



THE BENEFITS OF BLEEDING

the universities, and more and more young men of means sought medical training. The church imposed strict controls on the new profession, and allowed it to develop only within the terms set by Catholic doctrine. University-trained physicians were not permitted to practice without calling in a priest to aid and advise them, or to treat a patient who refused confession. By the fourteenth century their practice was in demand among the wealthy, as long as they continued to take pains to show that their attentions to the body did not jeopardize the soul. In fact, accounts of their medical training make it seem more likely that they jeopardized the *body*.

There was nothing in late medieval medical training that conflicted with church doctrine, and little that we would recognize as "science." Medical students, like other scholarly young gentlemen, spent years studying Plato, Aristotle and Christian theology. Their medical theory was largely restricted to the works of Galen, the ancient Roman physician who stressed the theory of "complexions" or "temperaments" of men, "wherefore the choleric are wrathful, the sanguine are kindly, the melancholy are envious," and so on. While a student, a doctor rarely saw any patients at all, and no experimentation of any kind was taught. Medicine was sharply differentiated from surgery, which was almost everywhere considered a degrading, menial craft, and the dissection of bodies was almost unheard of.

Confronted with a sick person, the university-trained physician had little to go on but superstition. Bleeding was a common practice, especially in the case of wounds. Leeches were applied according to the time, the hour, the air, and other similar considerations. Medical theories were often grounded more in "logic" than in observation: "Some foods brought on good humours, and others, evil humours. For example, nasturtium, mustard, and garlic

produced reddish bile; lentils, cabbage and the meat of old goats and beeves begot black bile." Incantations, and quasi-religious rituals were thought to be effective: The physician to Edward II, who held a bachelor's degree in theology and a doctorate in medicine from Oxford, prescribed for toothache writing on the jaws of the patient, "In the name of the Father, the Son, and the Holy Ghost, Amen," or touching a needle to a caterpillar and then to the tooth. A frequent treatment for leprosy was a broth made of the flesh of a black snake caught in a dry land among stones.

Such was the state of medical "science" at the time when witch-healers were persecuted for being practitioners of "magic". It was witches who developed an extensive understanding of bones and muscles, herbs and drugs, while physicians were still deriving their prognoses from astrology and alchemists were trying to turn lead into gold. So great was the witches' knowledge that in 1527, Paracelsus, considered the "father of modern medicine," burned his text on pharmaceuticals, confessing that he "had learned from the Sorceress all he knew."

The Suppression of Women Healers

The establishment of medicine as a profession, requiring university training, made it easy to bar women legally from practice. With few exceptions, the universities were closed to women (even to upper class women who could afford them), and licensing laws were established to prohibit all but university-trained doctors from practice. It was impossible to enforce the licensing laws consistently since there was only a handful of university-trained doctors compared to the great mass of lay healers. But the laws *could* be used selectively. Their first target was not the peasant healer, but the better off, literate woman healer who



Woman treating dislocated jaw

competed for the same urban clientele as that of the university-trained doctors.

Take, for example, the case of Jacoba Felicie, brought to trial in 1322 by the Faculty of Medicine at the University of Paris, on charges of illegal practice. Jacoba was literate and had received some unspecified "special training" in medicine. That her patients were well off is evident from the fact that (as they testified in court) they had consulted well-known university-trained physicians before turning to her. The primary accusations brought against her were that

... she would cure her patient of internal illness and wounds or of external abscesses. She would visit the sick assiduously and continue to examine the urine in the manner of physicians, feel the pulse, and touch the body and limbs.

Six witnesses affirmed that Jacoba had cured them, even after numerous doctors had given up, and one patient declared that she was wiser in the art of surgery and medicine than any master physician or surgeon in Paris. But these testimonials were used



THE LADY AS PHYSICIAN.

against her, for the charge was not that she was incompetent, but that—as a woman—she dared to cure at all.

