WOMEN HEALTH CARE PROVIDERS IN MARYLAND:

The Impact of Professionalization

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January 19, 1993
Gender and the Law in American History
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I INTRODUCTION

The late 19th century was a time of expanding opportunities for women in the medical profession, but somehow the possibilities that were created did not come to fruition. The number of women physicians leveled off early in this century, and did not rise again until the 1970s. At the same time, midwives in America were disappearing. The result was that for most of the middle years of the 20th century, the medical profession was dominated by men.

One of the commonly cited causes for this absence of women is the professionalization of medicine, including enactment of licensing laws. The male dominated profession, so the conventional wisdom goes, used licensing requirements to drive midwives out of business and solidify their own monopoly over health care. This paper explores the extent to which this was true in the state of Maryland. Although licensing played a role in the professionalization of medicine, it was not used as a tool to drive women out.

Professionalization did have an impact on the presence and role of women health care providers. Higher standards for medical education forced women's schools out of business, leaving women as a minority in male-dominated institutions. As the profession grew in power and status, women moved increasingly into the support role of nurse. While this was not the conscious intention of the framers of licensing laws, it was probably an inevitable result of their attitude towards the proper roles of
men and women.

Part II of this paper explores the attitude of male physicians toward women in the profession, through the context of the Woman's Medical College and the experiences of individual women. Part III examines the push for physician licensing as the organized medical profession learned to navigate the waters of the legislative process. Part IV covers the years after the turn of the century, when laws regulating both nurses and midwives were first passed. Part V discusses further developments in legislation from the mid-1910s to mid-1920s. Finally, part VI speculates about the connections between these phenomena and the causes of the disappearance of women physicians.

II THE PROFESSION'S ATTITUDE TOWARDS WOMEN

A. The Woman's Medical College of Baltimore

From 1882 to 1910, Maryland was home to one of the country's few "regular"1 medical schools for women, the Woman's Medical College of Baltimore, which over the years graduated 116 woman physicians.2 The initiative for the formation of the school grew

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1What is now considered the standard school of medical practice had to compete throughout the nineteenth and early twentieth centuries with many so-called "sects". These included homeopaths, Thomsonian or botanical practitioners, and members of the Hygienic movement, followers of Sylvester Graham. See, e.g., Barbara Ehrenreich and Deirdre English, For Her Own Good: 150 Years of the Experts' Advice to Women 48-58 (1989) (describing challenge by Popular Health Movement of early-mid-nineteenth century to dominance of regular physicians).

out of a meeting of several prominent Baltimore women, who met in January of 1882 to organize a women's medical school, together with a hospital and nurses' training school. Although one commentator reports that the conservative medical community received this idea with less than overwhelming enthusiasm, by the end of February seven physicians, all men, had been found to take an interest.⁴

These seven men, B. Bernard Browne, Thomas A. Ashby, Randolph Winslow, Eugene F. Cordell, William D. Booker, Robert B. Morison, and Herbert Harlan, filed papers with the court to establish the college.⁵ Interestingly, and perhaps not surprisingly, many reports consider these men the founders of the school and omit any mention of the women organizers.⁶ However, although they were inspired by that group of women, the men who undertook to set up the Woman's Medical College were dedicated to its aims. Most of them spent many years teaching there, and apparently believed strongly in medical education for women.

The college's emphasis, interestingly enough, seems to have been on the education of physicians more than nurses. Most

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⁴Id.

⁵Newspaper clipping of Feb. 24, 1882 in scrapbook of B. Bernard Browne, on file at the Maryland Historical Society, M.S. 156 [hereinafter Browne Scrapbook].

