Institutes of Health, June 3, 2015. https://cfmedicine.nlm.nih.gov/physicians/biography_73.html.

they wrote her glowing letters of recommendation for medical schools. She humbly enumerates her career path in a brief summary in her *Book of Medical Discourse*:

It may be well to state here that, having been reared by a kind aunt in Pennsylvania, whose usefulness with the sick was continually sought, I early conceived a liking for, and sought every opportunity to relieve the sufferings of others. Later in life I devoted my time, when best I could, to nursing as a business, serving under different doctors for a period of eight years (from 1852 to 1860); From these doctors I received letters commending me to the faculty of the New England Female Medical College, whence, four years afterward, I received the degree of doctress of medicine.

Dr. Crumpler became the only African American woman to graduate from the New England Female Medical College.¹⁰¹

Dr. Blackwell's Women's Medical College of the New York Infirmary was one of the few hospitals that hired and trained women of color in New York. The second black woman to become a physician in the nation was Rebecca Cole, who was a staff member at the Dr. Blackwell's infirmary. Dr. Rebecca J. Cole graduated from the Women's Medical College of Pennsylvania in 1867, an all-female institution supervised by Ann Preston, the first female dean at the school.¹⁰² Although Dr. Cole practiced medicine for 50 years, few records survive about her. She was born in Philadelphia, Pennsylvania, where she attended the Institute for Colored Youth, graduating in 1863. Her medical thesis at the Woman's Medical College of Pennsylvania was titled *The Eye and Its Appendages*.¹⁰³ After she graduated Dr. Cole went to work at Dr. Blackwell's New York Infirmary to gain clinical experience. In Dr. Blackwell's autobiography she credits Dr. Cole as her inspiration to establish "sanitary visitors" to blighted neighborhoods:

In addition to the usual departments of hospital and dispensary practice, which included the visiting of poor patients at their own homes, we established a sanitary visitor. This post was filled by one of our assistant physicians, whose special duty it was to give simple, practical instruction to poor mothers on the management of infants and the

¹⁰¹Changing the Face of Medicine | Rebecca Lee Crumpler." U.S. National Library of Medicine. National Institutes of Health, June 3, 2015. https://cfmedicine.nlm.nih.gov/physicians/biography_73.html.

¹⁰² Ibid.

¹⁰³ Ibid.

preservation of the health of their families. An intelligent young coloured physician, Dr. Cole, who was one of our resident assistants, carried on this work with tact and care. Experience of its results serve to show that the establishment of such a department would be a valuable addition to every hospital.¹⁰⁴

The first black woman to become a physician in New York State and third in the nation, was Dr. Susan Smith McKinney Steward, who started practicing medicine in 1870.¹⁰⁵ Susan Marie Smith was born in 1847 in Brooklyn's Weeksville village, the same year that a twenty-six year old Blackwell was applying to medical colleges. Weeksville was a bastion for middle class black families in Brooklyn. By the time the Revolutionary War began, most of Central Brooklyn belonged to the Bedford branch of the Lefferts family, who were among the largest landowners and slaveholders in Kings County. Finally, with much effort by black and white abolitionists, slavery was abolished in New York State in 1827. In the 1830s, soon after slavery was abolished, New York became the center of interracial abolitionist agitation in the North. New York also became one of the first states to allow black men to vote when, in 1821, the New York State legislature decreed that black men could vote if they owned property worth more than \$250. Unfortunately, the vast majority of black New Yorkers did not own property and, by 1835, out of more than forty-five thousand black residents only sixty-eight African Americans were registered to vote in the state. Most of the 14,000 black people in New York City were working-class, and settled in the Fifth, Sixth, and Eighth wards.¹⁰⁶ An active, black middle-class pushed for African American rights in the city, setting up free black schools, literary societies, newspapers, and orphanages. John Lefferts began selling off parcels of his estate, starting with the 8th Ward and as far eastward as one could go and still be in Brooklyn.¹⁰⁷ Henry C.

¹⁰⁴ Ibid.

¹⁰⁵ William Seraile, "*Susan McKinney Steward: New York States First African-American woman Physician*", 35.

¹⁰⁶ Ibid, 27.

¹⁰⁷ Ibid, 29.

Thompson, a leader in the African American abolitionist movement, purchased thirty-two lots from the Lefferts holdings. He sold those lots to other African Americans including two bought by longshoreman James Weeks, who then started a community that would become the affluent black village of Weeksville. By the 1850s, as Susan grew up, Weeksville was a thriving free black municipality, full of opportunity and hope. The town grew into a successful community of more than 500 people, boasting more opportunity for homeownership, employment, and success for its black residents than any other part of Brooklyn.¹⁰⁸ Weeksville had its own churches, schools, businesses, a cemetery, and its own newspaper called *The Freedman's Torchlight*. Susan's parents, Sylvanus and Anne S. Smith, had ten children; Susan was their seventh. Sylvanus Smith was a respected businessman with a profitable company driving and selling hogs.¹⁰⁹ As a child Susan, having been born into an affluent family, was given organ lessons taught by some of the best music teachers in Brooklyn. Susan was passionate about music and an accomplished organ player and she taught organ in the Brooklyn public school system before she became a physician.

