The Contributions of Women Physicians to Medical Communication in the Late 1880s

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in the Late 1880s

Introduction

Despite the relative lack of formal education for women in the 1800s, many women engaged in the practice of medical communication. My capstone will discuss the accomplishments of a small selection of women physicians who wrote different types of medical communication during a time when women were discouraged from learning difficult topics and from having a voice outside of their "sphere" (hearth and home). Their place in a rapidly growing (and changing) medical field—where literacy and presentations on medical topics were expected of physicians—challenged the rhetoric allowed for women at the time. How did they navigate the new medical field's rhetorical constraints, how did they evaluate and respond to the needs of their audience, and how did their writing compare to writing by the male physicians at the time?

Specifically, I will concentrate on women who wrote as part of their profession, a small selection of women physicians who wrote letters, essays, and journal articles for medical journals of the day, and books for lay and physician audiences, as well as one women physician whose institutional writings changed the medical community she operated within.

Before delving into the writings of these amazing women, I will discuss two topics related to the historical time period that are pertinent to understanding the rhetorical constraints placed on these women physicians as medical communicators. The first is the concept of "separate spheres" that was popular at the time and the second is the status of medicine as a profession during that period.

Historical Context – Separate Spheres

Despite new opportunities for women to pursue a formal education in the mid-1800s, they still faced opposition from friends, family, and the profession. In the 1800s, in white middle- and upper-class households, it was believed that women and men should inhabit separate spheres. Men were built for the public sphere: getting an education, pursuing a profession, speaking out, having political opinions. Women were groomed for the domestic sphere: taking care of family members, getting married, bearing children. Furthermore, the medical literature at the time was debating whether women should engage in mental work and physical exercise; the prevailing wisdom was that both were harmful to women's feminine nature.

Even if a woman could convince family, friends, and their community that going to school and pursuing a profession was not harmful to her, medicine was not a profession approved for women. It was common for women to become teachers or caregivers, but it was not acceptable for them to become physicians.

Some of this opposition to women practicing medicine had to do with the masculinity of medical practice. The physician was supposed to be authoritative, direct, and analytical. Women at the time were supposed to be demure, to follow the direction of the men around them, and to be passive and indecisive (Skinner 2012, 309). If a woman were indeed a woman according to this definition, how could she pursue medicine as a profession?

Other arguments concerned the nature of medicine, which would allow women access to material thought to be unfit for their eyes. It was unbecoming for a woman to see a naked male body, which would be necessary to learn anatomy. Though many women did see the male body while acting as nurses and attending to sick family, this was different than women viewing the naked body as "the object of scientific knowledge" (Wells 2001, 199). Similarly, there was opposition to women working

with cadavers: “The manipulation of dead bodies, an affront to gentile sensitivities and the spiritual body, became a critical tool in the acquisition and dissemination of biological knowledge. The physical destruction of a cadaver was also part of the masculine claim to medical authority” (Bittel 2009, 106-107). In other words, it wasn’t just that women couldn’t see a naked man, physicians of the time were fine with that as long as she was as a nurse, taking orders from a male physician. Male physicians were only opposed to women learning about anatomy and surgery from cadavers because they were seeking the authority to treat patients *as a physician*.

Coeducation was equally problematic, as was the prospect of men and women working together as equals. The speech patterns of men and women in polite company were very different from those of men in the company of other men. How would they communicate in the language of medicine, when such talk was considered unfeminine? The consultation between two physicians was fraught with peril: “the physician who first learned the register of consultation as the performance of free (and possibly indelicate) speech cannot transpose that talk into a register acceptable for conversation with a lady”(Wells 2001, 27). It was up to women physicians to put men at ease and suggest alternative ways of talking about medical topics in order to work together.