⁶E.g., Dr. E.F. Cordell Dead, Baltimore Sun, Aug. 28, 1913 (clipping on file at Maryland Historical Society).
sources refer to it as a medical school, not a nursing school.\textsuperscript{7} Accounts report the number of physicians graduated during the school's existence, but make no mention of nurses.\textsuperscript{8} Perhaps this is because less attention was paid to the lower-status nursing profession, but it seems probable that the focus of the college was on women physicians. The professionalization and formal training of nurses had only gotten under way in the preceding decade of the 1870s with the establishment of schools in New York, New Haven, and Boston.\textsuperscript{9} Before then, nursing had been looked upon as a menial occupation and drew its members mostly from the lower classes.\textsuperscript{10} It was not yet firmly established that the proper role for an educated middle- or upper-class woman wishing to go into medicine would be as a nurse. The Women's Medical College assumed that these women should be trained as doctors.

We might question why the approach taken was to institute separate education for women. Of course, at this time few regular medical schools would admit women to coeducation.\textsuperscript{11} The struggle to open the Harvard Medical School to women finally

\textsuperscript{7}E.g., Men of Mark in Maryland, vol. 2, 101 (B.F. Johnson, Inc. ed., 1910) (biographical sketch of Dr. Thomas Ashby).

\textsuperscript{8}Abrahams, supra note 2, at 72.

\textsuperscript{9}Paul Starr, The Social Transformation of American Medicine 155 (1910).

\textsuperscript{10}Id.

\textsuperscript{11}See Morantz-Sanchez, supra note 3, at 244.
failed in 1883, after almost two decades, and it was not until 1893 that Johns Hopkins opened its doors as a coeducational institution. But this exclusion was not the only reason for the decision to pursue separate medical education for women. The school's organizers believed that women had a special role to play in medicine. In a contemporary newspaper account, their goal was described as "to educate women as nurses and as physicians among women, and as missionaries in foreign lands, for there is great need of such in India." This indicates a special professional niche carved out for women practitioners which would not necessarily compete with the men.

At the opening of the College's first course of lectures, Dr. Ashby delivered an address on medical education for women, which clearly laid out the vision of the school's founders. He spoke strongly of the long history of women as medical care providers, going back to the dawn of history. Throughout the centuries and across many cultures, women had cared for the health of mankind. Dr. Ashby contended that only the advent of scientific, systematized medicine excluded women from the

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14Browne Scrapbook, clipping Feb. 23, 1884.

15Abrahams, supra note 2, at 73 (quoting 9 Md. Med. J. 267-275 (1882)).
practice. Indeed, midwives still filled a needed role, and serve at a majority of births. This he attributed to "a proper delicacy and sentiment among women" which led them to seek care from other women in childbirth. Of course, midwives lacked proper training, which led to many unfortunate incidents. The answer, however, was not to exclude women from the profession because they have failed to master the scientific system, but to educate and train them. It was not an innate failure of women that had prevented them from keeping up to date with the discoveries of modern medicine, but the circumstances by which they found themselves excluded from educational opportunities.

Ashby believed the truth of popular stereotypes of women, that they were weaker and more emotional than men, and deficient in "sound judgment, strong nerve and bold determination" needed for the successful practice of medicine. Not all women were subject to these infirmities, however, and in any case they had characteristics such as "patience, gentleness and sympathy" which would indicate that "the sickroom would seem to offer an excellent field of action for woman's natural instincts." Women, in other words, had special qualities which made them particularly suited for their special role in the medical

16Id. at 74.
17Id.
18Id.
19Id.
20Id.
profession. Ashby also set forth evidence to refute the arguments that medical education and practice have negative effects on women.  

Ashby described the growing acceptance nationwide of medical education for women: Elizabeth Blackwell was denied admission to a number of schools before successfully completing the course of study at Geneva Medical College in 1849 to become the first woman to receive her medical degree in this country. Her sister Emily was not allowed to take a second year of courses at Rush Medical College in Chicago and completed her degree at the Cleveland Medical College. The two Blackwells together with Dr. Mary E. Zakrzewska founded the New York Infirmary for Women and Children which led to the founding of the Woman's Medical College of the New York Infirmary in 1965. The Philadelphia Female Medical College opened in 1850, the Chicago Hospital for Women and Children in 1865. Since 1871 the University of Michigan admitted women, Syracuse University admitted students regardless of sex since its incorporation in 1871, and the University of California was also open on a coeducational basis. Dr. Ashby cited this growth of medical educational opportunities for women and declared that, despite some continued resistance, during the preceding thirty-four years, public opinion had shifted to favor and respect women physicians. It was now time for Maryland to

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21 Id. at 76-77.
22 Id. at 74-75.
23 Id. at 75.
join this movement.