Black women like Dr. Smith, who wanted to enter the field of medicine, needed to come from mostly middle or upper-middle class families; they also needed a man, usually a father or husband, who were in the medical field and could give them access. Often women doctors would become partners in family practices, allowing them to administer medicine freely.¹¹⁰ There is scant information in the archives as to why Susan Smith chose the medical profession as a career; her father was not a physician, but he held progressive ideas. Being raised in a progressive household would have nurtured and encouraged Smith's ambitions. Smith's parents

¹⁰⁸ William Seraile, "Susan McKinney Steward: New York States First African-American woman Physician", 31.

¹⁰⁹ Ibid, 37.

¹¹⁰ Carol Lopate, *Women in Medicine*, 9.

had provided a good education, exposing her to the potential in opportunities for educated women. Evidently they raised unconventional progressive daughters since Dr. Smith's older sister, Sarah, earned a prestigious position as a vice principal in Manhattan and Brooklyn. Although women exceedingly outnumbered men in non-administrative positions in nineteenth century public education, few women achieved executive status. Perhaps the death of her two brothers during the Civil War prompted a desire to heal people. She lived through the 1866 New York City cholera epidemic, where approximately 1,200 people lost their lives. A nineteen-year-old Susan would have experienced the public celebration of the so-called heroic male physicians who had determined a cause and cure for the devastating 1833 cholera epidemic. Having applied their knowledge to the 1866 endemic, they prevented approximately 2,300 deaths.¹¹¹ The archives did not chart the road Dr. Smith took to applying to medical school, but the more documented post-graduate part of her life is an interesting and more detailed history of nineteenth century black women in New York.

In 1867, after the end of the American Civil War, Susan Smith was accepted into the New York Medical College for Women. The College was a progressive school founded by Dr. Clemence Sophia Lozier, a wealthy physician and abolitionist. Dr. Lozier became infamous when she opened her residence to black refugees during the 1863 New York draft riots.¹¹² In 1860, prior to opening her school, Dr. Lozier joined the ranks of Dr. Blackwell and began a lecture series on anatomy, physiology, and hygiene, topics that were practically non-existent in women's education. As her lectures grew in popularity and more and more women were turned away from medical schools, Dr. Lozier decided there was a need for medical schools for women

¹¹¹ Ibid, 32.

¹¹² Esther Pohl Lovejoy, *Women Doctors of the World*, 212.

only. In early 1863, with a little help from her friend Elizabeth Cady Stanton, Dr. Lozier persuaded the New York State legislature to grant a charter for The New York Medical College for Women.¹¹³ The College officially opened its doors in November of 1863, and was located in downtown Manhattan only a few blocks away from Dr. Blackwell's infirmary and where, five years later, Dr. Blackwell would establish her teaching college.¹¹⁴ At the opening of the college, there were seven female students and a faculty of eight doctors, four men and four women.¹¹⁵ Both Dr. Blackwell's and Dr. Lozier's schools were exclusively for women students, but while Dr. Blackwell made an effort to hire mostly female faculty, Dr. Lozier's college employed some male doctors.

Considering Dr. Lozier's passionate abolitionist background, it is not surprising that in 1867 Susan Smith was admitted to New York Medical College without any protest from either students or faculty. The College had stringent, challenging entrance requirements; in addition to being at least eighteen years old, the women were required to present an "approved certificate of good moral character".¹¹⁶ Additionally, the women had to demonstrate "a good English education; a knowledge of elementary botany, and of chemistry and have been under instruction of a respectable practitioner of medicine."¹¹⁷ The College's lack of funds and facilities for medical training sometimes forced the women students to do their clinical work at Bellevue Hospital, where a state of the art amphitheater for surgical and clinical teaching had opened in

¹¹³ "Clemence Sophia Harned Lozier, M.D. (1813-1888)," New York Medical College, accessed February 21, 2021,

¹¹⁴ William Seraile, "Susan McKinney Steward: New York States First African-American woman Physician", 29.

¹¹⁵ "Clemence Sophia Harned Lozier, M.D. (1813-1888)," New York Medical College, accessed February 21, 2021, <https://www.nymc.edu/about-nymc/history/college-for-women/clemence-sophia-harned-lozier/>

¹¹⁶ Ibid.

