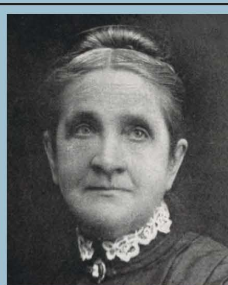
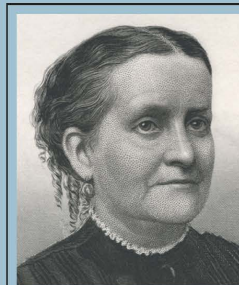


Women Medical Doctors in the United States before the Civil War

A Biographical Dictionary

EDWARD C. ATWATER



Women Medical Doctors in the United States before the Civil War

Women Medical Doctors in the United States before the Civil War

A Biographical Dictionary

Edward C. Atwater

The University of Rochester Press gratefully acknowledges the Rare Books and Manuscripts Section of the Edward G. Miner Library, University of Rochester Medical Center, for its generous support of this publication.

Copyright © 2016 by Edward C. Atwater

All rights reserved. Except as permitted under current legislation, no part of this work may be photocopied, stored in a retrieval system, published, performed in public, adapted, broadcast, transmitted, recorded, or reproduced in any form or by any means, without the prior permission of the copyright owner.

First published 2016

University of Rochester Press
668 Mt. Hope Avenue, Rochester, NY 14620, USA
www.urpress.com
and Boydell & Brewer Limited
PO Box 9, Woodbridge, Suffolk IP12 3DF, UK
www.boydellandbrewer.com

ISBN-13: 978-1-58046-571-7 (hardcover); ISBN-13: 978-1-78204-861-9 (ePDF)

Library of Congress Cataloging-in-Publication Data

Names: Atwater, Edward C., author.

Title: Women medical doctors in the United States before the Civil War : a biographical dictionary / Edward C. Atwater.

Description: Rochester, NY : University of Rochester Press, 2016. | Includes bibliographical references and index.

Identifiers: LCCN 2016027494 | ISBN 9781580465717 (hardcover : alk. paper)

Subjects: | MESH: Physicians, Women | History, 19th Century | United States | Biography | Dictionary

Classification: LCC R692 | NLM WZ 150 | DDC 610.82—dc23 LC record available at <https://lcn.loc.gov/2016027494>

A catalogue record for this title is available from the British Library.

Cover images, *clockwise from top left*: Emeline H. Cleveland, engraved portrait from the Atwater Collection, Edward G. Miner Library, Rochester, NY; Hannah Elizabeth Myers Longshore, photographic portrait from the Legacy Center Archives, Drexel University College of Medicine, Philadelphia; Sarah Read Adamson Dolley, photographic portrait from the archives of the Edward G. Miner Library, Rochester, NY; Cordelia A. Greene, photographic portrait from her *Art of Keeping Well* (New York: Dodd, Mead & Co., 1914); Rachel Brooks Gleason, photographic portrait from her *Talks to My Patients*, 5th ed. (New York: Wood & Holbrook, 1874); Clemence S. Lozier, steel-engraved portrait in *Eminent Women of the Age* (Hartford, CT: S. M. Betts & Co., 1868). Cover design: Laura Lindgren

The publisher has no responsibility for the continued existence or accuracy of URLs for external or third-party internet websites referred to in this book and does not guarantee that any content on such websites is, or will remain, accurate or appropriate.

Contents

Acknowledgments	vii
Introduction	1
Excellent Miss Blackwell	11
Biographical Dictionary of 222 Graduates	19
Appendixes	
A Chronological List of Graduates and the Schools They Attended	329
B Medical Graduates of the American Hydropathic Institute, 1851 and 1852	345
C Pre-Civil War Women Medical Doctors Mentioned in Books and Biographical Dictionaries	347
D Principal Locations in Which the Graduates Served Professionally	352
E Lists Showing Career Choices and Accomplishments of the Graduates	367
Bibliography	371
Index of Names	381

Photographs follow page 198.

Acknowledgments

This was an on and off project on which I worked over a period of more than forty years. The more recent availability online of the US decadal census records and the Internal Revenue rolls from the Civil War period, as well as other information now available on the Internet, made it possible to extend and expand the study, though it is still far from complete. Ideally, a personal visit to libraries and historical societies in each of the 170 or more communities served at one time or another by one of these doctors would be the way to go, but this method was not practical from a time or cost point of view.

I am greatly indebted to my friend and colleague Christopher Hoolihan, history of medicine librarian and archivist at the University of Rochester's Edward G. Miner Library, who thought the project worth doing, gave me continuing professional help, and repeatedly encouraged me to get to work when, as was frequently the case, I faltered. In addition to many suggestions, he undertook the monumental task of editing the bibliography and patiently dealt with many revisions of the manuscript. His colleague, Dennis Carr, interlibrary loan librarian, was able to find many obscure references I sought, as did his predecessor Sandra Charchalis. Nancy Bolger, professional editor and longtime friend, read every word and made many corrections that improved grammar and clarity of the text. Sonia Kane, Carrie Watterson, and Tracey Engel of the University of Rochester Press guided the book through the publication process.

I also visited and received help from staff members at the Rochester Public Library; the Boston Public Library; the New England Historic Genealogical Society Library; the New Hampshire State Library and the library of the New Hampshire Historical Society, both in Concord; the St. Albans (VT) Free Library; special collections at the Boston University Library, where records of the New England Female Medical College are housed; the Library Company of Philadelphia; the Pennsylvania Historical Society; the Grosvenor Collection at the Erie County Public Library; and the National Library of Medicine in Bethesda.

Elizabeth Carroll-Horrocks, head of special collections at the Massachusetts State Library, and her assistant, Silvia Meija, provided access to that library's extensive collection of Massachusetts city directories.

Matt Herbison, archivist, and Chrissie Landis, archives assistant, at Drexel University School of Medicine, where the records of the Woman's Medical College of Pennsylvania are now located, helped on several occasions, providing, among other things, Annie Stambach's married name (Galvin) and information about Margaret Phillips Richardson and Mary J. Scarlett-Dixon. Martha Gardner, assistant professor of history and social sciences at Massachusetts College of Pharmacy and Health Sciences University, was kind enough to lend me her notes made in preparation for writing her thesis on the graduates of New England Female Medical College, notes from which I learned especially about scholarship aid to students. She also directed me to Samuel Gregory's remarkable scrapbook that appears to include every Massachusetts newspaper clipping about the New England Female Medical College from 1847 to 1868. Devhra BennettJones, archivist at the Lloyd Library and Museum in Cincinnati, where the records of the Eclectic Medical Institute and the Eclectic College of Medicine are located, provided useful information, especially about Alice Stockham. Arlene Shaner, acting curator and reference librarian at the New York Academy of Medicine, made me copies of the *Biennial Catalogues* of the New York Hygeio-Therapeutic College. Clifford Hall, grandnephew of Susan Hall Barry and great-great-grandson of Eliza Hall McQuigg, made family materials available. Arthur Cleveland, great-grandson of Emeline Cleveland, gave me access to a collection of her papers.

The many librarians, archivists, curators, town historians, and genealogists who offered information about individual physicians I have tried to thank in each case. Their help was essential. The following is a list of many of these people: Patricia J. Albright, college archives librarian, Mt. Holyoke College, for information on Sophronia Fletcher and Mary Ann Brown Homer Arnold; Susan Bell, Putney Historical Society, Putney, Vermont, for information on Laura Marion Wheeler Fairchild Wheaton Plantz; the staffs of the Buswell Memorial Library, Wheaton College, Wheaton, Illinois, and the Cole Library, Cornell College, Mt. Vernon, Iowa, for information on Minerva Falley Hoes; Katharine M. Cartwright, Sharon, Massachusetts, for information on Susan Richards Capen; Joyce Carver, genealogist, Marshall, Michigan, for information on Salome Amy Slout Peterman; Freda Chabot, retired librarian, Fitchburg Public Library, for information on Sarah Cheny Reed Randall Brigham; Kathy Clair, director of the Reddick Public Library, Ottawa, Illinois, for information on Phebe Ann Shotwell; Mildred A. Coolidge, Hudson Historical Society, Hudson, Massachusetts, for information on Harriet S. Brigham; Patsy Copeland, Chief of Information Services, Tulane University Medical Center, for information on Elizabeth D. A. Magnus Cohen; Philip Crnkovich, Lancaster Public