The male doctors who participated in the Woman's Medical College did not perceive women as competitors who threatened their dominance of the medical marketplace. Rather, they saw a need for well-trained women to treat other women, whose natural delicacy made them uncomfortable with male obstetricians. They could serve as missionaries to foreign countries (and likely the poor in this country) where there was a shortage of care providers. Since many of these constituencies would likely be served by women anyway, in the absence of willing male physicians, the best course was to train the women. While their rhetoric may not sound very feminist to modern ears, they defended women's abilities in an age when many considered higher education physically and morally dangerous to women.24

The significance of this is that these men were not mavericks, outside the professional medical mainstream. They were associates of some of the big names in medicine, not only in the state but nationally.25 At least two, Cordell and Ashby, were later presidents of the Medical and Chirurgical Faculty of Maryland, the state medical society. They founded and edited the Maryland Medical Journal, and their biographical sketches are

24This view was championed by E.H. Clarke in his influential work, Sex in Education: A Fair Chance for Girls, (1873). In Her Own Words: Oral Histories of Women Physicians 18 (Regina Markell Morantz, Cynthia Stodola Pomerleau, and Carol Hansen Fenichel eds., 1982).

25Both Drs. Welch and Osler of Johns Hopkins gave lectures to the Medical Society of the Women's Medical College during the 1890s. Abrahams, supra note 2, 71.
found in compilations of important men in Maryland and medicine. Ashby was sent to the House of Delegates of Maryland in 1910 and played a leading role in the passage of the first legislation regulating the practice of midwifery in the state. Even if their opinions were not representative of the entire profession, they were clearly influential. An understanding of their motivation can shed light on the intentions behind the Medical and Chirurgical Faculty's pressure for licensing laws.

B. One Woman's Experience

Amanda Taylor Norris was Baltimore's first regular woman doctor, and her experience supports the view that the Baltimore medical establishment was not hostile towards women physicians. She studied at the women's medical college in Philadelphia, and began her practice in Baltimore in 1879. In a 1921 interview she related the reception she received from the medical establishment. "I suppose that I ought, as a pioneer woman physician, to have had to battle with opposition from men physicians, but truth to tell, I received only encouragement and cooperation from their hands." At a 1929 dinner honoring her

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28This account is based upon Dr. Norris's own hand-typed memoirs, which are available at the Maryland Historical Society, Ms. 1112 [hereinafter Norris Memoirs]. The volume is not paginated, so no page references can be provided.

29Id., unidentified newspaper clipping, Sept. 4, 1921.
toward the end of her career, Drs. Welch and Kelly, leading physicians at Johns Hopkins, both spoke. Dr. Norris recounted how she found no jealousy among the men she worked with. Dr. Kelly went out of his way to make sure she had a stool to stand on at the dispensary when she attended so she could see over the heads of the male students. 30 Dr. Browne of the Woman's Medical College may have been a personal friend, as he included in his scrapbook clippings announcing her wedding in 1883. 31

Dr. Norris shared the perception that women have a special place in medicine. In an interview circa 1914, she stated, "My patients include both sexes, although most of them are women and children. A woman physician, I believe, is a necessity in a community, as an outsider doesn't realize the number of women that prefer treatment by one of their own sex." 32 She recommended medicine as a good career for women because there are few women physicians, so the profession is less competitive that it is for men. "Baltimore, like most of the large cities, is overcrowded with male physicians. ... I would advise a girl, however, not to practice in Baltimore, as there are today forty-one women physicians here." 33 The underlying assumption is that male and female physicians do not compete with each other; they

30 Id., unidentified newspaper clipping, Nov. 4, 1929.
31 Browne Scrapbook, supra note 5, clippings dated May 29, 1883.
32 Norris memoirs, supra note 28, unidentified clipping.
33 Id.
occupy parallel but separate spheres. Doctor Norris's attitude is consistent with that of Dr. Ashby and his view of a special niche for women within medicine. Her experience provides no support for any theory of a male conspiracy to monopolize women's medical care.\textsuperscript{34}

III EARLY MEDICAL LICENSING: PHYSICIANS

Physician licensing statutes were enacted in Maryland during the closing years of the nineteenth century. The story of medical licensing in Maryland is intertwined with the growing influence of the Medical and Chirurgical Faculty ("Med-Chi"); the two cannot be told separately.