¹¹⁷ William Seraile, "Susan McKinney Steward: New York States First African-American woman Physician", 27-40.

1849.¹¹⁸ In the late 1780s Bellevue was accredited with the all-male Columbia University College of Physicians and Surgeons faculty. While Dr. Smith and her other sisters in medicine studied at the Bellevue Hospital the atmosphere was often tense as hostile male students did not hide their distaste for female doctors. The *Brooklyn Daily Eagle*, in 1870, reported that the male students at Bellevue “greeted (the ladies from the Medical College) with hisses, indecent language, paper balls, and other missiles.”¹¹⁹ The unsurprising negative reaction to women medical students stemmed from the prevailing belief among many nineteenth century men that medical education “unsexed” women.¹²⁰ However, since female doctors had increased their numbers and been more normalized by exposure to the general public, both *The Daily Eagle* and *The New York Times* condemned the unruly students for abusing the women students.¹²¹ An editorial in *The Times* argued that women could be more than boarding house keepers and teachers, “everyone knew that women were better physicians than men because of their patience, understanding, and better hygiene.”¹²² Sometime after Dr. Blackwell had graduated, most medical schools had extended the course of study to three years, adding medical specialties to the curriculum. Dr. Smith was a diligent student during her three-year term at the Medical College, working as a teacher in Manhattan public schools to help pay her way.¹²³

By the time Dr. Smith graduated in the summer of 1870, her classmates and faculty were so impressed by her hard work and academic excellence that they nominated her to be the class

¹¹⁸ “History of Bellevue Hospital” Bellevue Hospital, accessed January 2021, <https://www.bellevuehospital.com/history#:~:text=The%20Bellevue%20Hospital%20has%20been,The%20Bellevue%20Hospital%20was%20dedicated.>

¹¹⁹ *The Brooklyn Daily Eagle* (Brooklyn, NY), August, 15, 1870.

¹²⁰ William Seraile, “Susan McKinney Steward: New York States First African-American woman Physician”, 29.

¹²¹ Steward, “*Women In Medicine*”, 16. Ironically, in 1873, Bellevue Hospital embarked on the nation's first nursing school based on Florence Nightingale's principles of nursing.

¹²² Editorial, *The New York Times* (New York, NY), 1870.

¹²³ William Seraile, “Susan McKinney Steward: New York States First African-American woman Physician”, 31.

valedictorian. In nineteenth-century America, race consciousness was ubiquitous; accordingly, the newspapers mostly remarked on her light skin as advantageous, substantiating America's complicated color class system. Both the *New York Tribune* and *The New York Times* announced that the Women's Medical College was holding its commencement at the YMCA, but neither mentioned that an African American woman was among the five female graduates or that she was the class valedictorian. Considering that one New York paper wrote inaccurately that Susan was "the first colored female graduate doctress in America, or perhaps the world...", it is startling to modern eyes that this big news would have produced only a few newspaper articles with less than a paragraph of coverage and none printed her valedictorian speech.¹²⁴ In contrast, the *Brooklyn Daily Eagle* reported in its "City News and Gossip" section that "the degree of M.D. was conferred upon Miss Susan M. Smith (colored) of Brooklyn. Miss Smith delivered the valedictory." *The Courier*, a New York City daily broadsheet, provided a more detailed description of her graduation. Unfortunately, as with most women at the time, they touted her appearance as her main achievement. *The Courier* described her as "3/4 white, with good features, charming black eyes, and soft, black, wavy ringlets."¹²⁵ The reporter was struck by her "modest attire," and "noted the fact as a good sign of the improvement of the African race."¹²⁶ She was described by *The Brooklyn Daily Eagle* as "looking nearly white".¹²⁷ "Miss Smith," the paper went on, "belongs to the colored aristocracy in Brooklyn and is a member of the Episcopal church."¹²⁸ Given the public's adverse view of the poor, it is likely that a woman with no connections would not have been readily accepted as a competent physician. As most hopeful

¹²⁴ Ibid, 31.

¹²⁵ Ibid, 31.

¹²⁶ *The Brooklyn Daily Eagle* (Brooklyn, NY), Sept. 23, 1870.

¹²⁷ Ibid.