Historical Context – Medicine as a Profession

As described by Wells, Theriot, and Morantz-Sanchez , the field of medicine in the 1800s was in a state of flux. Schools were just beginning to open, there were many types of medicine to practice, and there was much less “real” medicine to learn. In such a chaotic environment, women were able to slip more easily into this profession than other well-established professions (like law). When medical practice was deregulated in the early 1800s, this left the door open for new medical schools to open (Wells 2001, 7). It was fairly easy to get a charter to open a new school. All that was required to open a proprietary medical school was “classrooms, a rudimentary library, and the part-time services of seven

physicians; after applying for a state charter, the school could enroll students and grant medical degrees" (Wells 2001, 7). By the late 1800s, there were seven institutions that accepted women (Borst and Jones 2005, 24); some were woman's schools, others were coed. Numbers differ slightly in the literature, but Borst and Jones estimated that, "By 1900, 6 percent of American physicians were female" (2005, 24).

To add to this chaotic atmosphere, the field itself was divided into two types of medicine: regular and irregular. Many physicians of both sexes practiced a combination of both. Most of the medicine even the regular physicians practiced would not be recognizable to us (e.g., leeching, the idea that all of women's illnesses were the fault of their uterus or ovaries). The irregular medicine included "…homeopathy, magnetic and electrical treatments (including mesmerism), the water cure, steam treatments, botanicals…" (Wells 2001, 6).

From the descriptions of medical practice provided by Wells, Theriot, and Morantz-Sanchez, treating a patient was oftentimes just a matter of telling them to rest and eat a different diet, possibly providing a narcotic that would eliminate pain but not ultimately curing anything. So many conditions had no effective treatment: typhoid fever, yellow fever, typhus, appendicitis, diabetes, tuberculosis (Wells 2001, 6). Surgery textbooks focused on performing amputations, repairing fractures, and treating wounds (Wells 2001, 6).

For an ambitious woman with few professional options or a resourceful woman who desired to do good in the world (many women physicians trained for missionary work), medicine in the 1800s offered the opportunity to do something more with their lives than stay at home.

Medical Communications

The new field's push toward respectability included the requirement that all graduates of medical schools be highly literate and the establishment of medical societies committed to establishing a body of knowledge and a tradition of research. The developing field of medicine recognized the importance of literacy as a way to distinguish regular physicians from "irregular practitioners and quacks" (Wells 2001, 81). Physicians presented their research at medical society meetings, and it would then be published in medical journals. The presenting physicians would discuss a case, describing in great detail "the patients' initial symptoms, changes in those symptoms over time, medical or surgical treatment provided, and patient outcomes" (Skinner 2012, 311). At some point during the treatment, another physician would be called in for a second opinion (called a consultation), and the consultation was often included in the presentation as well. Physicians might also include any previously published research pertinent to the patient's conditions and comparable cases in the presentation (Skinner 2012, 311).

In addition to presentations that were then published as articles, it was established practice for physicians to write letters to medical journals that described a case study. Though often shorter than articles, these letters contained the same type of detailed descriptions of patients and treatments. These letters might present case studies "as arguments for new forms of treatments, as illustrations of problems with conventional methods, or as puzzling anomalies" (Wells 2001, 141).

Like any new professional who must learn to communicate in the language of their profession, these women physicians had to learn the burgeoning language of medicine, including its many male rhetorical devices. As women communicating in medicine, they had to come to terms with issues of authority, how to communicate without losing their "femininity," and the proper way to communicate medicine.

While men's contributions to medical communication far outnumbers women's contributions, the literature makes clear that many women physicians saw the importance of writing letters and articles for the medical journals of the time. Many women physicians in the late 1800s were active medical communicators, contributing to the profession's field of knowledge, initially with their medical school theses, then later through articles, essays, letters, and institutional writings. In this paper, I will attempt to answer many of the questions I've raised by discussing actual contributions to medical communication by specific women physicians in the late 1800s.

Articles

Julia W. Carpenter

Not much is known about Julia W. Carpenter's life and work (1863-1920). She was the first woman to be a member of the Cincinnati Academy of Medicine, the Associate Editor of *Woman's Medical Journal*, and a Professor of Physiology in a women's medical college in Cincinnati (Skinner 2012, 311). She also founded the Women's Medical Society of Cincinnati.