Library, Lancaster, Pennsylvania, for information on H. W. Brinton Carter; Linda Crocker, chief genealogist, Seelye Genealogical Society, provided substantial information related to Finette Scott Seelye; Karen A. Culp, Tiffin-Seneca Public Library, Tiffin, Ohio, for information on Julia Rumsey; Jennifer Donaldson, archivist, Woodstock Historical Society, Woodstock, Vermont, for information on Marendra Briggs Randall; Tim Duerden, Delaware County (NY) Historical Society, for information on Olive Frisbie McCune; Edward Elsner, Oswego (NY) Public Library for information on S. G. F. Harrington; Edith Ford and Sandy Harmel, Cedar County Historical Society, Tipton, Iowa, for information on Lydia S. Campbell and for photographs of Savina Leah Fogle Williams' tombstone in the Clarence Cemetery; Joy Hennig, Local History Division, Worcester (MA) Public Library, for information on Betsey Russell Clark; Sharon Hess, Clinton Public Library, Clinton, Iowa, for information on Adeline Sadler Littlejohn; Jean C. Hillis, Persia, New York, town historian, for information on Laura A. Lord; Linda L. Homa, Union County Public Library, Lewisburg, Pennsylvania, for information on Sarah C. Kleckner Saltzgeber and on Mary Ellen Wolfe; JoAnne Jager, Lansing Public Library, Lansing, Michigan, for information on Augusta R. Montgomery Nelson; Virginia Johnson, Taunton (MA) Public Library, for information on Frances Sproat Cooke; Walter Kurth, Multnomah County Library, Portland, Oregon, for information on Augusta R. Montgomery Nelson; Helene J. Lindblad, Brimfield (MA) Public Library, for information on Mary Ann Brown Homer Arnold; Stephen Logsdon, archivist, Becker Library, Washington University School of Medicine, for checking the records of Washington University and the St. Louis Medical College regarding faculty appointments of Marion Augusta Fairchild; Daniel Lombardo, curator of Special Collections at Jones Library, Amherst, Massachusetts, for material on Ellen Herman Goodell Smith; the staff of Louisiana Division, New Orleans Public Library, for information about Elizabeth D. A. Magnus Cohen; Evelyn L. Lyman, director of the Swan Library, Albion, New York, for information on Elizabeth Josephine Vaile; Laurie L. McFadden, university archivist, Alfred University, Alfred, New York, for information on Susan Maxson Estee; Fauna Mihalko, Genealogy Department Madison-Jefferson Public Library, Madison, Indiana, for information on Elizabeth Jane Wiley Warren Corbett; Patty Mosher, archivist, Galesburg Public Library, Galesburg, Illinois, for information on Sarah Randall Humphrey; Elizabeth Murphy, research assistant, Tufts Library, Weymouth, Massachusetts, for information on Sarah Whitman Salisbury; Geraldine Noble, Warren County Historical Society, Lebanon, Ohio, for information on Rebecca L. Vancleve Anton; the staff of the Ohio Historical Center, Columbus, Ohio, for material

on Laura Marion Wheeler Fairchild Wheaton Plantz; Marjory Allen Perez, Wayne County (NY) Historian, for information on DeLavenna Burroughs; Susan R. Perkins, Herkimer County (NY) Historical Society, for information on Olive Chesilla Arnold Wood; Ernest L. Plummer, president/archivist, Kennebec Historical Society, Augusta, Maine, and Kent London and Julie Lyon, Vassalborough (Maine) Historical Society, for information on Huldah Allen Page; the staff of the Quincy (IL) Public Library, for information on Marion Augusta Fairchild; Joyce Reynolds, Moores Memorial Library, Christiana, Pennsylvania, for information on Hannah Brinton Carter; Lisa Rixley, archivist, Dayton Metro Library, Dayton, Ohio, for information on Lovina Dolley Bacon Thomas; Delia A. Robinson, Town of Gaines (NY) historian, for information on Elizabeth Josephine Vaile; Diana P. Rofini, librarian, Chester County Historical Society, West Chester, Pennsylvania, for information on Sarah Ann Entrikin; Nancy McCraw Ross, Carnegie Librarian, Carnegie Center of the Brazos Valley, Bryan, Texas, for information on Mary T. Denton Butts; Victoria Schneiderman, head of reference, Medford Public Library, for searching local directories for Anna Sarah Angell Curtis; Sally Setzer, Lake City (Minnesota) Historical Society, for information on Catherine Josephine Underwood Jewell; Nancy Sherrill, Genealogy Library, Vigo County Public Library, Terre Haute, Indiana, for information on Angeline M. Lockwood Wilson Moore; Claudia Spencer, Atchison (KS) Public Library, for information on Olive Chesilla Arnold Wood; Mary Lou Sprague, Talcott Free Library, Rockton, Illinois, for information on Emily M. Smith Guthrie; Norman Thompson, Tri-State Corners Genealogical Society, Falls City Library and Arts Center, Falls City, Nebraska, for information on Olive A. Williams Maxson; Mary A. Throop, Geneva (NY) Public Library, for information on Mary Wright Pierson; Jeannette Voiland, Special Collections, Seattle Public Library, for information on Adaline Melinda Willis Weed; Irene Wainwright, Louisiana Division, New Orleans Public Library, for information on Frances Burritt; Doris W. Waters, Genealogy & Local History Division, Guernsey Memorial Library, Norwich, New York, for information on Elizabeth Taylor; Eleanora F. West, Fitchburg Historical Society, for information on Sarah Cheny Reed Randall Brigham; Robert Winder, Aurora (IL) Public Library, for information on Rhoda H. Hyde Williams Maxcy; Paul Woehrmann, Milwaukee Public Library, for information on Mary Ann Brown Homer Arnold; and Christopher Wood, Cleveland Public Library, who provided an obituary for Janet Bailly Rabon.

My greatest thanks go to my wife, Ruth, who put up with my occasional periods of irascibility when things were not going well, but most of all with papers lying about, all over the house. She says I have a desk

in every room. My son, Ned, refers to the main part of the operation in the cellar as “the Beast.” Daughter Rebecca, once a professional editor, made suggestions about several parts of the manuscript over the years. All of my family, happily, will no longer be subjected to “progress” reports—glad that the project is finished, or as finished as I am able to make it.

I would be pleased to hear from any readers who can offer corrections or additional information or leads about any of these doctors. It is also my hope that some of these “lost women” will appeal to other writers as subjects worthy of more extensive research and fuller biographies.

Edward C. Atwater
Rochester, New York
October 2016

Introduction

Since the early 1970s, the number of women graduating from American medical schools has been about 40 percent of all graduates and more recently more than 50 percent of the total number, roughly in proportion to the number of applicants. The last all-male school (Dartmouth) and the last all-female school (Woman's Medical College of Pennsylvania) became coeducational in 1960 and 1970, respectively. This change from earlier times was seen in other professions as well, reflecting the evolution of society's view of a woman's place. Women have become more prominent in the ministry, the law, the business world, the sports world, even the military. Only the Roman Catholic priesthood remains unchanged. Women in medicine have come to parity with men not only in number but in stature as well.

During the century before 1970, the percentage of American medical students who were women remained relatively constant at a much lower level, about 4–5 percent and, as late as the 1970s, the position of women in the profession was quite different from what it is today. The woman doctor then was a second-class citizen, almost excluded from the more prestigious and lucrative crafts such as surgery and its subspecialties. Instead, pediatrics, obstetrics, gynecology, and psychiatry were thought to be fields in which a woman might appropriately work. Or she might seek employment in an institution such as a school or state hospital. Throughout this period, however, beginning in the middle 1870s, women doctors were increasingly offered medical society membership, though staff privileges for women at hospitals were uncommon until after the turn of the century.

It is a third, and still earlier, period that attracted my interest: from 1849, when the first doctor of medicine degree was conferred on a woman in the United States, until the beginning of the Civil War. During this thirteen-year span, more than 250 women received MD degrees from chartered medical schools in the United States. Several things distinguish the members of this cohort from those that followed. They were not primarily out to prove that women could “do it.” They wanted especially to teach patients about their anatomy and physiology, about the “laws of life,” about the prevention of sickness. In this they were missionaries and reformers, especially those from

Eclectic and hydropathic schools. As a group, they were older than were those who came after 1870, and many had considerable experience as teachers. Fifty percent of them were married before going to medical school. Some were widows with small children to support. In proportion to their numbers, Quakers were the predominant denomination, and several of them belonged to the liberal Longwood Progressive Friends Annual Meeting. Many were involved in the antislavery, woman's rights, and suffrage movements.

Some of these pioneer woman physicians are well known to us today and have been written about extensively—Elizabeth and Emily Blackwell, Emeline Horton Cleveland, Clemence Lozier, Ann Preston, Marie Zakrzewska, and others—primarily those who were part of the metropolitan medical professoriate—though even the accomplishments of these women have often been overshadowed by the reverence in which they are held as icons.