¹²⁸ William Seraile, "Susan McKinney Steward: New York States First African-American woman Physician", 32.

women needed affluent connections to become doctors, Smith and Blackwell were both characterized in the press by their well-regarded family ties. However, their common upper-class status is where their similar press coverage ends, and racism begins. Although Dr. Blackwell was sometimes denounced as a “bad woman” for defying her gender role, she was never defined by her appearance. She was described in the press as having a “bold, independent and courageous” personality, a blaring contrast to the prejudicial focus on Dr. Smith’s skin color and the racist classification of $\frac{3}{4}$ white.¹²⁹ Most African American periodicals that may have covered Dr. Smith’s graduation no longer exist, and the few that exist are only partially transcribed. It is difficult to be certain, due to lack of sufficient archives, if the now defunct local African American newspapers like *The Christian Recorder* or *Fredrick Douglas Paper* would have printed her valedictorian speech and celebrated her achievements. Although Dr. Smith’s narrative is difficult to cull out of the archives, one incident chronicled in a reference book of important black women exemplifies her steely resolve. At her graduation from the Women’s College, Dr. Smith had been waiting in the basement to deliver her valedictorian speech when uncomfortable faculty members at the Women’s College approached her and asked her to abandon her public valedictory speech. She politely refused their request and explained that she would not be leaving the premises until she was allowed to take the stage. The faculty relented and she took the stage and gave her speech.¹³⁰

By the late nineteenth century, most American men accepted women doctors as capable to treat other women but were unwilling to allow them to treat themselves. A growing voice of editors and male physicians slowly began to try to persuade both male and female patients of the

¹²⁹ Esther Pohl Lovejoy, *Women Doctors of the World*, 201.

¹³⁰ Joyce Appleby; Eileen Chang; Neva Goodwin. *Encyclopedia of Women in American History*, (Routledge: DeCapo Press, 1998), 455.

merit of women physicians, asserting that women were particularly hygienic and capable. *The New York Times* editorialized in April of 1870 that, “profound and difficult cases in medical science will be entrusted to her (a woman doctor), we have no doubts.” A male physician, Dr. A.K. Gardner, argued persuasively in a weekly magazine that his preference was for women physicians who “smell of rose and ihlang-ihlang” as opposed to the “odious cigar and whiskey smell of male physicians.”¹³¹ For Dr. Smith, as a black woman, it would have been difficult to find an established medical practice that would hire her as a physician, but the tide was turning in the American psyche and being treated by a female doctor was suddenly in vogue. Dr. Smith opened a private practice located in her home in Weeksville and registered her private practice in the 1871/1872 Brooklyn directory. Possibly she perceived that opening her own practice was the best way to overcome racist and sexist impediments. By example and perseverance, Dr. Smith was able to successfully fight against the negative consensus that women physicians were manly and impractical, and she slowly gained women patients.¹³² Friends and family became patrons with growing confidence in her skill. Many of her patients, recognizing her capability and reliability, remained loyal for the rest of their lives.¹³³ Dr. Smith’s excellent reputation and success, and favorable press coverage, brought her white patients as well as black patients, an extraordinary achievement in nineteenth century America. Her practice grew rapidly over two decades, among “the high, the low, the rich and the poor”.¹³⁴ Dr. Smith became a popular, prosperous, family physician making her a wealthy black woman. She was also highly respected by other physicians and in 1891 *The Brooklyn Daily Times* included her as one of five physicians

¹³¹ A.K. Gardner, “Women Doctors,” *Frank Leslie’s Illustrated Weekly*, April 16, 1870, 3.

¹³² Carol Lopate, *Women in Medicine*, 34.

¹³³ Hallie Q. Brown, *Homespun Heroines and Other Women of Distinction, 1859-1949*. (Xenia, Ohio: Aldine Publishing Company, 1926), 162.

¹³⁴ *Ibid*, 162.

they profiled in their survey of the city's best women physicians.¹³⁵ One participant referred to her as, "the most successful practitioner of medicine of her sex and race in the United States". Dr. Smith's surprising success indicates the historical importance of women's agency to understand American societal shifts in nineteenth century American.

Dr. Smith was among the few women physicians in the nineteenth century who was married and raised a family; in fact, she married twice. Standing in stark contrast to the prevailing myths that career women would wreck the American family, both Dr. Smith's husbands accepted and supported her profession, and in fact profited from her success. Her husband's support would have surprised Dr. Blackwell who found very little understanding from male suitors. Doubtless racial economic constraints on American black men would have made them more accepting of wives working. Since the time they were brought to America as enslaved people, black women worked unpaid alongside black men, perhaps conditioning black men to be more accepting of working women. For American white men, it was a lot more difficult to accept or support women working outside the home for wages. Dr. Smith married her first husband William G. McKinney, a clergyman from South Carolina, on July 12th, 1871, just after she completed her medical training. William McKinney, who was 17 years his wife's senior, was a moderately wealthy man who, according to the 1875 census, owned his own home in Weeksville worth \$6000.¹³⁶ The house accommodated not only Dr. Smith, her husband, and her two children, but in addition housed five of Susan's relatives and served as the location for Dr. Smith's private practice.¹³⁷ Dr. Smith, a homeopathic doctor, prevailed over discrimination, built

¹³⁵ "New York City's Best Women Physicians," *The Brooklyn Daily Times* (Brooklyn, NY), 1891.