Carpenter presented many papers at local, state, and national medical conferences, which were then published in medical journals. Skinner's discussion focused on three articles that Carpenter presented to the Cincinnati Academy of Medicine that were later published. These three presentations found her experimenting with new rhetorical strategies in order to be taken seriously by her colleagues, but the responses to her presentations (also published with the article) show that her more scientific presentations were not well received by the male physicians.

In "A Case of Cysto-Sarcoma of Right Kidney," Carpenter's presentation "adhered to case report genre conventions for form, content, and the speaker's ethos" (Skinner 2012, 314). The journal that published Carpenter's clinical history of the case also published an article by the surgeons who worked with her on this case. In looking at the two articles, their descriptions of the case are similar in writing

style, language constructions, and details provided (Carpenter 1895, 298-301; Reamy and Reed 1895, 295-298).

When Skinner compared the responses Carpenter's presentation elicited to the responses the surgeons who worked on the case with her received, Skinner found that the surgeons were criticized for their actions during the surgery whereas Carpenter was criticized for rhetorical choices: the exclusion of certain details and potential inaccuracy of her description of the tumor (2012, 315). It is telling that even though she spoke their language, they chose to react to her presentation of the data, not her actions in the case.

Similarly, in comparing a paper presented by a male physician on the same type of malady with the same outcome (death of patient), Skinner finds that the male physician was complimented on handling such a hard case and his rhetorical choices in direct opposition to the response Carpenter received. While admitting there may be other causes for this difference in reception, Skinner states, "the speakers' genders certainly may have played a role in how their papers were received" (2012, 315).

When presenting "Hay Fever: Its Resorts, Victims, and Their Late Conventions: Present State of the Disease," Carpenter changes rhetorical tactics. Rather than try to match the objective, factual, authoritative stance of common medical presentations of the time, she pursued a lighthearted literary essay on a medical topic. It was better received. As Skinner explains, "The difference in reactions suggests that her audience is more comfortable when Carpenter wrote in a more feminine style, even when it added little to the group's knowledge" (2012, 317).

In the presentation, "The Open-Air Treatment of Pulmonary Tuberculosis, With Report of a Case," Carpenter adhered to the conventions of the case report, but proposed a decidedly feminine cure. This presentation got mixed responses: "Her audience approved of Carpenter's choice of a

feminine approach but was unsure that it met the scientific standard toward which the developing medical professional was striving" (Skinner 2012, 321).

From Skinner's analysis of the responses Carpenter received, it seemed that she couldn't win. When she pursued the more scientific route, they were uncomfortable with her presentation; when she pursued a less scientific (and more "feminine" approach), they were not happy with the lack of science.

A woman physician who managed to take the more scientific route and still be respected by her peers in the profession was Mary Putnam Jacobi.

Mary Putnam Jacobi

Due to her prolific writing, an autobiographical manuscript in the Schlesinger Library in Radcliffe College (Wells 2001, 158), and a recent biography of her (Bittel 2009), we know much more about Mary Putnam Jacobi's life and writing (1842-1906) than any of the other women physicians discussed in this paper. Wells describes her thus: "Other nineteenth-century women physicians were active scientists or prolific popular writers; few combined both genres, and none as productively as Mary Putnam Jacobi" (2001, 147).

More so than any other woman physician of this time period, Mary Putnam Jacobi seemed to have been accepted by her male medical peers; as Markell Morantz writes, "The respect of her male colleagues was never in doubt" (1982, 469). Factors important to her reputation include her prolific writing and active participation in the medical community, her embrace of the new scientific basis for medicine, and the belief that "her quick and penetrating intellect cut to the core of things with a rapidity that left lesser minds bewildered" (Markell Moratz 1982, 459).