By contrast, those physicians who worked in the community, outside the hospital, were less apt to receive such recognition. There were exceptions to this, of course: Hannah Longshore in Philadelphia, Sarah Adamson Dolley in Rochester, and Mercy Bisbee-Jackson in Boston were prominent practitioners in their respective communities. A few, like Mary Edwards Walker, were sufficiently eccentric to attract attention to themselves. Still others, while not famous, are known to historians of medicine interested in the subject of female medical education. Most of these doctors, however, have passed into oblivion. Though almost all of them practiced medicine after graduating and became respected professionally in their communities, as a group they have not won the interest of historians.

There are several reasons for this neglect, one of the chief ones being the difficulty in tracking their later careers. Many of them practiced in small- or medium-sized towns where, in the course of successful professional careers, they became accepted as nothing out of the ordinary. They died, as did their male counterparts, with little notice attracted by their passing, except, perhaps, a brief death notice in the local newspaper. This notice was often not in the town in which they had practiced and were known, because they had moved to another location to live with children or a new husband. Many of them moved frequently, either within a community or from town to town.

In addition to this is the fact that medical school catalogs and census records of the period were rather imprecise in spelling names and recording middle initials. A surprising number of names of persons known to be living in the United States were not found in those census rolls. Also, there were no comprehensive national medical directories until the first edition of the Polk directory in 1886. (The Butler

directories of 1874 and 1877 were less complete, gave little information but names, often only with initials, and listed names alphabetically by state without providing a comprehensive index.) By the time of the 1886 Polk directory, many of the pre-Civil War cohort had retired or died. An even more challenging problem was posed by the name changes that came with marriage. The practice then in vogue was for a woman to keep her maiden middle name rather than her maiden surname. This system further obscured a woman's identity and made it difficult to identify a woman once she married. Still another problem was that information about actual clinical practice was rarely found.

In spite of these impediments, it was possible to compile a roster of 280 women, each of whom received an MD degree from a chartered medical school in the United States between 1849 and 1861, inclusive. (Certain exceptions will be noted hereafter.) The reason for selecting 1861 as the end date, aside from the need to make some limit, and the fact that it was the start of a major social upheaval, was that the decade of the 1860s saw a sharp decline in the number of females matriculating at schools. The antimode was in 1863, when only fourteen women graduated. During the Civil War only New England Female Medical College, Penn Medical University (a now extinct Eclectic school in Philadelphia, not to be confused with the University of Pennsylvania), and the Female Medical College of Pennsylvania produced women doctors.

How was the roster constructed? The primary source used to identify these early woman doctors came from annual announcements and catalogs of medical schools. Because no complete set of these records exists at any institution, even the National Library of Medicine, it was necessary to piece the roster together with materials from several libraries. In cases where this source no longer exists or is incomplete (such as for Central Medical College in Rochester, Syracuse Medical College, Worcester Medical Institution, Penn Medical University in Philadelphia, New York Hygeio-Therapeutic College, Starling Medical College in Columbus, Ohio, and Graefenberg Medical Institute in Dadeville, Alabama), information was obtained from histories of those schools and from contemporary journals and newspapers. For Western Reserve University, Female Medical College of Pennsylvania, Eclectic Medical Institute, and Eclectic College of Medicine, both in Cincinnati, there are published general catalogs and histories. Frederick C. Waite's *History of the New England Female Medical College* has appendixes listing graduates of that school, as does Harold J. Abraham's *Extinct Medical Schools of Nineteenth-Century Philadelphia* for graduates of Penn Medical University. David H. Beckwith wrote a history of the Western Homoeopathic College, found in King's *History of Homoeopathy*.

Included on the roster are the names of graduates from any school with a charter from a state legislature giving it authority to award the degree doctor of medicine.¹ There were fourteen such schools that awarded medical degrees to women before 1862, six Regular (Geneva Medical Institution, Western Reserve, Female Medical College of Pennsylvania, New England Female Medical College, Starling Medical College, Graefenberg Medical Institution); six Eclectic (Central Medical College, Syracuse Medical College, Worcester Medical Institution, Penn Medical University, Eclectic Medical Institute, Eclectic College of Medicine); one homoeopathic (Western Homoeopathic College [with other names subsequently]); and one hydropathic or hygienic (New York Hygeio-Therapeutic College). In addition, graduates from these schools before they received their charters are also included. There were two such schools: New England Female Medical College and New York Hygeio-Therapeutic College. The New England school received its definitive charter on May 28, 1856, specifically authorizing it “to confer the usual degree of Doctor of Medicine.” The original charter of that school (April 30, 1850) was less specific: the college was to provide “for the education of Midwives, Nurses, and Female Physicians, with all the powers and privileges, and subject to all the duties restrictions, and liabilities set forth . . . in the Revised Statutes” (Waite). There were eight graduates of this school before the 1856 charter. They are included here based on the fact that their curriculum was similar to that in later use, they were known throughout their careers as doctors of medicine, and newspaper accounts of the 1854 commencement said that graduates “received the degree Doctor of Medicine” from President Tyler, and, the following year, that the president “conferred the degree Doctor of Medicine” (Gregory scrapbook, 79, 89).

There were twenty-one graduates of the New York Hygeio-Therapeutic College between 1854 and February 7, 1857, when it received its charter from the state. They are included because their curriculum was similar to that which held later and because they, too, were recognized in their communities as doctors with professional training. Identifying graduates of this school with certainty was a problem. Only the 1853–54 and the 1860–61 catalogs list separately the names of those who actually graduated. The others record the names of all students in attendance. It was necessary to depend on reports of graduation in the *Water-Cure Journal*. Even here there were sometimes inconsistencies. Another hydropathic school, the American Hydropathic Institute, founded by Thomas Low Nichols and his wife Mary Gove Nichols, operated for two sessions in 1851 and 1852 in New York, was never chartered, and awarded diplomas to thirteen women and sixteen men. Except for three women who later received degrees from chartered

schools (Esther C. Wileman, Harriet A. Judd [Sartain], and Harriet N. Austin), these graduates are not included here. For the record, a name list of graduates of the American Hydropathic Institute is provided in appendix B.

A word about these nineteenth-century “variant” medical systems, groups that members of the “Regular” profession viewed as sects and did their best to suppress. Each of these “alternative” groups viewed itself as bringing needed reform to medicine as practiced by the established system, protesting mainly against the aggressive therapeutic methods its practitioners were using. The secret of the reformers’ success was that they usually did less harm to the patient than the Regulars were doing. The Eclectics, successors to the earlier botanic reformers, foreswore the use of mineral medicines—“mischievous” mercury, for example—and emphasized vegetable remedies. The homoeopathic system was based on the idea that “like cures like.” Homoeopathic physicians used minute doses of a medication to treat a symptom in a sick patient that large doses would produce in a healthy person. Regardless of what else those minute doses may have done, they usually did less harm and let nature take its course. The hydropaths were believers in the efficacy of water, applied internally and externally. This therapy was to be accompanied by a hygienic daily regimen of exercise, a diet emphasizing vegetables, the avoidance of any excess, and abstinence from alcohol and tobacco. With the discovery of bacteria later in the century, the focus of medicine changed from symptomatic treatment to public health and prevention of disease, and therapeutic systems gradually faded from the scene.

In this study no distinction is made among graduates of the various medical denominations, because no clear distinction can be made regarding the quality of the curriculum or the educational experience each had. Anatomy, including dissection, and physiology were then the courses that might be considered “scientific.” These courses were generally as rigorous at the “variant” as at the “regular” schools. Only certain aspects of therapeutics consistently deviated. Certainly no denominational discrimination can be justified on the record of subsequent performance. Based on recognition by both peers and by the public at large many of the graduates from the non-Regular schools more than matched their counterparts from the Regular schools. Some of the subsequently most notable physicians attended Eclectic schools. Of the thirty-eight women whose names are included in one or more of fourteen standard biographical reference books (see appendix C), twenty-three attended non-Regular medical schools.

Once the roster was established, the following information was sought: birth and death dates and locations; parents’ names,

backgrounds, and vocations; early education; name(s) of husband(s), date(s) of marriage(s), children; places and type of practice; religious denomination; nonmedical activities and contributions in the community. When sufficient data were available, a brief life narrative was constructed. Federal census records, now more conveniently digitized and available on the Internet, local directories, local histories, local historians, vital statistic records, genealogies, newspaper articles, and correspondence with descendants were some of the sources used. Disappointing was the almost complete lack of information about the nature of the doctors' clinical practices. In only a few cases was such information found. Medical society and medical school records (other than annual announcements and catalogs) were of little help. Few of these women were admitted to medical societies until the 1870s, and both medical society and medical school records before the end of the nineteenth century are notable for their sketchiness and carelessness, if they exist at all.