¹³⁶ "Weeksville," accessed June 23, 2020, <https://www.weeksvillesociety.org/>.

¹³⁷ "Susan Smith McKinney Steward," accessed October 12, 2020, <https://www.bklynlibrary.org/blog/2018/01/25/susan-smith-mckinney>.

her career, and she became known for her effectiveness in treating malnourished children, a disease that non-homeopathic doctors were unwilling or unable to cure. In 1881, Dr. Smith organized and helped found the Brooklyn Woman's Homeopathic Hospital and Dispensary in downtown Brooklyn, where she also performed surgery.¹³⁸ In addition, Dr. Smith wrote and presented formal papers and occasionally lectured before the general public about medical subjects. Social activism played a large role in her public life. She was concerned with education, missionary work, female suffrage, and temperance. In 1890, Mr. McKinney was paralyzed by a stroke and was unable to work regularly. Remarkably for a black woman in the nineteenth century, the prosperous Dr. Smith was able to support herself and her immediate and extended family.¹³⁹ Dr. Smith was a reluctant public speaker but keenly understood the need for career driven black women to show themselves in public and advocate for human rights. In early 1891 the *Brooklyn Literary Union* hosted a women's night; Dr. Smith was among several women who spoke. She addressed the audience with humility, "I deem it an honor to be one of the stars of this galaxy, although one of the remote stars because of my timidity and inability to shine as a public speaker."¹⁴⁰

Dr. Smith actively raised funds for universal suffrage. She hoped, like many middle-class black people at the time, that universal suffrage was the key to building equity in America. In 1893 Dr. Smith established the Women's Loyal Union, an anti-lynching/pro-suffrage organization, where she often held fundraisers with her sister.¹⁴¹ Although in her early life Dr. Blackwell, like Dr. Smith, cared deeply about abolitionism and women's suffrage, once Dr.

¹³⁸ William Seraile, "Susan McKinney Steward: New York States First African-American woman Physician", 34.

¹³⁹ Ibid, 33.

¹⁴⁰ "Brooklyn Literary Union Hosts Women's Night," *The Brooklyn Daily Eagle* (Brooklyn, NY), 1891.

¹⁴¹ Ibid.

Blackwell became a doctor her privilege as a white woman allowed her to shift her focus to the promotion of medicinal sanitation, instead, and fighting to highlight women's critical role in the medical fields. Dr. Smith did not share that privilege and, not unlike most black women of the nineteenth century, she was absorbed with white violence against black people and universal suffrage. Dr. Smith and her sister, Sarah Smith, hosted an assortment of fundraisers for The Women's Loyal Union that included sales of local Brooklyn African American Art, in order to raise money to "oppose the lynching and burning of black men in the South Land."¹⁴² Her fundraisers also supported anti-lynching campaigns and women's suffrage.

In 1894 Dr. Smith was widowed. Soon after, in 1896, Dr. Smith's eighty-one-year-old mother died and Dr. Smith remarried Rev. Theophilus Gould Steward, the Chaplain of the Twenty-Fifth United States Colored Infantry. We do not know the degree to which Chaplain Steward supported his wife's career, but perhaps it was a harbinger of the time that he barely mentions his successful wife in his lengthy autobiography called *Fifty Years in the Gospel Ministry*. Chaplain Steward, who was a passionate orator and ordained minister, traveled extensively holding sermons throughout the United States accompanied by Dr. Smith. After returning to New York in approximately 1894, Dr. Smith became a member of the Kings County Homeopathic Medical Society. By 1896 she was awarded an uncommon honor for a black woman - a permanent membership in New York State Homeopathic Medical Society, pointing to the state's growing liberal attitude towards women physicians.¹⁴³ They traveled extensively in the United States, Mexico, and Haiti, and to Europe. Eventually, in 1906 the Stewards' settled in

¹⁴² "Woman's Loyal Union Fundraising," *The Brooklyn Daily Eagle* (Brooklyn, NY), 1891.

¹⁴³ William Seraile, "*Susan McKinney Steward: New York States First African-American woman Physician*", 42.