Along the same lines, English physicians sent a petition to Parliament bewailing the "worthless and presumptuous women who usurped the profession" and asking the imposition of fines and "long imprisonment" on any woman who attempted to "use the practyse of Fisyk." By the 14th century, the medical profession's campaign against urban, educated women healers was virtually complete throughout Europe. Male doctors had won a clear monopoly over the practice of medicine among the upper classes (except for obstetrics, which remained the province of female midwives even among the upper classes for another three centuries.) They were ready to take on a key role in the elimination of the great mass of female healers—the "witches."

The partnership between Church, State and medical profession reached full bloom in the witch trials. The doctor was held up the medical "expert," giving an aura of science to the whole proceeding. He was asked to make judgments about whether certain women were witches and whether certain afflictions had been caused by witchcraft. The *Malleus* says: "And if it is asked how it is possible to distinguish whether an illness is caused by witchcraft or by some natural physical defect, we answer that the first [way] is by means of the *judgement of doctors...*" [Emphasis added]. In the witch-hunts, the Church explicitly legitimized the doctors' professionalism, denouncing non-professional healing as equivalent to heresy: "If a woman dare to cure *without having studied* she is a witch and must die." (Of course, there wasn't any way for a woman to study.) Finally, the witch craze provided a handy excuse for the doctor's failings in everyday practice: Anything he couldn't cure was obviously the result of sorcery.

The distinction between "female" superstition and "male" medicine was made final by the very roles of the doctor and the witch at the trial. The trial in one stroke established the male physician on a moral and intellectual plane vastly above the female healer he was called to judge. It placed him on the side of God and Law, a professional on par with lawyers and theologians, while it placed her on the side of darkness, evil and magic. He owed his new status not to medical or scientific achievements of his own, but to the Church and State he served so well.

The Aftermath

Witch hunts did not eliminate the lower class woman healer, but they branded her forever as superstitious and possibly malevolent.

Women and the Rise of the American Medical Profession

In the US the male takeover of healing roles started later than in England or France, but ultimately went much further. There is probably no industrialized country with a lower percentage of women doctors than the US today: England has 24 percent; Russia has 75 percent; the US has only seven percent. And while midwifery—*female* midwifery—is still a thriving occupation in Scandinavia, the United Kingdom, the Netherlands, etc., it has been virtually outlawed here since the early twentieth century. By the turn of the century, medicine here was closed to all but a tiny minority of necessarily tough and well-heeled women. What was left was nursing, and this was in no way a substitute for the autonomous roles women had enjoyed as midwives and general healers.

The question is not so much how women got “left out” of medicine and left with nursing, but how did these categories arise at all? To put it another way: How did one particular set of healers, who happened to be male, white and middle class, manage to oust all the competing folk healers, midwives and other practitioners who had dominated the American medical scene in the early 1800’s?

The conventional answer given by medical historians is, of course, that there always was one *true* American medical profession—a small band of men whose scientific and moral authority flowed in an unbroken stream from Hippocrates, Galen and the great European medical scholars. In frontier America these doctors had to combat, not only the routine problems of sickness and death, but the abuses of a host of lay practitioners—usually depicted as women, ex-slaves, Indians and drunken patent medicine salesmen. Fortunately for the medical profession, in the late 19th century the American public suddenly developed a healthy respect for the doctors’ scientific knowledge, outgrew its earlier faith in quacks, and granted the true medical profession a lasting monopoly of the healing arts.

But the real answer is not in this made-up drama of science versus ignorance and superstition. It’s part of the 19th century’s long story of class and sex struggles for power in all areas of life.