It has not been possible to trace all of the 280 graduates, and it is likely that some of them will remain forever lost. Of the 222 biographies presented here, many have substantial detail, while for a smaller group very little information was found. Fifty-eight are listed by name only. Errors will be found in the data. This assumption is based on the number of errors that were already discovered and corrected. When dealing with census data, one finds remarkable numbers of people with the same names. Census data are often careless about spelling of names, initials, and penmanship. They often label women, even those known to be practicing medicine, as "keeping house." Unless there was other confirmatory evidence that a woman practiced medicine, in a situation where a census listing was thought to be the person sought though she was denoted only as "keeping house," such data were not used.

There are several reasons for making the effort to find out what happened to these first woman doctors. One, of course, is simple curiosity. But, also, the answers to several questions were sought. What was the social and religious background of these earliest doctors? What motivated them to have careers in medicine? What did they do after receiving their degrees, both professionally and personally? Where did they do it? As a cohort, did they differ from those who succeeded them after 1870? What effect did their work have on the medical profession, the public, and on medical education in the years that came after? It was not possible to answer many of these questions with complete statistical analysis. There were sometimes sufficient data to provide reasonable impressions, at other times only the occasional testimonial.

Information on birthplace is available for 206 women. Not surprisingly, 85 percent were born in the Northeast (New England, New York, New Jersey, Pennsylvania, and Ohio). New York produced the largest number (49) but only two were born in New York City. Of the other 47, more than half (29) were born in Central or Western New York. There were 36 from Massachusetts, 31 from Pennsylvania, 13 each from Vermont and Ohio, 11 from New Hampshire, 9 from Maine, 6 each from Connecticut and New Jersey, 4 from Indiana, 3 from Rhode Island, and 1 from Illinois. Only 10 were born south of the Mason-Dixon Line: 4 in Maryland, 2 each in Virginia and Georgia, and 1 each from North Carolina and Alabama. Ten were born in England, 2 in Scotland, 2 in Prussia, and 1 each from Canada and Italy.

Denominationally, Quakers predominated, with other Protestants—Methodist, Baptist, and Congregational—also numerous. Based on the 182 women for whom data are available, the average age for the entire group at the time of graduation from medical school was 33.2 years (range 17–61). Thirty-five were in their forties and 8 were over fifty.

Of 209, 50 (24 percent) never married, 101 (49 percent) were married before going to medical school, 8 married while at school, usually to a classmate, and 50 (24 percent) married after becoming doctors. Twenty-four were widows, and at least one other anticipated widowhood when they matriculated. Still another had an invalid husband. A few became physicians in anticipation of divorce. Fifty-three of the 159 who married had a physician husband, exactly a third.

As a group these woman physicians were less prolific mothers than was common in their time: 183 women had at least 356 children (ascertainment surely not complete). Forty of those married had no children as far as could be determined, 59 had one or two children, 30 had three or four, 17 had five to seven children, and 7 had eight to twelve children. At least 40 of the women had one or more children under the age of eighteen when they went to medical school. At least 24 women had lost one or more children before seeking medical training.

One of the most frequent reasons for becoming a physician (although this statement is based on circumstantial evidence) was economic: recently a widow, with or without small children to support. Another common reason, judging from the circumstances surrounding matriculation, was the loss of one or more young children and, presumably, the hope of protecting the rest of the family—and the extension of this good motive to the rest of the community, the hope of offering better care than appeared otherwise to be available. For those who, for whatever reason, did not marry, a medical degree provided

a livelihood. No doubt all of them were happy to prove that “women could do it,” but that seems to have been a primary motivation for relatively few of them, though many were activists in their communities (and some on a wider stage). It was quite common for them to be involved in the abolition movement (especially Quakers), the temperance movement, the suffrage movement, the dress reform movement, and other woman’s rights activities. Some, like the Blackwells and Dr. Zakrzewska, had the education of women as their goal. A larger group took to the public lecture circuit, teaching citizens, especially women, about the anatomy, physiology, and hygiene of their bodies. Some, like Drs. Lydia Folger Fowler, Susan Everett, and Anna Longshore-Potts, did this as a career, others more briefly, to establish their repute in a community (for example, Hannah Longshore). Most went out into small communities and took care of patients.

It seems both puzzling and remarkable that it was possible to document Civil War service for only 19 of the 222 women on whom some information was found. At least 3,000 women are known to have served as nurses to the Union armies. Why did not more of the woman doctors, deprived of commissions as officer doctors, serve as nurses?²

Opposition to the woman physician was strong at first, especially from male physicians. It is remarkable how quickly this attitude began to fade. Most woman doctors became accepted and respected in their communities, although sometimes they did not stay in the community of their first choice. In 1858, for example, the Philadelphia County Medical Society recommended that its members “withhold from the faculties and graduates of female medical colleges, all countenance and support, and that they cannot, consistently with sound medical ethics, consult or hold professional medical intercourse with their professors or alumni [*sic*].” The state society soon followed suit. It was but a little over a decade later (1871) that the state society rescinded its earlier proscription, though individual opposition, of course, continued. Probably the main reason for opposition was cultural: a woman’s place was in the home. But another important factor was that woman doctors encroached on the midwifery business, which was then the constant, dependable source of physician income.

The ultimate professional success of women came partly from the fact that they took care of women and children primarily. Many women were more comfortable confiding in a woman physician, who they believed, probably correctly, better understood them. Also important was the fact that they were less aggressive therapeutically, depending heavily on simple remedies and emphasizing Nature over Art, thus doing less harm. Important, too, was that almost all the women doctors were interested in teaching their patients about their own anatomy

and physiology and about hygiene. The male doctors seemed less concerned with this. Notable among the exceptions to this were the nineteenth-century popular medical authors, Frederick Hollick, MD, and Edward Bliss Foote, MD, whose books saw many editions.

Taken together, this pioneer group was rather remarkable, most of them small-town girls who had taught school and would continue to be teachers after becoming doctors. It was their interest in preventive medicine and their role as teachers about health matters that distinguished them most from their male colleagues. They wanted for themselves some wider educational experience and careers outside the home, whether demanded by economic necessity or by a desire to contribute to the community or both. They fought the prejudices of society and prevailed. The variety of their individual experiences may be of interest.

References: Medical Society of Pennsylvania, *A Brief History of Proceedings of the Medical Society of Pennsylvania, in the Years 1859, '60, '66, '67, '68, '70 and '71, to Procure the Recognition of Women Physicians by the Medical Profession of the State* (Philadelphia, 1888); New England Female Medical College, scrapbook of clippings from Massachusetts newspapers kept by Samuel Gregory, covering the period September 7, 1847–65, at the Francis A. Countway Library of Medicine, Harvard University; Frederick C. Waite, *History of the New England Female Medical College, 1848–1874* (Boston, 1950).

Notes

1. Exceptions to this are the two Eclectic schools in New York State (Rochester and Syracuse) whose authority rested on the General Incorporation Law of 1848. “Eclectic Medical colleges in our State have, up to this time, derived their authority to confer degrees from the provisions of a General Incorporation Law, which formed, we believe, a part of the new State Constitution adopted in 1848. This law in reality contemplated the incorporation of Benevolent, Religious and other similar societies; and hence its application to Medical Colleges was *constructive*, though not *forbidden*, and, according to good legal authorities, not really *constrained*” (*Union Journal of Medicine* editorial, January 1853). The stumbling block, of course, was opposition of the “regular” profession. The legislature finally passed a law in its 1852 winter session, broadening access to charters from the Board of Regents.

2. There were two exceptions to this restriction: Orie Moon, who had the rank of captain in the Confederate army and was said to be the only female officer in the South, and Mary Edwards Walker, who may or may not have had a commission in the Union army. When seeking a commission she was turned

down repeatedly, and she is not listed in the official *Roster of Regimental Surgeons and Assistant Surgeons during the War of the Rebellion* (Washington, 1883). However, Nixon D. Stewart, in his history of the Fifty-Second Ohio Volunteer Regiment, a unit to which Dr. Walker was at one time attached, states that she was a first lieutenant.

Excellent Miss Blackwell (1821–1910)

In the middle of the nineteenth century, Western New York was a leading edge of American society. With the completion of the Erie Canal in 1825, it became possible to travel from Buffalo on Lake Erie to New York in relative comfort and to ship economically a ton of flour, milled in Rochester from local wheat, to that city. The entire region prospered, its population increased rapidly, and it acquired many of those things that prosperity brings: fine houses, public buildings, educational institutions, industries, cultural activities, and social movements. Western New York was where the action was. It is no coincidence that reformers, revivals, and utopian experiments proliferated there.