Ohio and garnered faculty positions at Wilberforce University, the first private HBCU in America, where Dr. Smith became a resident physician teaching health and nutrition.¹⁴⁴

Dr. Smith, like the Blackwells, lived a comfortable middle-class life and significantly they were both agents of their own success at a time when average American women were being discouraged from work, and male institutions were engaged in undermining any progress for career women. Dr. Smith's life and career, notably, is important in facilitating an end to the negative stereotypes about black people that have permeated American society, for instance, the false narrative of "all black people were poor and uneducated". Especially later in their lives, both women felt it important to display and promote the benefits of women in medicine through their own example and lectures. Instead of talks on medicinal breakthroughs or health which would be the standard physician topics, both women focused on the benefits of women doctors and the recruitment of more women into the field. Dr. Blackwell's unusual autobiography, for instance, is titled *Pioneer Work In Opening The Medical Profession to Women*, a completely egoless autobiography about her entrance into medicine, which she wrote to motivate future aspiring women doctors to achieve the same goal. The only speech of Dr. Smith's, which is documented in the Brooklyn historical archives, promotes women doctors by advertising women in medicine throughout history. On August 6, 1914, Dr. Smith, having been an active participant in the Colored Women's Club movement for most of her life, presented a paper titled *Women in Medicine* before the National Association of Colored Women's Clubs in Wilberforce, Ohio. The Colored Women's Clubs became a social movement in which black and white women demonstrated that women had a moral obligation to change public policy.¹⁴⁵ Dr. Smith's speech

¹⁴⁴ "Susan Smith McKinney Steward, M.D., '1870 (1847-1918)," New York Medical College, accessed June 11, 2020, <https://www.nymc.edu/about-nymc/history/college-for-women/susan-smith-mckinney-steward/>.

¹⁴⁵ Joyce Appleby; Eileen Chang; Neva Goodwin. *Encyclopedia of Women in American History*, 455.

examined women physicians from Biblical times to the eve of World War I accentuating the importance of women's history and pointing out "that women have made a record for themselves in medicine is a fact; they have made a record well worthy of being handed down in history."¹⁴⁶ She also argued that there was no longer a need to maintain the few female-only schools that were left in the country. Instead, she concluded "the great need...is equality of opportunity in hospital service." She believed that this would be accomplished if more women were accepted as interns in hospitals.¹⁴⁷ As more medical schools became coeducational, women like Dr. Smith greeted these changes as progress and decided that separate schools were no longer needed. Their enthusiastic optimism helped to close many separate female medical colleges in New York. But this period of sunniness was not to last. A backlash against women practitioners grew as the medical community became more competitive and professional societies strengthened their adversity to women. This opposition will be reviewed in the conclusion.

Dr. Smith's speech is short and "written for the inspiration of women, especially those inclined to the study and practice of medicine."¹⁴⁸ She effectively uses history to substantiate women's place in medicine and to urge women to join the workforce. Dr. Smith, who was 71 years old and had provided medical service for forty-eight years, died suddenly on March 7, 1918. Hallie Q. Brown, a close friend and associate at Wilberforce, eulogized her this way:

She was great in the estimation of those who knew her capacity, her ability, her real worth. She was not a spectacular woman. She was modest. A woman absolutely self-reliant, honest to herself and to her friends. She acted upon her own judgement and when she had made up her mind that a thing was right and ought to be done, SHE DID IT. She was one of those generous natures that love peace, order and harmony. But she could

¹⁴⁶ Steward, *Women In Medicine*, 5.

¹⁴⁷ *Ibid*, 23.

¹⁴⁸ *Ibid*, 23.

strike, and strike hard, in what she believed to be a righteous cause. With her it was justice on the one side, and injustice on the other.¹⁴⁹

The study of career black women in the nineteenth century is essential in understanding their motivation. Scholarship on black lives shows that they lived comparatively normal, enriching lives before the 1920s, until Jim Crow and the Lost Cause manipulated American society with hatred and false narratives into believing black people were less valuable than white people.

Patients and Pathways

The patients of this first generation of women doctors were, in large part, women and children. Generally, around the mid-nineteenth century when women like Dr. Blackwell and Dr. Rebecca Cole were administering to the poor in New York City, most of the women patients welcomed female doctors. Within a few years, women of the upper classes began to utilize popular women doctors as well. Upper-class American women, brimming with Victorian modesty, suffered ailments for years rather than turn to a male physician. As it became known that high-quality women doctors were available, at long last affluent women began to utilize women doctors and seriously treat their medical ailments. Many of these new women doctors endeavored to control their careers by electing only to treat women and children. Dr. Elizabeth Garrett, England's first women doctor, once replied to a man who had asked if she would treat him for gout, "Dear Sir, Gout is very much in my line, gentlemen are not."¹⁵⁰ Although diversity in patients may have been prosaic in nineteenth century New York City, Dr. Smith's upper-class

¹⁴⁹ Hallie Q. Brown, *Homespun Heroines and Other Women of Distinction, 1859-1949*, 166.

¹⁵⁰ Mary St. J. Fancourt, *They Dared to be Doctors: Elizabeth Blackwell & Elizabeth Garrett Anderson*, ix.

status and success could have contributed to her acceptance by the white upper classes and her remarkable treatment of both black and white, women and men.