Her series of articles "Studies in Endometriosis" and her collection "Essays on Hysteria" were long and detailed scientific explanations of the topics and her theories in relation to them. "Studies in Endometriosis," published in the *American Journal of Obstetrics and Diseases of Women and Children,*

was one of her first illustrated articles; in it, she provides visuals of healthy and diseased tissues on a microscopic level. In these articles, she also uses elements of good document design: "The figures extend Putnam Jacobi's prose argument; they are often arranged in series to facilitate comparison" (Wells 2001, 187). In other ways, she is still developing her skill in using them: her captions repeat what is in the text, but sometimes the terminology is not consistent.

Her series of papers read before the Neurological Section of the New York Academy of Medicine and later published as "Essays on Hysteria" also used illustrations: tracings from a sphygmograph are provided in a series to show how the use of a Butler Health Lift (an exercise machine) changed women's pulse rates, which was thought to benefit their health (Bittel 2009, 141). Like many of her publications over the years, this one proposed an alternative to Silas Weir Mitchell's rest cure; she offered scientific affirmation of the benefit of exercise for those with hysteria. Her many studies provided those in the health reform movement with "the scientific evidence they needed to justify their prescriptions for physical activity" (Bittel 1009, 141). While not all physicians agreed with her thoughts on the topic, even Mitchell wrote to her to praise her on this volume "I envy you two things—your strong logical use of facts [and] theory. The essay on Hysteria is a wonder of brain work and most interesting" (Bittel 2009, 143).

Putnam Jacobi's contributions included not just articles, but books and essays as well.

Books

Mary Putnam Jacobi

Infant Diet

Putnam Jacobi's first long-form medical writing for popular audiences was a coauthorship with her husband (another physician known as the father of pediatrics) on a book. Her approach was similar to what many medical writers do today: take very technical material, provide definitions and detailed

descriptions, and otherwise break the topic down into smaller chunks to make a complex topic manageable for lay audiences. Like many medical communicators today, "Mary Putnam Jacobi saw her coauthored book with Abraham Jacobi as a translation; scientific information was to be mediated and explained so that it could be absorbed by a new audience" (Wells 2001, 170). She supplements his original pamphlet with additional information about physiology and provides a scientific background for the advice provided.

Putnam Jacobi's recognition of her audience is also notable; she realizes that a lay audience is very different from the physicians who read medical journals. Her language was relatively nontechnical, offering background for readers without scientific training, and she only provided scientifically proven information, rather than new or original research (Wells 2001, 171).

On the Use of the Cold Pack Followed by Massage in the Treatment of Anaemia

In "On the Use of the Cold Pack Followed by Massage in the Treatment of Anaemia," a book she co-published with an associate at the New York Infirmary for Women and Children, Putnam Jacobi takes on Silas Weir Mitchell's "Fat and Blood, And How to Make Them." Wells describes Mitchell's book as: "his enormously successful book on the rest cure for nervous diseases" (2001, 179). As is typical for Putnam Jacobi's writing, she took a very scientific approach to the more specific topic of anemia, in which she "specified a working hypothesis, modified it during the course of the study, and pointedly began her case histories…" (Wells 2001, 179). Putnam Jacobi systemically detailed how she recorded their temperatures, traced their heartbeat with sphygmograph, and tested their urine. Perhaps due to the scientific approach, it was not well read, whereas Mitchell's account, which didn't even provide a reason *why* his cure worked, was much more popular. It's unclear if the book was not popular because of her gender or because of the different audiences of the books (his audience was a lay audience and hers was physicians). Wells believes it is the audience: "Putnam Jacobi's very compliance with the

constraints of mature scientific writing had marginalized her work" (2001, 180). But Putnam Jacobi complained of not receiving enough credit for her accomplishments and attributed this to her gender, which could have also had an effect on the popularity of some of her work.

Another prolific writer at this time was one of Putnam Jacobi's early mentors, Elizabeth Blackwell.