It was on Wednesday, July 19, 1848, that one hundred women and men gathered at the Wesleyan Chapel in the village of Seneca Falls to formalize what was to become the women's rights movement. That day, sixty-five women and thirty-two men signed the declaration. The previous fall, in the nearby village of Geneva, a young woman presented herself for matriculation at the previously all-male Geneva Medical Institution. No woman had ever been admitted to an American medical school. A little over a year later, having successfully completed two lecture courses, participated in the dissection of a cadaver, and passed examinations, Miss Elizabeth Blackwell was awarded the degree doctor of medicine.

The Geneva school did not have another woman graduate until after the Civil War and even refused admission to Emily Blackwell, Elizabeth's sister. The fact that the school had graduated the first woman doctor was largely coincidence, as will be seen. However, the *idea* of women becoming doctors was in the wind, and, during the two and a half years after Miss Blackwell's achievement, four more women, attending medical schools then in Rochester and Syracuse, became doctors of medicine. In the next six months after that, women would receive medical degrees from schools in Pennsylvania, Ohio, and Massachusetts, as well. Before 1862, in no more than a dozen years, at least 280 women had become doctors of medicine in the United States.

Born in England, daughter of a businessman and dissenter, Miss Blackwell immigrated to the United States and had studied medicine

with several physicians and at Blockley Hospital in Philadelphia before coming to medical school in Geneva. Her motivation for a career in medicine seems to have had little or nothing to do with pioneering. Historian Elizabeth Thomson, in her biographical sketch of Elizabeth in *Notable American Women*, writes:

The prospect of marriage . . . filled her with foreboding. From girlhood she admitted she had been extremely susceptible to “the disturbing influence exercised by the other sex,” but whenever she “became sufficiently intimate with any individual to be able to realize what a life association might mean,” she “shrank from the prospect, disappointed or repelled.” [She was once] strongly drawn to a well-educated suitor, but troubled by their lack of “close and ennobling companionship.” When a woman friend urged her to study medicine, the idea was at first distasteful, for she “hated everything connected with the body” and from childhood had been “filled . . . with disgust” by “the physical structure of the body and its various ailments.” [The quotations are from Blackwell’s autobiography.]

After graduation, she had experience in the hospitals of London and Paris. She practiced medicine in New York City from 1851 to 1857, when she founded the New York Infirmary for Women and Children, and nine years later, a medical school for women in association with the infirmary, a school at which she was professor of hygiene, a position in which she remained only a year. In 1869, she returned to England, where she spent the rest of her life, and where she founded the National Health Society, and was professor of gynecology at New Hospital and London School of Medicine for Women for a year. Thereafter, she remained active in the field of hygienic reform.

The medical historian Regina Morantz, writing in the *Dictionary of American Medical Biography* nicely summarized her career and contributions: “First woman to graduate with a medical degree in the United States (1849). Indefatigable pioneer advocate of women’s medical education. Founder of two exemplary and innovative institutions for the training of women in medicine. Outspoken proponent of social hygiene, sanitation, and preventive medicine. Opponent of vaccination, animal experimentation, and bacteriology. Important role model for generations of women physicians who followed her into the medical profession” (171–72).

Another major contribution that Blackwell made is, however, less often recognized. By her presence, she brought greater civility to the classroom than had previously existed. There exist firsthand (albeit retrospective) accounts of what life was like at both the Geneva Medical Institution and the adjacent smaller liberal arts college, then called

Geneva College and known today as Hobart College. Andrew D. White, a student at Geneva College and later the first president of Cornell University, recalled what it was like when he was a student in the 1840s. "There were," he wrote, "about forty students [at the arts college], the majority of them sons of wealthy churchmen, showing no inclination to work, and much tendency to dissipation." He said he never thereafter saw "so much carousing and wild dissipation as I then saw in this little church college of which the especial boast was that, owing to the small number of its students, it was able to exercise a direct Christian influence upon every young man committed to its care." White went on to describe "a professor, an excellent clergyman, buried under a heap of carpets, mattresses, counterpanes and blankets . . . another clerical professor forced to retire through the panel of a door under a shower of lexicons, boots, and brushes . . . the President himself, on one occasion, obliged to leave the lecture-room by a ladder from a window, and on another, kept at bay by a shower of beer bottles." Another pastime was rolling cannon balls down the dormitory corridors.

Another student of those days, William Combs, recalled the following prank: a number of students took a work horse and led it up into the belfry of the college building. "The horse went up easy enough, but he utterly refused to come down, and there he remained three or four days, the students caring for him, while an energetic search was being made for the stolen horse; finally he was found and it took six or eight men to get him from his new quarters." So much for the sons of churchmen.

At the medical school student behavior was not much different, and the enrollment was larger. Stephen Smith, a student at the school and later public health officer of New York City, described his class as numbering about 150 students, mostly young men from the neighboring towns, sons of farmers and tradesmen. "A more riotous and uncivil group of young men could not well be collected." On several occasions residents of the neighborhood had felt compelled to send written protests to the faculty, threatening to seek action to have the school closed if the disturbances did not cease. Smith related also that "during lectures it was often almost impossible to hear the professors owing to the confusion."

This was the setting into which Miss Blackwell brought herself. Smith was present the day of her arrival. One morning, he recalled:

All unexpectedly, a lady entered the lecture-room with the professor; she was quite small of stature, plainly dressed, appeared diffident and retiring, but had a firm and determined expression of face. Her entrance into that Bedlam of confusion acted like magic upon every

student. Each hurriedly sought his seat, and the most absolute silence prevailed. For the first time a lecture was given without the slightest interruption, and every word could be heard as distinctly as it would if there had been but a single person in the room. The sudden transformation of this class from a band of lawless desperadoes to gentlemen, by the mere presence of a lady, proved to be permanent in its effects. A more orderly class of medical students was never seen than this, and it continued to be to the close of the term.

If Elizabeth Blackwell had accomplished nothing but this, it would have been a landmark in medical education.

Actually, it had been the faculty, not the students, who opposed the matriculation of a woman. Miss Blackwell's Philadelphia preceptor had written to twenty-nine schools seeking admission for his student and was refused by each one. The Geneva faculty, apparently not wanting to appear arbitrary, or perhaps hoping to incur student favor, submitted the proposal to the class with the single proviso that a favorable decision must be unanimous. Prior to the evening meeting at which the vote was to be taken and that every student attended, there were "uproarious demonstrations of favour." The assembled group drew up two resolutions approving the admission of Miss Blackwell. Following their presentation "the most extravagant speeches, which were enthusiastically cheered." The vote was 113 in favor, one opposed. This one nay brought "a general rush . . . for the corner of the room which emitted the voice, and the recalcitrant member was only too glad to acknowledge his error and record his vote in the affirmative."

Miss Blackwell (listed as Blackwill in the 1847–48 *Register of Geneva College*) received forthwith a letter from the dean, enclosing the resolutions (which Elizabeth later had copied on parchment and esteemed "one of my most valued possessions"). In her autobiography, Miss Blackwell describes her great relief and gratitude to providence at finally being accepted at a medical school. On November 4, she set out by rail from Philadelphia to Geneva, via New York City, arriving at her destination at 11 p.m. on Saturday, November 6. After interviews with the dean and other faculty members next day she was enrolled as student #130. She proceeded, forthwith, to find a room at a boarding house but three minutes' walk down the street from the school. Perhaps a bit lonesome and homesick, she later recalled that she "hung my room with dear mementoes of absent friends, and soon with hope and zeal and thankful feelings of rest I settled down to study."

School, of course, was already in session, the lectures having started almost a month earlier. The curriculum consisted of daily lectures in five subjects and a laboratory course in which the students, under the direction of a demonstrator, dissected a cadaver. This course

in practical anatomy was the biggest stumbling block to having a woman in medical school. It involved dissection, in mixed company, of a naked body, including the genital organs. It was common, in spite of public statements to the contrary, for there to be, at least on occasion, a certain amount of levity in the dissecting room and, in fact, the professor himself was known as a bit of a jokester.