An important common misconception about women physicians was the deleterious effects it may have on marriage and the American family in general. White male critics adopted this misconception and were successful in convincing a large part of America that if women were doctors, they could not be wives and mothers. Dr. Blackwell consciously avoided grappling with these questions, as she chose not to marry. Far from thinking women physicians would negatively impact marriage, Dr. Blackwell feared marriage undermined the few rights that women had and could leave women destitute. Dr. Smith may not have had that much of a choice to avoid matrimony since, among the nineteenth century upper class black community, racist policies and discrimination meant less income for black people compared to whites, essentially requiring black people to marry and attain a two-income family.

White male critics and journalists wrote of a doomed American society where women physicians had no choice but to spend less time at home raising children, resulting in their heathen offspring damaging America beyond repair.¹⁵¹ The leadership at various women's colleges attempted to counteract these common delusions by completing an analysis based on questionnaires of actual women doctors. Notably, one of the first of these studies was conducted in 1879 by a Boston physician named Dr. James R. Chadwick and involved students attending the Blackwell's Women's Medical College of the New York Infirmary during its first nine years. Of the fifty-three graduates, four had gone abroad as missionaries and sixteen were physicians "living-in" at hospitals or women's colleges such as Vassar and Mount Holyoke. Four held positions in hospitals and seven had gone on to pursue their studies in European universities. Dr.

¹⁵¹ Carol Lopate, *Women in Medicine*, 22.

Chadwick found that only sixteen percent were married, five of those were the wives of physicians and had gone into practice with their husbands. Three of the women were daughters of physicians who practiced with their fathers.¹⁵² Most of the women in the study successfully went on to practice medicine in some way. The analysis generated a generally positive view of women physicians but implied that private practices for women were unattainable unless a male family member ran the practice. The study also showed the success of family practices, with women doctors establishing women physicians' ability to raise a family and work cohesively with other male family members. Chadwick's research indicated the adversity women physicians faced when attempting to open their own private practices. This dilemma was exacerbated by an "overproduction" of physicians, which tended to keep women in group practices or in salaried positions at hospitals, clinics, and universities.¹⁵³ Dr. Smith, however, not only married twice and had three children and likely faced numerous racist impediments, but successfully instituted a private practice that treated a diverse population of patients.

Distinctive from most of her peers in Chadwick's study, Dr. Smith achieved success without the help of her father or husband, substantiating her position as a self-starting, successful pioneering married woman. In another study two years later in 1881, Professor Rachel Bodley, Professor of Chemistry and the third dean of the Women's College of Pennsylvania, sent questionnaires to the two-hundred and forty-four living women graduates of the school. Pennsylvania established a number of popular women-only medical colleges in the nineteenth century enabling Bodley to question a much larger group than the Chadwick study. Bodley asked them the nature of their work, their social and financial status, and "last but by no means least,

¹⁵² James R. Chadwick, *The Study and Practice of Medicine by Women* (New York: A.S. Barnes, 1879), 74.

¹⁵³ Abraham Flexner, *Medical Education in the United States and Canada*. Carnegie Foundation for the Advancement of Teaching, Bulletin no.4 (1910): 14.

the influence of the study of medicine upon a woman's holiest relations, as wife and mother.”¹⁵⁴

Of the one-hundred and eighty-nine respondents, Bodley found employed in active practices.

This study's finding of the larger number of women in private practices, roughly eighty-seven percent, challenged Chadwick's findings just two years before. Bodley's more thorough questionnaire concluded that one-hundred and nine of them - or fifty-seven percent - focused on medicine specifically for women (Chadwick did not focus on what specialty they practiced), illuminating again Dr. Smith's unique career where she treated both men and women. The income of the women doctors ranged from under one thousand dollars to as much as fifteen thousand to twenty thousand dollars annually. Dean Bodley hoped, particularly, to dispel the persistent view that women doctors were more unlikely to remain married. Of the fifty-two married women Bodley questioned, roughly eighty-six percent of them believed practicing medicine was favorable to matrimony. Only one physician said medicine would prove unfavorable to marriage and only three stated that medicine prevented them from marriage. Interestingly, there is also evidence in Dean Bodley's study that unwed women physicians were actively redefining themselves by “striking out from the line the words ‘wife and mother’” on the questionnaire.¹⁵⁵

The results of the second part of Bodley's study clarified that many married women physicians prospered in their chosen career. Bodley states, “the second particular which attracts our attention is the small number of women who have failed to devote themselves to the practice of medicine after graduating...Marriage has not interfered with their work, as theoretically it might be supposed to do”.¹⁵⁶ Bodley's study disavows domestic destruction that would occur

¹⁵⁴ Rachel Bodley, “The College Story.” in *History of Women's College*, edited by GF Alsop (Philadelphia, PA: J.B. Lippincott Co., 1950), 127.

¹⁵⁵ *Ibid*, 128.