Elizabeth Blackwell

Numerous Books

Elizabeth Blackwell (1821-1910) began adulthood as a teacher, then pursued medicine when a dying friend told her that she thought she would have been better treated if the doctor had been female. When she graduated in 1849, Blackwell was the first woman in the US to get a medical degree.

In keeping with her status as a pioneer, Blackwell published several important books on the issue of women in medicine, including *Medicine as a Profession For Women (*1860), *Address on the Medical Education of Women* (1864), and *Pioneer Work in Opening the Medical Profession to Women* (1895) (National Institute of Medicine).

Blackwell's writing did not incorporate the new more scientific medicine that was becoming popular in the late 1880s, with Mary Putnam Jacobi as one of its most vocal proponents. Blackwell opposed vivisection and reliance on laboratory work, as it "undermined her sense of the moral order" (Markell Morantz 1982, 466). Publications showing her opposition included *On the Humane Prevention of Rabies* (1891) and *Scientific Method in Biology* (1898).

Blackwell approached medicine from the point of view of the reform movement: she wanted to help women and children be healthy and to provide them access to health care. Like many physicians at the time (male and female), she felt that physicians were in a unique position to influence those in their charge to live better lives. Today, we would equate that with providing patients with scientific

information, treatment, and pharmaceuticals that could cure their ills or at least soothe their symptoms. In those days, there were so little real medicine being practiced, physicians took it upon themselves to provide life counseling: “Many women physicians prided themselves on their ability to speak intimately with their patients; *heart history* was their term for the women physician’s intervention into her patient’s personal life” (Wells 2001, 13).

Blackwell’s publications with this theme included *The Laws of Life with Special Reference to the Physical Education of Girls* (1859), *The Religion of Health* (1871), *Counsel to Parents on the Moral Education of Their Children* (1879), *The Human Element in Sex* (1884), and *Essays on Medical Sociology* (1902).

Another pioneer in the field, with a similar writing style, was Rebecca Lee Crumpler.

Rebecca Lee Crumpler

A Book of Medical Discourses in Two Parts

Rebecca Lee Crumpler (1831-1895) was the first African American woman to graduate from medical school (1864). Her legacy includes the publication of *A Book of Medical Discourses in Two Parts,* one of the first books of medicine by an African American, and this may be her only written piece.

After missionary work and private practice, Crumpler retired and compiled *A Book of Medical Discourses in Two Parts* from journal entries she wrote during her career; it was then published in 1883. In the tradition of doctors that advise their patients on how to live their lives; her specialty was marriage and child care. The two parts of the book cover the following: “Part First: Treating of the cause, prevention, and cure of infantile bowel complaints, from birth to the close of the teething period, or till after the fifth year” and “Part Second: Containing miscellaneous information concerning the life and growth of beings; the beginning of womanhood; also, the cause, prevention, and cure of many of the most distressing complaints of women, and youth of both sexes” (Crumpler 1883, front matter). It

seems an interesting mix of topics, but her introduction provides some explanation: “I deem it expedient to speak only of what I know and to which I can testify. I have endeavored to give some domestic or ready palliative reliefs for the several cases described: thereby hoping to avoid the possibility of a remedy’s being applied without an acquaintance with the character and phases of the complaints for which it is intended” (Crumpler 1883, 4). Her book may not cover every ailment, but she remains confident that she is providing good information on the ailments she covers. While this text is wordy to our ears, it’s pretty typical for writing at the time.

Crumpler was well aware of her audience, saying in the introduction, “I desire to present the different subjects by the use of as few technical terms as possible; and to make my statements brief, simple, and comprehensive” (1883, 4). As her work was intended for laywomen, she writes in a common language as opposed to trying to follow a scientific fashion. Structural elements she used included a detailed title page, an introduction, different chapters for different topics, and an Errata at the end of the piece, in which she corrects some misspellings and expands upon some of her information with new information she has obtained in the interim.