Doctor delivering under a sheet, for modesty's sake

So thoroughly was she discredited among the emerging middle classes that in the 17th and 18th centuries it was possible for male practitioners to make serious inroads into that last preserve of female healing—midwifery. Nonprofessional male practitioners—“barber-surgeons”—led the assault in England, claiming technical superiority on the basis of their use of the obstetrical forceps. (The forceps were legally classified as a surgical instrument, and women were legally barred from surgical practice.) In the hands of the barber surgeons, obstetrical practice among the middle class was quickly transformed from a neighborly service into a lucrative business, which real physicians entered in force in the 18th century. Female midwives in England organized and charged the male intruders with commercialism and dangerous misuse of the forceps. But it was too late—the women were easily put down as ignorant “old wives” clinging to the superstitions of the past.



When women had a place in medicine, it was in a *people's* medicine. When that people's medicine was destroyed, there was no place for women—except in the subservient role of nurses. The set of healers who became *the* medical profession was distinguished not so much by its associations with modern science as by its associations with the emerging American business establishment. With all due respect to Pasteur, Koch and the other great European medical researchers of the 19th century, it was the Carnegies and Rockefellers who intervened to secure the final victory of the American medical profession.

The US in 1800 could hardly have been a more unpromising environment for the development of a medical profession, or any profession, for that matter. Few formally trained physicians had emigrated here from Europe. There were very few schools of medicine in America and very few institutions of higher learning altogether. The general public, fresh from a war of national liberation, was hostile to professionalism and "foreign" elitisms of any type.

In Western Europe, university-trained physicians already had a centuries' old monopoly over the right to heal. But in America, medical practice was traditionally open to anyone who could demonstrate healing skills—regardless of formal training, race or sex. Ann Hutchinson, the dissenting religious leader of the 1600's, was a practitioner of "general physik," as were many other ministers and their wives. The medical historian Joseph Kett reports that "one of the most respected medical men in late 18th

century Windsor, Connecticut, for example, was a freed Negro called "Dr. Primus." In New Jersey, medical practice, except in extraordinary cases, was mainly in the hands of women as late as 1818..."

Women frequently went into joint practices with their husbands: The husband handling the surgery, the wife the midwifery and gynecology, and everything else shared. Or a woman might go into practice after developing skills through caring for family members or through an apprenticeship with a relative or other established healer. For example, Harriet Hunt, one of America's first trained female doctors, became interested in medicine during her sister's illness, worked for a while with a husband-wife "doctor" team, then simply hung out her own shingle. (Only later did she undertake formal training.)

Enter the Doctor

In the early 1800's there was also a growing number of formally trained doctors who took great pains to distinguish themselves from the host of lay practitioners. The most important real distinction was that the formally trained, or "regular" doctors as they called themselves, were male, usually middle class, and almost always more expensive than the lay competition. The "regulars'" practices were largely confined to middle and upper class people who could afford the prestige of being treated by a "gentleman" of their own class. By 1800, fashion even dictated that upper and middle class women employ male "regular" doctors for obstetrical care—a custom which plainer people regarded as grossly indecent.

In terms of medical skills and theory, the so-called "regulars" had nothing to recommend them over the lay practitioners. Their "formal training" meant little even by European standards of the time: Medical programs varied in length from a few months to two years; many medical schools had no clinical facilities; high school diplomas were not required for admission to medical schools. Not that serious academic training would have helped much anyway—there was no body of medical science to be trained in. Instead, the "regulars" were taught to treat most ills by "heroic" measures: massive bleeding, huge doses of laxatives, calomel (a laxative containing mercury) and, later, opium. (The European medical profession had little better to offer at this time either.) There is no doubt that these "cures" were often either fatal or more injurious than the original disease. In the judgement of Oliver Wendell Holmes, Sr., himself a distinguished physician, if all the

medicines used by the "regular" doctors in the US were thrown into the ocean, it would be so much the better for mankind and so much the worse for the fishes.