On the day of Miss Blackwell's arrival, the professor of anatomy, Dr. Webster, was away and the demonstrator was not sure whether he should allow Miss Blackwell to dissect. On top of this, she had no books and knew not where to get any. On the second morning, Dr. Webster appeared, "a fat little fairy . . . blunt in manner and very voluble." There followed a conversation among Dr. Webster, Dr. Lee, the dean, and Miss Blackwell as to whether she should include anatomical dissection in her course of study. Dr. Lee asked her whether she planned to practice surgery, to which Dr. Webster replied, "Why, of course she does. Think of the cases of femoral hernia; only think what a well-educated woman would do in a city like New York. Why, my dear sir, she'd have her hands full in no time; her success would be immense. Yes, yes, you'll go through the course, and get your diploma with great *éclat*, too. We'll give you the opportunities. You'll make a stir, I can tell you." Dr. Webster proceeded into the lecture room, leaving Miss Blackwell outside, read a letter from Miss Blackwell's preceptor, and received a round of applause. Miss Blackwell entered. Miss Blackwell later recalled that her fellow students were always gracious and courteous to her.

Subsequent to the lecture, Miss Blackwell stayed to observe "one of the most delicate operations in surgery," that illustrated the subject of the lecture. The following Monday, to her dismay, she was not allowed to attend a second operation but, upon writing to the professor, thereafter was regularly present. Though never explicitly stated, it was, presumably, dissection or operations involving the genitalia of either sex that were problematic. "A trying day. . . . That dissection was just as much as I could bear. Some of the students blushed, some were hysterical. . . . My delicacy was certainly shocked. . . . I had to . . . call on Christ to help me from smiling, for that would have ruined everything." The problem was ultimately resolved by having Elizabeth dissect with four of the "steadier students" in a separate room.

The remainder of the course apparently passed without notable event. Miss Blackwell wrote, "The behaviour of the medical class during the two years that I was with them was admirable. It was that of true Christian gentlemen." Miss Blackwell led a lonely life as far as one can tell, friendly but formal with faculty and students, befriending only her landlady, Mrs. Waller. From little bits in her diary and

letters, it seems clear that she had no social interest in men. Her classmates, she wrote, “might be women or mummies for ought I care.” The jollity and kindness of Professor Webster led her to the conclusion that “certainly I shall love fat men more than lean ones henceforth.” As school recessed for the summer, one student asked her for the “honour of an occasional correspondence,” and another said he was glad he had decided to return for the next course because she would be there too. She rebuffed both of these overtures, calling them “too funny.” Earlier, she had written in her journal, “I must work by myself all life long.”

There are also firsthand descriptions of Elizabeth’s graduation. A local Geneva resident, twenty-five-year-old Margaret DeLancey, daughter of the Episcopal bishop of Western New York who was living in Geneva at the time, wrote to her sister-in-law, telling of the event that took place in the Presbyterian Church: “About half-past ten or eleven the procession entered the building. The Lioness of the day, Miss Blackwell met them at the door and entered with the Medical Students—without hat or shawl. She wore a black silk dress—and cape—lace collar and cuffs and her reddishly inclined hair was very nicely braided. She sat in a front side pew with old Mrs. Waller [her landlady] until she received her diploma.” Except for the students the audience was made up mostly of women: “The ladies—carried the day! There was scarcely a coat—excepting the Students’—visible! Nothing but a vast expanse of woman’s [*sic*] bonnets and curious eyes.” The candidates came to the stage, four at a time, to receive their degrees. “Last of all came ‘Domina Blackwell’! She ascended the steps. The President touched his cap and rose. You might have heard a pin drop. He stood while he conferred the degree on her, handed her the diploma and bowed, evidently expecting that she would bow also and retreat. Not so, however! She seemed embarrassed and after an effort, said to the Dr.—‘I thank you Sir. It shall be the effort of my life, by God’s blessing, to shed honor on this Diploma’—then bowed, blushing scarlet, left the stage and took her seat in the front pew among the Graduates amid the Enthusiastic applause of all present.” She left the church on the arm of her brother, Henry Blackwell, who had come up from New York, put on her bonnet and shawl, and with her classmates was “turned adrift on the streams of time.”

Bibliography:

Blackwell, Elizabeth. *Address on the Medical Education of Women*. Dec. 27th, 1855. New York, 1856. 16 pp.

- . *Counsel to Parents on the Moral Education of Their Children*. London, 1878. 96pp. There were at least eight London editions by 1913. American editions in 1879, 1880, 1881, 1883. Italian edition, 1882.
- . *Pioneer Work in Opening the Medical Profession to Women*. London, 1895.
- . *Essays on Medical Sociology*. 2 vols. London, 1902.

References:

- Combs, William. *Reminiscences*. From a clipping: *Geneva (NY) Courier*, March 1890. Geneva Historical Society, Geneva, New York.
- DeLancey, Margaret Munro. "Dr. Elizabeth Blackwell's Graduation—an Eyewitness Account," edited by Wendell Tripp. In *New York History*, Cooperstown, NY, April 1962 (vol. 43, no. 2), 182–85.
- Johnston, Malcolm Sanders. *Elizabeth Blackwell and Her Alma Mater*. Geneva, NY, 1947.
- Morantz, Regina. "Elizabeth Blackwell." In *Dictionary of American Medical Biography*. 2 vols., edited by Martin Kaufman et al. Westport, CT/London, c. 1984.
- Smith, Stephen. *Random Recollections of a Long Life: Remarks at a Dinner Given to Commemorate the Speaker's Eighty-Eighth Birthday, February 19, 1911*. New York, 1911.
- Thomson, Elizabeth. "Elizabeth Blackwell." In *Notable American Women 1607–1950: A Biographical Dictionary*. 3 vols. Cambridge, MA, 1971.
- White, Andrew D. *Autobiography of Andrew Dickson White*. New York, 1905.

Biographical Dictionary
of 222 Graduates

Note: The biographies, except that of Elizabeth Blackwell, are arranged alphabetically by surname at the time of graduation from medical school. In eleven instances where the doctor was better known by an earlier name (e.g., Bisbee, Lozier) or a later name (e.g., Dolley, Homet, Peterman, Piersol, Sartain, Wilder, Wiley, Wilhite, Winslow) the entry is cross-referenced under that name in the index of names. The surname at the time of graduation is in capital letters. The maiden surname, if known, is printed in italics.

A

Lucy W. ABELL (1808–93)

Lucy Abell was born in 1808, probably in Boston. Of her family background, parents' names, childhood and early education, nothing is known. Sometime in the early 1840s she married a man named Abell with whom she had two children: Charles R. (b. ca. 1844), a boot and shoe dealer who later became a lawyer, and Edith (b. ca. 1846), who became a music teacher.

In 1856, at the age of forty-eight, and probably after the death of her husband, Lucy began the study of medicine at the New England Female Medical College. She soon transferred to the Woman's Medical Academy in Boston, founded by William Symington Brown. Brown had been on the faculty of the New England Female Medical College but left, apparently because he was an Eclectic and the only non-Regular member of the staff. Lucy soon transferred again, this time to Penn Medical University in Philadelphia, an Eclectic institution and the alma mater of Professor Brown. She received her medical degree in April 1860 from that school.

She returned to Boston and established a medical practice as a homoeopathic physician, and she was said to be one of the earliest, perhaps the earliest, woman physician to practice homoeopathy in New England. The 1866 Boston directory and the 1874 and 1877 Butler medical directories locate her at 173 Charles Street.

In 1875, Dr. Abell went abroad for an extended period and, on her return in 1878, established herself in Washington, DC. While in the capital, she organized a Ladies' Physiological Society. After 1882 she returned to New England, settling in Brookline, a suburb of Boston. According to her obituary in the *New England Medical Gazette*, she "to a great extent gave up active professional work" at that time. However, she is listed in the 1890 and 1893 Polk medical directories as a practicing physician. The 1889 Boston directory also lists her as a physician practicing at 178 Washington Street.

Dr. Abell died in Needham, Massachusetts, on December 3, 1893, at the age of eighty-five, after a short illness. Her obituary notes that she was "long known and honored in Boston and elsewhere as one of the pioneers of homoeopathy, and of women in medicine."

References: *Boston Almanac*, 1861, 1864, 1867–69, 1874, 1875; *Boston Business and Copartnership Directory*, 1863–64; *Boston Directory*, 1866; Butler, 1874, 1877; *Massachusetts Register*, 1867, 1872; Polk, 1890, 1893; *New England Business Directory*, 1865, 1868, 1875, 1877; Obituary, *New England Medical Gazette*, 1894, 29:50; US census, 1870, 1880.

Charlotte G. ADAMS (b. ca. 1824–89)

Charlotte Adams (her maiden name is not known) was born about 1824 in Massachusetts. Nothing is known of her background, childhood, or early education. Sometime before 1843, she married John L. Adams, a physician. In 1850, the couple was living in South Scituate, Massachusetts.