A. Background: The Early Years

The earlier history of medical licensing in Maryland had paralleled the national trends.\textsuperscript{35} The end of the eighteenth and early years of the nineteenth centuries saw passage of statutes in many states which limited sectarian medical practice, but the regular practitioners had not yet gathered enough popular acceptance to support this attempted domination of the

\textsuperscript{34}Many feminist medical historians have ascribed the eventual male dominance of the profession to such a conspiracy. E.g., Ehrenreich and English, supra note 1. Of course, any contrary evidence presented in this paper does not disprove the overall validity of these theories. Maryland may well have been the exception, not the rule. But given that the same result (the virtual exclusion of women from the medical profession) took place there as in the rest of the country, it provides an example of the power of other factors which contributed to this result.

profession, and these laws were mostly weakened or repealed within a few decades.\textsuperscript{36}

In Maryland, the Med-Chi Faculty's charter, enacted by the legislature in 1799, gave that body authority to issue licenses, and unlicensed practitioners could be fined $50.\textsuperscript{37} As early as 1811, the society reported that it was unable to enforce this power effectively.\textsuperscript{38} In 1838 this licensing power was negated by the passage of legislation allowing sectarian physicians to practice unlicensed and to sue to recover unpaid fees.\textsuperscript{39} With its power gutted, the society ceased to be an effective body until late in the century.\textsuperscript{40}

In 1885, just before this move toward licensing got underway, the Faculty amended its charter to substitute "person" for "gentleman", thus presumably opening its membership to women.\textsuperscript{41} Whether this was a response to a specific application, the operation of the Woman's College, or something else, is not discernible from the account. It does, however, indicate that

\textsuperscript{36}Peri Rosenfeld, Protecting the Public or Promoting the Profession: A Sociological History of Medical Licensing Law, 1880-1910, 70-71 (1984) (Ph.D. dissertation, Publication No. AAC8416649); see also Ehrenreich and English, supra note 1, 47-48.

\textsuperscript{37}See Eugene F. Cordell, The Medical Annals of Maryland 1799-1899, 21 (1903) (summarizing the transactions of the Medical and Chirurgical Faculty for its first hundred years).

\textsuperscript{38}Rothstein, supra note 36, at 77.

\textsuperscript{39}Cordell, supra note 38, at 102.

\textsuperscript{40}Id. at 104.

\textsuperscript{41}Id. at 195.
the professional organization was at least nominally inclusive of women practitioners at the time it began its legislative efforts towards professionalization.

B. Renewed Interest in Licensing: A First Attempt

The history of the Faculty and the licensing laws was recounted with great indignation by the President, Dr. John R. Quinan, at the Faculty's 1886 meeting. He raised some respectable legal arguments as to why the 1838 act was void and, in any case, could only be applied to the Thomsonian practitioners mentioned in the act's title. The matter was referred to a committee to investigate the possibility of taking legal action to enforce the 1799 charter powers, but the public reception of the idea was less enthusiastic. The Baltimore Sun concluded that "[m]ost persons will be inclined to regard the address rather as an exceedingly entertaining, though somewhat ghostly, contribution to medical literature than as a thing of fearful substance fortified by law." In any case, the record contains no evidence of further steps taken by the Faculty in this regard that year or the next.

It is natural to wonder whether any national AMA influence played a part in this attempt to stir up interest in renewed attention to medical licensing. The record in Maryland contains

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42Cordell, supra note 38, at 204. Unfortunately, Dr. Quinan's address is summarized, not reprinted, so his actual words are lost to us.