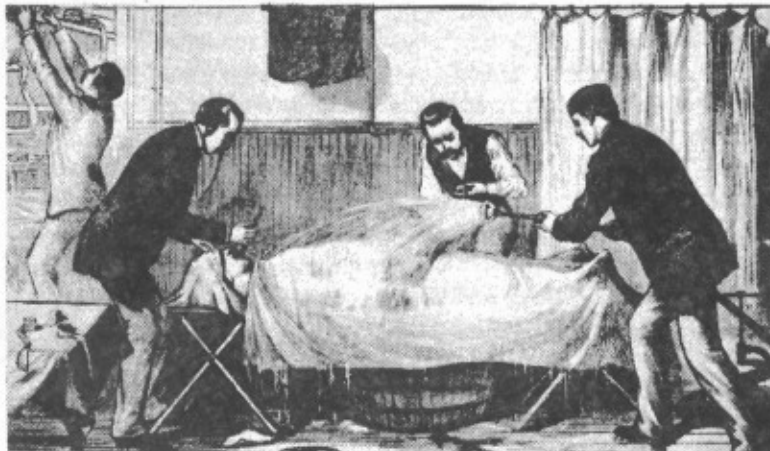
The lay practitioners were undoubtedly safer and more effective than the "regulars." They preferred mild herbal medications, dietary changes and hand-holding to heroic interventions. Maybe they didn't know any more than the "regulars," but at least they were less likely to do the patient harm. Left alone, they might well have displaced the "regular" doctors with even middle class consumers in time. But they didn't know the right people. The "regulars," with their close ties to the upper class, had legislative clout. By 1830, 13 states had passed medical licensing laws outlawing "irregular" practice and establishing the "regulars" as the only legal healers.

It was a premature move. There was no popular support for the idea of medical professionalism, much less for the particular set of healers who claimed it. And there was no way to enforce the new laws: The trusted healers of the common people could not be just legislated out of practice. Worse still—for the "regulars"—this early grab for medical monopoly inspired mass indignation in the form of a radical, popular health movement which came close to smashing medical elitism in America once and for all.

The Popular Health Movement

The Popular Health Movement of the 1830's and 40's is usually dismissed in conventional medical histories as the high-tide of quackery and medical cultism. In reality it was the medical front of a general social upheaval stirred up by feminist and working class movements. Women were the backbone of the Popular Health

"Regular" doctors try water treatment

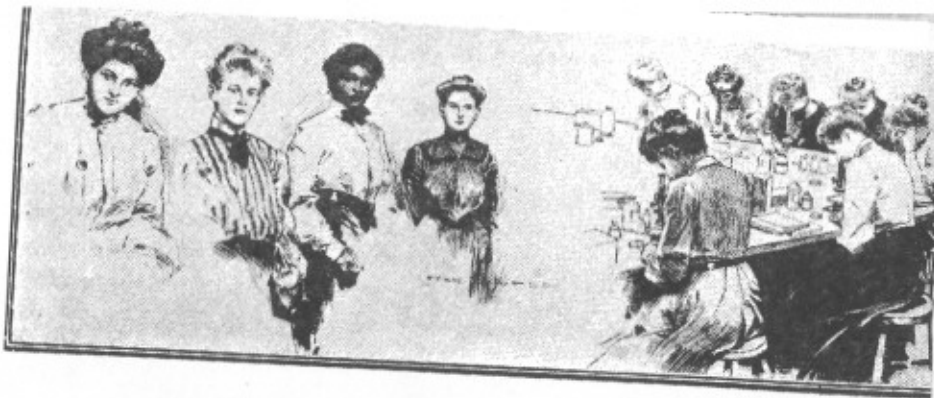


Gynecological exam

Movement. "Ladies Physiological Societies," the equivalent of our know-your-body courses, sprang up everywhere, bringing rapt audiences simple instruction in anatomy and personal hygiene. The emphasis was on preventive care, as opposed to the murderous "cures" practiced by the "regular" doctors. The Movement ran up the banner for frequent bathing (regarded as a vice by many "regular" doctors of the time), loose-fitting female clothing, whole grain cereals, temperance, and a host of other issues women could relate to. And, at about the time that Margaret Sanger's mother was a little girl, some elements of the Movement were already pushing birth control.