The style of writing is very similar to Elizabeth Blackwell’s and others of the time (men and women), not just in what we would consider flowery language but also the authoritative tone. Due to her position as a physician, she believes that you should listen to and follow her advice for how to take care of your baby and yourself. Her tone has a bit of terseness to it, as if she has given this advice many times before: “Probably the greatest amount of mischief arises from the administration of ‘baby teas,’ lies in the fact that they are not given with the least certainty as to their effect upon the system of the child, whether to nourish the blood or physic the bowels” (Crumpler 1883, 25-26).

In addition to articles and books, many medical communicators wrote essays in response to competitions. One of the most prestigious competitions was the Boylston Prize from Harvard University.

Essays

Mary Putnam Jacobi

Winner of Harvard's Boylston Prize in 1876

In the still-developing medical profession, one method of communication of scientific information and promotion for a physician's thoughts and ideas was through essay competitions. It was not unusual at this time for "medical journals, bulletins, and schools to offer prizes, both in general categories, such as therapeutics, and for the solution of pressing problems, such as a cure for cholera" (Wells 2001, 173).

A popular book in the 1870s was "Sex in Education; or, a Fair Chance for the Girls" by Edward Clark, which "pronounced that menstrual functions and coeducation were incompatible for young American women" (Bittel 2009, 122). The Boylston Prize Committee at Harvard University "questioned Clark's work as a legitimate piece of medical writing" and spoke to Boston feminists of the need for a more scientific study of the subject, mentioning by name Putnam Jacobi and an essay she had written on the subject for a book titled, *The Education of American Girls* (Bittel 2009, 126). With all of this in mind, the committee posed the following question for the competition in 1876: "Do women require bodily and mental rest during Menstruation, and to what extent?"

After Boston feminists were told by the committee that it would accept a woman physician's essay in answering the question, Putnam Jacobi went to work on her answer, "The Question of Rest for Women During Menstruation." In this piece, she not only railed against the book that had brought about the question, but set forth her own new theories on cellular nutrition and conception.

Her study included both statistical analysis and experimental methods. Putnam Jacobi surveyed women to find out how they felt (strong or weak) during menstruation and their normal state of affairs (vigorous and active or delicate and fragile). Surveys were a method of research she had learned in

France, but she used not just the statistics the surveys provided, but quotes as well, giving ordinary women a voice in how medicine described their monthly cycle.

Through her essay, she "presented an alternative view of physiology and menstruation, not based on her own physical experience as a women, but based on what she observed and recorded empirically about her research subjects" (Bittel 2009, 126).

As an anonymous essay, the reader would assume it is written by a man, but the actual thrust of the argument (that man is not *normal* and something medically wrong with women) and the addition of surveys with women's quotes probably exposed her, even as her writing was attempting, in following the decidedly masculine writing and presentation of scientific data, to pass as a male physician.

Unlike Carpenter's work, Putnam Jacobi's work won praise not just from the committee awarding the prize, but *The Medical Record*, *The Philadelphia Medical and Surgical Reporter*, and *The Nation* (Bittel 2009, 133). Even more telling is that many of her methodologies and theories were copied by male physicians in their own studies. Bittel explains that, "Jacobi's physiological theories were also well-received by physicians, many of whom appropriated her methods and sometimes reproduced her reports" (2009, 133).

The Boylston Prize is mentioned as one of Putnam Jacobi's major achievements, not just for the public recognition she received but also because it "illustrated her ability to carry out a complex study, apply laboratory techniques, articulate her findings, and convince an audience of men to reconsider concepts of female physiology" (Bittel 2009, 135).

While Mary Putnam Jacobi was changing medical communication through her journal articles, books, and essays, Ann Preston was changing the medical community through her institutional writing.