The Adamses had three children: Viola L. (b. 1843), Edelbert P. (b. 1846), and Charles J. (b. 1855). Since the name of Dr. John Adams does not appear in the 1860 census enumeration, it is probable that he had died. In the meantime, Charlotte and the children had moved to Roxbury, a Boston suburb, and Charlotte attended New England Female Medical College in 1852, transferring to the Female Medical College of Pennsylvania the following season. She received an MD degree in 1853. The move to the Philadelphia school may have been due to the fact that the New England school was not yet chartered to award medical degrees. Presumably, the fact that she was a widow with three young children to support was her motivation for becoming a doctor.

Boston directories list her as a female physician in 1852. She is not listed in 1851 or 1853. In 1854, she is listed as a physician or female physician at 258 Tremont; in 1856 and 1857, as Mrs. Charlotte G. Adams, MD, at 291 Tremont; and in 1858, 1860, and 1863 she was in

Roxbury. In 1863–64 she was back in Boston at 5 Exeter Place. It is documented that she practiced medicine in Boston or Roxbury for at least a dozen years.

Careful search of Boston and Massachusetts directories from 1866–75 does not find her name. She is not listed as a physician in Massachusetts in the 1874 and 1877 Butler medical directories or in the Polk US national medical directory for 1886. Whether she practiced medicine after 1864 is not known, but since her youngest child was only nine years old in 1864, it seems hard to believe she did not. The only death date that has been found comes from the 1890 *Annual Announcement* of the Woman's Medical College of Pennsylvania. In it she is said to have died in March 1889, location not specified. Since she is still listed as Charlotte Adams, she had probably not remarried. Her whereabouts and activities between 1864 and 1889 are not known.

References: Boston city directories, 1852–75; Butler, 1874, 1877; *Massachusetts State Record and Year Book of General Information*, vol. 3 (1849), vol. 4 (1850); *Massachusetts State Record, New England Register, and Year Book of General Information*, vol. 5 (1851); *New England Business Directory*, 1856; Polk, 1886; US census, 1850, 1860; Woman's Medical College of Pennsylvania, *Annual Announcement*, Philadelphia, 1890.

Harriet ADAMS (1828–86)

Born in London, England, on August 28, 1828, Miss Adams came to the United States sometime before 1850. The census that year lists her as living in Palmyra, New York, in a home occupied by two sisters who worked as milliners and their respective eighteen-year-old daughters who were then in school. A prominent local citizen is said to have played an important financial role in Miss Adams's immigration and her subsequent medical education. This was Pliny Sexton (d. 1881), a Quaker, whose Palmyra home was part of the Underground Railroad, a house next to which Miss Adams would later live, and in whose cemetery plot she would be buried. (The only known documentation of Mr. Sexton's sponsorship, likely though it seems, is a 1963 statement to Palmyra town historian Robert Lowe by the attorney for Mr. Sexton's son, Pliny T. Sexton, that this was so.)

Miss Adams graduated from what was then called the Female Medical College of Pennsylvania in March 1859, returned home to Palmyra, and practiced medicine there until her death at fifty-seven in 1886. Her office hours, at least in later years, were daily from 2 to 5 p.m. For a while, she continued to live with the milliner sisters until sometime before 1875 when she bought the house at 36 Main Street

(now 330 Main Street), just east of Pliny Sexton's home. The 1875 census lists two other persons living with her at this address: a sixteen-year-old male servant and a forty-year-old medical student, Lovina Snow. Snow and Adams are buried next to each other in the Pliny Sexton plot in Palmyra Cemetery. Sometime before her death Dr. Adams was thrown from her carriage and was, thereafter, an invalid. One obituary says she died of a brain tumor, raising the question of whether a subdural hematoma might have followed the carriage accident.

References: New York State census, 1865, 1875; Obituary, *Palmyra Courier*, April 1, 1886; Obituary, *Rochester Democrat*, March 30, 1886; US census, 1870; Advertisement, *Wayne County Journal*, April 1, 1880; *Gazetteer and Business Directory of Wayne County*, Syracuse, NY, 1867–68.

Sarah Read ADAMSON Dolley (1829–1909)

Sarah Dolley, born Sarah Read Adamson, in Schuylkill Meeting, Pennsylvania, on March 11, 1829, was the second daughter and third of five children of Charles Adamson, local farmer and storekeeper, and Sarah Mary Corson. The Corson family was rather medical: two of Sarah's uncles were physicians, as were six of her fifty first cousins, several of whom, like Sarah, started their medical studies under the tutelage of Uncle Hiram Corson (MD, University of Pennsylvania, 1829) and who, with the exception of Sarah, all went on to graduate from the University of Pennsylvania medical school. Sarah, however, after preparation at Friends School in Philadelphia, and with Uncle Hiram's tutelage, was denied entrance at all Philadelphia medical schools. She applied to Central Medical College, a recently organized Eclectic school in Rochester, New York, attended that institution, and received an MD degree on February 20, 1851. She and her classmate Rachel Brooks Gleason (q.v.) were the third and fourth women to receive medical degrees in the United States (after Elizabeth Blackwell [q.v.] and Lydia Folger Fowler [q.v.]).

After graduating, she applied to the board of the Philadelphia Hospital for "such a position in the Blockley Hospital as will afford me the opportunity of seeing its practice to such an extent and under such conditions as may comport with the proper regulations of the institution." The committee to which the request was referred reported favorably on May 25, 1851, saying (as described by Lawrence) that the chief resident physician was to "assign her to such position as will best enable her to obtain the knowledge she desires without detriment to the institution." John Croskey, writing a history of Blockley Hospital a quarter century later, reports this same event with slight differences

in the quoted words. Dr. Adamson was the first woman on the professional staff of that famous hospital.

On returning to Rochester, Dr. Adamson married one of her medical school professors, Lester C. Dolley, MD, described some years later by another woman physician, Marion Craig Potter, as “a very scholarly and cultured gentleman.” Lester had been courting Sarah at least from the time of her graduation. Among the letters in the Sarah Dolley papers is one from Sarah’s parents, Charles and Mary Adamson, in response to an earlier letter from Lester regarding his proposal to marry Sarah. Carefully worded, it does not mention that Sarah would be marrying “out of meeting” but rather expresses the belief that “parental care ought not to extend so far as to prevent the union of those sincerely attached to each other, unless it is known that there is well grounded reason for objection. . . . We have a great confidence in dear Sarah’s prudence and ability to discern and discriminate between sincere and affected merit [*sic*].” They express the hope that the couple will eventually move to Philadelphia.

Lester and Sarah were married the following year. After returning from their wedding trip to New York City, Sarah wrote her brother, “We had a fine time in New York, visited Greenwood cemetery [*sic*], the Hospitals on Blackwell’s Island, called on Miss Blackwell, etc., etc.” She and Lester had two children, one of whom, Charles Sumner Dolley, lived to adulthood and became a marine biologist. A grandson died during the First World War. A granddaughter, Charlotte, married the son of sculptor Augustus St. Gaudens.

Dr. Dolley practiced medicine in Rochester for the next fifty-seven years, first with her husband and, after his death from spinal fever in 1872, by herself, emphasizing the care of women and children. She went to Europe twice for postgraduate training in Paris and Vienna, and in 1873–74 served as professor of obstetrics at Woman’s Medical College of Pennsylvania. She apparently did not enjoy her teaching experience but undertook it in order to substitute for her sick friend Emeline Horton Cleveland (q.v.), and to be with her son in Philadelphia as he prepared for college. In 1886, under her leadership, the women doctors of Rochester (by then twelve in number), disbarred from hospital practice, opened the Provident Dispensary on Front Street and organized their own professional group, the Practitioner’s Society. This group was later renamed the Blackwell Society, which later evolved into the New York State Woman’s Medical Society.

Dr. Dolley was not only a medical leader, recognized as such by her male colleagues; she showed leadership in many other community activities. Raised a Quaker, she was expelled for marrying out of meeting and became a Congregationalist, and later a Presbyterian.

Sarah died at eighty on December 27, 1909, and is buried in Mt. Hope Cemetery.

In 1942, toward the end of her own life, Dr. Marion Craig Potter, protégée of Dr. Dolley and herself professionally prominent, recalled the Drs. Dolley. Both Lester and Sarah “were prominent physicians in the city, keenly interested in church and civic matters.” Potter remarked about Sarah that, “for a quiet little Quaker woman, she knew all the Aldermen and the City Fathers, and met them all with the arts of a politician. She brought about the appointment of a woman on the Staff of Rochester City [now General] Hospital” as well as membership in the County Medical Society, a woman in attendance at the Monroe County Insane Asylum (forerunner of Rochester State Hospital), “and through her influence the law was passed that every institution for women in New York State should have a woman physician on the staff.”