The Movement was a radical assault on medical elitism, and an affirmation of the traditional people's medicine. "Every man his own doctor," was the slogan of one wing of the Movement, and they made it very clear that they meant every woman too. The "regular," licensed, doctors were attacked as members of the "parasitic, non-producing classes," who survived only because of the upper class' "lurid taste" for calomel and bleeding. Universities (where the elite of the "regular" doctors were trained) were denounced as places where students "learn to look upon labor as servile and demeaning" and to identify with the upper class. Working class radicals rallied to the cause, linking "King-craft, Priest-craft, Lawyer-craft and Doctor-craft" as the four great evils of the time. In New York State, the Movement was represented in the legislature by a member of the Workingman's Party, who took every opportunity to assail the "privileged doctors."

The "regular" doctors quickly found themselves outnumbered and cornered. From the left-wing of the Popular Health Movement came a total rejection of "doctoring" as a paid occupation—much



less as an overpaid "profession." From the moderate wing came a host of new medical philosophies, or sects, to compete with the "regulars" on their own terms: Eclecticism, Grahamism, Homeopathy, plus many minor ones. The new sects set up their own medical schools, (emphasizing preventive care and mild herbal cures), and started graduating their own doctors. In this context of medical ferment, the old "regulars" began to look like just another sect, a sect whose particular philosophy happened to lean towards calomel, bleeding and the other stand-by's of "heroic" medicine. It was impossible to tell who were the "real" doctors, and by the 1840's, medical licensing laws had been repealed in almost all of the states.

The peak of the Popular Health Movement coincided with the beginnings of an organized feminist movement, and the two were so closely linked that it's hard to tell where one began and the other left off. "This crusade for women's health [the Popular Health Movement] was related both in cause and effect to the demand for women's rights in general, and the health and feminist movements become indistinguishable at this point," according to Richard Shryock, the well-known medical historian. The health movement was concerned with women's rights in general, and the women's movement was particularly concerned with health and with women's access to medical training.

In fact, leaders of both groups used the prevailing sex stereotypes to argue that women were even better equipped to be doctors than men. "We cannot deny that women possess superior capacities for the science of medicine," wrote Samuel Thomson, a Health Movement leader, in 1834. (However, he felt surgery and the care of males should be reserved for male practitioners.) Feminists, like Sarah Hale, went further, exclaiming in 1852: "Talk about this [medicine] being the appropriate sphere for man and his alone! With tenfold more plausibility and reason we say it is the appropriate sphere for woman, and hers alone."

The new medical sects' schools did, in fact, open their doors to women at a time when "regular" medical training was all but closed to them. For example, Harriet Hunt was denied admission to Harvard Medical College, and instead went to a sectarian school for her formal training. (Actually, the Harvard faculty had voted to admit her—along with some black male students— but the students threatened to riot if they came.) The "regular" physicians could take the credit for training Elizabeth Blackwell, America's first female "regular," but her alma mater (a small school in upstate New York) quickly passed a resolution barring further female students. The first generally co-ed medical school was the "irregular" Eclectic Central Medical College of New York, in Syracuse. Finally, the first two all-female medical colleges, one in Boston and one in Philadelphia, were themselves "irregular."

Feminist researchers should really find out more about the Popular Health Movement. From the perspective of our movement today, it's probably more relevant than the women's suffrage struggle. To us, the most tantalizing aspects of the Movement are: (1) That it represented both class struggle and feminist struggle: Today, it's stylish in some quarters to write off purely feminist issues as middle class concerns. But in the Popular Health Movement we see a coming together of feminist and working class energies. Is this because the Popular Health Movement naturally attracted dissidents of all kinds, or was there some deeper identity of purpose? (2) The Popular Health Movement was not just a movement for more and better medical care, but for a radically different kind of health care: It was a substantive challenge to the prevailing medical dogma, practice and theory. Today we tend to confine our critiques to the organization of medical care, and assume that the scientific substratum of medicine is unassailable. We too should be developing the capability for the critical study of medical "science"—at least as it relates to women.