Institutional Writing

Ann Preston

Ann Preston (1813–1872) was a woman physician who graduated with the first class of the Woman's Medical College of Philadelphia in 1852 but it was her position as dean of the Woman's Medical College that allowed her to communicate in a different venue than the other women physicians I have discussed. She wrote essays, letters to the editor, and a history of the college during her time there; she revised the college's by-laws and put together the Woman's Hospital's annual reports. This published writing was mostly anonymous and of an institutional nature, used to grow and strengthen the Woman's Medical College and the Women's Hospital. The Woman's Medical College fashioned itself on the male medical colleges of the time: from their allegiance to practicing regular medicine to the format of the lectures to the requirement of a thesis from all potential graduates. In her many positions at the Woman's Medical College—she taught for many years, became the chair of the Physiology Department, and eventually became dean of the college—she was always responsible for institutional documents. Wells states, "as an institutional writer, she established a rhetoric for the Woman's Medical College that insisted on its exact congruence with the norms of established, male-dominated institutions" (2001, 142).

Beyond even that, though, is the effect she had on the students at the college. Her attitude, which came out in many of her speeches (often published) and letters to the editor when crises occurred, was that women becoming physicians was a completely natural evolution. If women practiced medicine any differently, it was to the good of the medical profession, as they could be responsible for the medical care of women or focus on "underrated fields such as hygiene" (Wells 2001, 6). Her legacy may be her personal rhetorical performance, which "offered a model of dignity, reserve, and courage that is still compelling" (Wells 2001, 62).

As dean of the college, Preston was responsible for making lectures at the beginning and end of the term, which could be attended by members of the school and the public; these speeches were often published. As Well states, "Since speeches of any kind by women to mixed audiences were by no means commonplace at midcentury, Preston's bare willingness to address an audience was a demonstration of the institution's commitment to its project" (2001, 68).

Typical of her writing is "Women as Physicians," a letter published in *Medical and Surgical Reporter* in 1863, which was "used to publicize the college and its associated hospital" (Wells 2001, 61). At the time, women's medical colleges struggled for acceptance into the professional medical community. Any women's medical college was considered irregular, but her stance, in which "she regularly offered them an image of their studies as a historical movement rather than as a marginalized fad" allowed the students to believe in their right to practice in the face of a society that didn't think they should (Wells 2001, 63). Preston also provided an example of how to respond to confrontations: avoid them with logical discussions and unapologetic rhetoric or fight back when needed with rhetoric that turned the topic back on those confronting them (Wells 2001, 79). Her institutional rhetoric offered students and faculty "a basic set of tropes and a durable ethos for the individual rhetorical performances that would be demanded of them" (Wells 2001, 69).

While Preston's letters on behalf of the Woman's Medical College were attempting to reshape discussions of women in medicine with a balance of logic and feminine activism, Hannah Longshore's letters took a decidedly masculine approach in her letter to a medical journal.

Letters

Hannah Longshore

Hannah Longshore (1819-1901) was a member of the first graduating class of the Female Medical College of Pennsylvania in 1850, one of the first women faculty members at an American

medical school, and Philadelphia's first woman physician in private practice. She was known to have a successful practice, and the writing she left behind leaves us to think this left her little time to write.

Her known contribution consists of "Case of Conception Without Intromission," a letter in the *Medical and Surgical Reporter* in 1864. As described by Wells, "Longshore's letter resembles what we might think of as the masculine texts of nineteenth-century medicine: the body is described meticulously and objectively" (2001, 139). It is a typical case study, detailing the patient physically and how the physician attended to her. In keeping with the field's requirement that the physician be an authority, she was very present in the letter, "On examination, I found…", "I operated with director and scalpel…", "I attended the lady…" Despite her masculine approach, Wells describes Longshore's article as follows: "Her impassive account of these interventions suggests that it is not masculinity but science, particularly the scientific ability to trace anatomical structures, that resolves the 'mystery' of conception and opens the female body" (2001, 140). As is sometimes the case in the writings of women physicians, she signed it with initials, clouding her identity. Reaction to her letter was not discussed.

One thing all of the women physicians discussed have in common was the requirement that they write a medical school thesis in order to graduate from their medical schools. The last section compares the medical school theses of women physicians to men physicians.