43Editorial, Baltimore Sun, April 28, 1886, quoted in Cordell, supra note 38, at 205.
no direct evidence of this, nor is there evidence that the legislation that was eventually introduced was based on any national model. However, it is notable that Dr. Osler, an extremely prominent national figure, gave an address to Med-Chi in 1889 on "The License to Practice."\textsuperscript{44} Osler urged that a state examining board should be elected by members of the profession and have authority over education, examination and licensing of applicants as well as control over disciplinary matters.\textsuperscript{45} It is tempting to infer that Osler was promoting a national model in his home state, but there is again no direct evidence on this.

In 1888 the General Assembly passed a new physician licensing statute.\textsuperscript{46} There is little legislative history to shed light on the impetus for this act, which applied to all practitioners of medicine in practice less than ten years at the time of passage. Graduates of medical schools were required to submit their diploma to the state board of health for verification; others currently in practice could take an exam administered by the board of health and would be certified if their performance was satisfactory.\textsuperscript{47} An attempted amendment to

\textsuperscript{44}Id. at 214.

\textsuperscript{45}Id. at 215. Osler cites Canada as a model for a system of professional oversight. The Canadian Board's success is demonstrated by its possession of "a magnificent building", id., which Osler apparently found enviable.

\textsuperscript{46}1888 Md. Laws ch. 429.

\textsuperscript{47}Id., § 1, § 3.
exempt Thomsonians failed.\textsuperscript{48}

C. Adjusting the Scheme: 1890-1896

The profession was not satisfied with this legislative scheme, and in early January of 1890 a convention was held which drew up a new act which passed the General Assembly only to perish under the Governor's veto. At the Faculty's 1890 meeting, Dr. Ashby, one of the "founders" of the women's medical college and now president of the organization, recounted the sad history of this bill, and pronounced that, "It's death was brought about by a very small and narrow professional clique, which exercised a very decided and malicious political power."\textsuperscript{49} The legislation would have allowed the medical profession to appoint a Board of Medical Examiners empowered to license all physicians who wished to enter the practice.\textsuperscript{50} From the description given in Ashby's address, the failed bill sounds similar to that which passed in 1892.

Following this address on the injustice which brought about the demise of such a righteous piece of legislation, it was resolved to print up the speech and distribute copies to every regular doctor in the state.\textsuperscript{51} There is no record of whether this was accomplished, but if done it would have been a powerful

\textsuperscript{48}Journal of the Proceedings of the House of Delegates of Maryland for 1888, 1501.

\textsuperscript{49}Cordell, \textit{supra} note 38, at 220-21.

\textsuperscript{50}\textit{Id.} at 221.

\textsuperscript{51}\textit{Id.} at 222.
motivating tool to organize the profession.

The 1891 meeting of the Faculty saw Dr. Ashby shift his position a bit. He now felt that the profession was not yet in a position to bring about favorable legislation, but would do better to organize internally.\textsuperscript{52}

In my judgment, the most important work now before the Faculty is the work of general organization of the medical profession in Maryland. This work implies that every effort should be made upon the part of the Faculty to enlist in its ranks and place on its roll the name of every worthy member of the regular school of medicine in Maryland. When this has been done, it will bring to its aid and purposes a material and moral force which will elevate the profession of the State to a position of usefulness and of respectability such as it has never before enjoyed. Other influences will at once flow from this result.\textsuperscript{53}

Ashby's advice to wait was not heeded, at least not by the General Assembly. A few months later, in early 1892, the entire licensing scheme was overhauled.\textsuperscript{54} The regular physicians swallowed their pride and realized that they could not take on all of the sects at once. Two boards were established, one for the regulars and one representing the Maryland State Homeopathic Medical Society. Midwives were explicitly exempted from the licensing requirements, as were doctors currently in practice. Applicants for licensure were required to present a three-year diploma and pass an examination.

The available legislative history does not indicate any

\textsuperscript{52}Id.

\textsuperscript{53}Id. at 222-23.

\textsuperscript{54}1892 Md. Laws ch. 296.