¹⁵⁶ *Ibid*, 133.

when women entered the workforce. In fact, she concludes that “many have achieved brilliant successes since assuming the duties and responsibilities of married life”.¹⁵⁷ Women like Dean Bodley and Dr. Blackwell and Dr. Smith were required to prove themselves again and again, using disparate criteria and careful language to argue their case for women in the field. Dr. Smith, since she was a successful married woman, proved women’s capability to prosper within marriage. Studies like Chadwick’s and Bodley’s help historians view and analyze the true impediments to working women, rather than a narrative manufactured by men for their own political or personal advantage.

Notwithstanding that these two pioneer physicians had distinct personalities, it is historically meaningful to examine the attributes and sentiments they had in common that facilitated their climb over such mountainous hurdles. Interestingly they shared similar early home lives. Both were members of large, boisterous, religious families. Both had enterprising fathers who were attentive to their education and development. They each had a firm sense of their mission and would not be intimidated by their opponents. They always, however, battled with dignity striving to bring together supporters and win over opponents. Their entire contention was that women could be virtuous and responsible when working outside the home or women’s sphere. They possessed the capacity and clarity to build on what was good in America rather than fixating on society’s problems. These qualities they possessed were what it took to succeed.

Conclusion

In the decades since the late nineteenth century, American women physicians have made notable progress but have also suffered many setbacks. As women’s only colleges closed or

¹⁵⁷ Ibid, 134.

integrated into co-educational programs, women faculty found themselves unemployed or placed into informal positions with degrading restrictions.¹⁵⁸ An institutional backlash after 1900, with educational reforms and stricter state licensing rules, caused a decline in women practitioners in the twentieth century. Many co-educational schools stopped admitting women, resulting in a large drop in the number of women graduating medical school. In 1905 four percent of all medical graduates were women but, in contrast, women made up only two point six percent of graduates in 1915. Many of these displaced women doctors threw themselves into progressive reform movements and public health campaigns.¹⁵⁹ The number of women doctors continued to ebb and flow but as late as 1955 less than five percent of medical graduates were women. Male institutions were able to foster false narratives to discourage women from medicine and, ignorant of the first pioneering women and their history, the women had no ammunition to reverse it. The successful backlash pushed women out of the medical field and back into the home, producing a new generation of women who wanted change. By the 1970s, women activists successfully pushed for educational reforms, and heightened awareness of sexual discrimination paved the way for more women to enroll in medical school. Between 1970 and 1975, women's numbers in medical schools tripled. By the 1990s 40% of medical students and 18% of practicing physicians were women.¹⁶⁰ Women activists in the 1970s re-ignited an important awareness of women's past feminism by harkening back to pioneering women, although without comprehensive historical archives for their reference, they did not necessarily learn from their mistakes or build on their achievements.

¹⁵⁸ "Science and Its Times: Understanding the Social Significance of Scientific Discovery. Encyclopedia.com. 17 Jun. 2021." Encyclopedia.com. Encyclopedia.com, July 10, 2021.

¹⁵⁹ Ibid.

¹⁶⁰ Ibid.

Examining Dr. Blackwell and Dr. Smith's lives permitted a thorough analysis of the professionalization of women in nineteenth century America and their paths to success. This study could act as an important corrective to ideological debates about women in medicine by its examination of actual medicinal practices. Perhaps more importantly this study recovers some of American women's medical history to counter the literary stereotypes of women doctors in the nineteenth century as incompetent, bad women who undermined American families. Dr. Blackwell and Dr. Smith's history indicates that women are not a monolithic group but instead are a litany of different styles, classes, and opinions. Dr. Smith, having studied women's history, understood that she needed to link herself to the history of the first pioneering white doctor and to praise Dr. Blackwell's accolades that aided her entry into the medical field. The privilege that white women enjoyed allowed them to focus on inroads for women in medicine alongside white-men, but black women physicians had to overcome not only gender but race discrimination. Blackwell and Smith were able to utilize the wave of feminism in the nineteenth century and equate women's rights to opening opportunities for women so they could define their own destinies. The lack of archival material for women in general directly affects successful historical studies. Thankfully, the archives did give us Dr. Emily Blackwell's recollection of the integrity and spirit it took to overcome the seemingly insurmountable hurdles of those early pioneer days:

No one who was not alive sixty years ago can realize the iron wall hemming in every side of any young woman who wished to earn her own living or to do anything outside the narrowest conventional grooves. Such a woman was simply crushed. Those who were of a character not to be crushed without resistance had to fight for their lives, and their fight broke the way through for others to follow.¹⁶¹

¹⁶¹ Mary St. J. Fancourt, *They Dared to be Doctors: Elizabeth Blackwell & Elizabeth Garrett Anderson*, 145.

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