She was a friend of Clara Barton and secretary of the Rochester Chapter of the American Red Cross which was one of the early chapters. . . . She was secretary for years of a social group, known as The Ignorance Club. . . . She travelled in Europe with Frances Willard and when she and her friend Susan B. Anthony met they relapsed into their Quaker ‘Thee and Thou.’ . . . She had a merrie little chuckle when she surmounted a difficult problem. She was a great leader and as a pioneer physician blazed a trail worthy for all women to follow. She left a lasting influence for good.

Bibliography: Closing Lecture to the Class of 1873–4, Delivered at the Woman’s Medical College of Pennsylvania, March 5, 1874 (Philadelphia, 1874); An Address at the Second Annual Meeting of the Women’s Medical Society of New York State, Held in Rochester, N.Y., March 11, 1908 (Rochester, 1908); Manuscript journal, 1860, Edward G. Miner Library, Rochester, NY.

References: Hiram Corson, A History of the Descendants of Benjamin Corson, Son of Cornelius Corssen of Staten Island, New York (Philadelphia, 1896), 84–85; Notable American Women, 1:497–99; Ellen S. More, Restoring the Balance (Cambridge, MA: Harvard University Press, 1999); Jane Marsh Parker, Rochester, a Story Historical (Rochester, NY, 1884), 265; Marion Craig Potter, response to a toast by Dr. Marion Craig Potter, January 24, 1942, typescript in the archives of the Edward G. Miner Library, Rochester, NY; John W. Croskey, History of Blockley (Philadelphia: F. A. Davis, 1929); Charles Lawrence, History of the Philadelphia Almshouses and Hospitals (Philadelphia: Author, 1905); Charles and Mary Corson, ALS to Lester Dolley, July 8, 1851, correspondence of Sarah Dolley, Edward G. Miner Library, Rochester, NY; S. Dolley, letter to her brother, July 6, 1852, correspondence of Sarah Dolley.

Sarah E. ALLEN (b. ca. 1832)

Sarah Allen (maiden name not known) was born in Ohio about 1832. According to the 1850 census she was then living in Maquon, Knox County, Illinois, was eighteen years old, and had married a twenty-seven-year-old Ohio-born physician named Milville (or Melville) Allen within the year. Two different dates for the wedding are recorded: January 3 and February 8, 1850.

During the decade that followed, the newlyweds moved to Peoria, Illinois. Sarah had a daughter, Emma (b. 1851), and, later in the 1850s, attended Western Homoeopathic College in Cleveland, graduating in 1858 with an MD degree. (One source says it was a degree in obstetrics.) Melville had apparently done well financially: the 1860 census listed him as owning \$32,000 in real estate (he had property worth only \$250 in 1850). This was certainly not acquired through small-town medical practice. The family had domestic help, which may have provided care for the young daughter while Sarah was at medical school. In the 1860 census, both Sarah and her husband are listed as “physicians.”

Whether Sarah ever practiced medicine is not known. By the time of the 1870 census the family had moved to Chicago, where it appears they were living in a hotel or boarding house with five other families. Neither Sarah nor Melville is listed as a physician; they are now both “at home.” So, presumably, they were not practicing medicine.

No entry for them is found in the 1880 census, and the 1890 census records were destroyed in a fire. In 1900, Sarah and Melville, now sixty-seven and seventy-six, respectively, are living in Clearwater Harbor, Florida. Ten years later, they are still there; daughter Emma, then forty-five, has returned home, and thirty-nine-year-old James Davidson is living with them. It seems unlikely that Sarah practiced medicine or midwifery, and if she did, but briefly. No death date for her has been found.

References: US census, 1850, 1860, 1870, 1880, 1900, 1910.

Rachel Humphrey ALLYN (1810–1903)

Rachel Allyn was born April 25, 1810, in Charleston, a village in Vermont’s Northeast Kingdom settled by her father, Abner Allyn. Abner and his wife, Anna Melvin, had eight children. Rachel was the third of the six who survived to adulthood and the third child born in Charleston.

Years later, in 1870, when all of her siblings were dead except her eldest brother, Alpha, Rachel recounted some of the family history.

She told the story of Alpha being lost in the woods on a cold and rainy November night when he was sixteen (and she eight), the frantic and ultimately successful search for him by neighbors from several surrounding communities, and the lifetime limitations he incurred as a result.

As a young woman Rachel became a teacher and was among the first group of young ladies to obtain the certificates of proficiency required under a new Vermont law. Later, she became a nurse and is listed as such in the 1855 Lowell, Massachusetts, directory. She attended New England Female Medical College in Boston but, with six other classmates, transferred to Worcester Medical College, either because the Boston school did not yet have a charter authorizing it to grant doctoral degrees or because the Worcester school was coed. In 1857, now forty-seven years old, she received an MD degree.

Rachel moved to Lowell, Massachusetts, with its large population of young women working in the cotton mills, where she practiced successfully for twenty-six years before retiring, at seventy-three, to her native community of East Charleston, Vermont. She is listed as a physician in various Lowell directories between 1864 and 1883, the *New England Business Directory* and the *Massachusetts Register* from 1864–65 through 1883. She died on July 11, 1903, at the age of ninety-three. According to her death certificate, the cause of death was carcinoma of the scalp.

References: Rachel H. Allyn, “An Incident in the Early History of the Town,” *Vermont Historical Magazine*, 1877, 132–36; *International Genealogical Index*; Lowell directory, 1864–66, 1868, 1870, 1872, 1880, 1883; *Massachusetts Register*, 1867, 1872, 1878; *New England Business Directory*, 1860, 1865, 1875.

Anna N. Smith ANDERSON (b. ca. 1809)

Anna N. Smith was born in Massachusetts about 1809 and, in 1837, moved from Connecticut to Bristol, Pennsylvania, a village in Bucks County on the Delaware River northeast of Philadelphia, to take charge of the female department of the recently opened Bristol Public School (December 15, 1837). The school building had cost \$6,000 and was the first public school in the area. Male students were supervised by James Anderson, whom Anna soon married. The couple had four children: Lukens (b. 1839), Alice Ann (b. 1841), Edward (b. 1843), and Henry (b. 1845).

In the early 1850s, then in her midforties and her children aged eight through fourteen, Anna matriculated at the Female Medical College of Pennsylvania and, in March 1853, received an MD degree. She

practiced thereafter in Bristol where, according to Doron Green in his *History of Bristol Borough*, she “was successful in the treatment of her cases” (187–88). In none of the census reports (1860, 1870, 1880) is her occupation mentioned.

The family seems to have moved around a bit, probably because of James’s work as a schoolmaster. The 1850 census places the Andersons in Middletown, Bucks County, where James is listed as a “college principal.” The 1860 census finds the family in Moreland, Montgomery County, where James is a “teacher” and his son, Lukens, then twenty-one, a “druggist.” In the 1870 census they are in Salem, a village in southern New Jersey, where James is a schoolteacher. By 1880, Anna and James, then seventy-two and seventy-three, respectively, were living in Rahway, New Jersey with their youngest son, Henry, and his three-year-old daughter, Anna. The child’s mother had probably died. Whether Anna practiced medicine after she left Bristol is not known. Her date of death is also unknown.

References: J. M. Battle, *History of Bucks County, Pennsylvania* (Spartanburg, SC, 1985); Doron Green, *A History of Bristol Borough in the County of Bucks, State of Pennsylvania* (Camden, NJ, 1911); US census, 1850, 1860, 1870, 1880.

Anna Sarah ANGELL Curtis (b. 1825)

Nothing is known of Anna Sarah’s parents, background, childhood, or early education. When she graduated with an MD degree from New England Female Medical College in 1858 she was a resident of Providence, Rhode Island. She had no scholarship support while at medical school. She had made contributions to the school, \$20 in 1850, five years before matriculating, and again in 1855, the year she started school.

The *Progressive Annuals* for 1862, 1863, and 1864 list an Anna S. Curtis as a practicing physician in Medford, Massachusetts. No other Anna S. has been identified among woman physicians of the time, so it seems likely—but not proven—that Anna Angell married George Curtis, a shipbuilder. Since it nowhere specifies that Anna Curtis has an MD degree, we cannot be certain that Anna the physician is Anna the MD. Assuming they are the same, George was the son of a prominent Medford shipbuilder who lived with the young couple. According to the 1860 census, the three are living in the same household. George and Anna had no children.

The Medford city directories for 1868, 1870, 1876, 1880, and 1887 list no Anna Curtis (or Angell) and no George Curtis, which suggests