Medical School Theses

In *Out of the Dead House*, Wells devotes one chapter to the writing of the thesis before graduation from the Woman's Medical College. While writing a thesis is a difficult endeavor for students of any advanced education, the female medical students had decidedly more to contend with. The women were required to not only take on their new identities as physicians but to negotiate what it meant to be a woman physician in a profession that did not yet recognize them (Wells 2001, 99). Their text "faced the problem of positioning both the reader and the writer within an inhospitable profession"

(Wells 2001, 104). This was especially troubling for the first classes of students, who had no role models or predecessors (especially given the number of male instructors).

The students had many ways of establishing their voices. One student took the following path: "Richardson portrayed the medical community as divided and used those divisions to create an authoritative voice for herself"(Wells 2001, 104). Another "undertook a complex performance of distance from conventional medicine, invoking the evidence of experiment and authority, positioning herself as a physician of the future" (Wells 2001, 96). Others "used satire to argue for their own positioned knowledge as a source of medical information" (Wells 2001, 93). These different methods allowed them to try out different rhetorical voices, which they would need in the future to act as women physicians.

Wells compares the theses of male students at the University of Pennsylvania's medical school with the theses of female students of the Woman's Medical College (2001, 110-111). She found them to be very similar in their precise descriptions of tissues and organs of the body, diagnostic tests, and proposed therapy. Both quoted their teachers and were modest about their experience. In Wells' analysis of the two, she says that a good bit of the theses "are not at all marked by gender differences" and that the women and men did not differ In their approach to therapy (2001, 120).

Where they differed was their relation to the profession. It seemed that, for the male students, there was no question of them ascending into the profession; as Wells states, "the relation between the profession of medicine and their own education is transparent" (2001, 110). This was not the case for the female students, who were graduating from a new college that struggled to be recognized by the established medical community. Support for their ascension into the medical community was not assured by the Woman's Medical College; all the college could offer was its own support and access to

an active alumni. This was bound to have an effect on their choices of topics and the rhetorical devices they used.

Conclusion

How does this topic relate to women working today? In many ways, women in today's world are in a very different place. We are not held up in an idealized place that does not allow us to go to school or work. All children, boys and girls, are required to attend school and in most middle-class households, it is assumed that girls and boys will attend college and find a career. Girls are allowed to choose marriage and children over career, but it is not required as it was in the 1800s. Even with all of these advances, though, there are still many roadblocks for girls wanting to pursue medicine (as well as science, technology, and engineering). In many families and school, girls are still told they are not good in math and science and that they should become nurses instead of doctors.

A study of women's writing as physicians in the mid to late 1800s shows that women have been physicians and medical communicators for over a hundred and fifty years! As Flynn states in "Toward a Feminist Historiography of Technical Communication": "In an industrial society in which ideological commitment to careers open to talent is based on the very real acquisition of scientific, technological, and numerate literacy, it matters to have been there at the beginning, and we were there at the beginning" (1997, 327).

As Wells says of the women physicians she discussed in *Out of the Dead House*: "These writings also contest the idea that scientific work is alien to women or that women scientists write in a unitary, distinctly feminine voice" (2001, 12). As I have mentioned in comparing Blackwell and Crumpler to Putnam Jacobi and Longshore, women physicians approached medical communication differently; many

of the women physicians wrote in different voices depending on audience or in an attempt to earn the respect of the audience.

In addition, these women physicians added to the research methods used in medical communication at the time: “Women doctors intervened in medical discourse at the very formation of the modern scientific profession. They invested central tropes and strategies for medical research and writing: the use of survey information, methods of taking patient histories, conventions for telling case histories” (Wells 2001, 12).

This topic shows that as women medical communicators, we have choices in how we present our writings and the rhetorical devices we use to communicate. It shows that we are not the first to struggle with any of this, that we don’t have to write like men (though we can if we want), that any pressure to do so is our own.

As with all histories, there are heroes, women who manage to make a difference in the world they inhabit, whatever its constraints and roadblocks. How they do so, their struggles, interest us but also inform us and help us carry on in the present.

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