Doctors on the Offensive

At its height in the 1830's and 1840's, the Popular Health Movement had the "regular" doctors—the professional ancestors of today's physicians—running scared. Later in the 19th century, as the grassroots energy ebbed and the Movement degenerated into a set of competing sects, the "regulars" went back on the

offensive. In 1848, they pulled together their first national organization, pretentiously named *the American Medical Association* (AMA.) County and state medical societies, many of which had practically disbanded during the height of medical anarchy in the '30s and '40s, began to reform.

Throughout the latter part of the 19th century, the "regulars" relentlessly attacked lay practitioners, sectarian doctors and women practitioners in general. The attacks were linked: Women practitioners could be attacked because of their sectarian leanings; sects could be attacked because of their openness to women. The arguments against women doctors ranged from the paternalistic (how could a respectable woman travel at night to a medical emergency?) to the hardcore sexist. In his presidential address to the AMA in 1871, Dr. Alfred Stille, said:

Certain women seek to rival men in manly sports...and the strongminded ape them in all things, even in dress. In doing so they may command a sort of admiration such as all monstrous productions inspire, especially when they aim towards a higher type than their own.

The virulence of the American sexist opposition to women in medicine has no parallel in Europe. This is probably because: First, fewer European women were aspiring to medical careers at this time. Second, feminist movements were nowhere as strong as in the U S, and here the male doctors rightly associated the entrance of women into medicine with organized feminism. And, third, the European medical profession was already more firmly established and hence less afraid of competition.



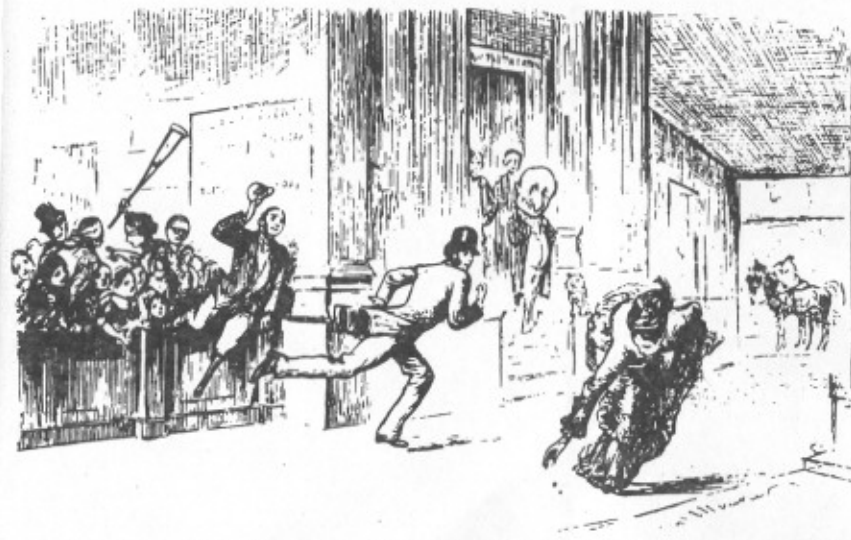
THE COMING RACE
 Doctor Evangeline. 'BY THE BYE, MR SAWYER, ARE YOU ENGAGED TOMORROW AFTERNOON? I HAVE RATHER A TICKLISH OPERATION TO PERFORM—AN AMPUTATION, YOU KNOW.'
 Mr Sawyer. 'I SHALL BE VERY HAPPY TO DO IT FOR YOU.'
 Dr Evangeline. 'O, NO, NOT THAT! BUT WILL YOU KINDLY COME AND ADMINISTER THE CHLOROFORM FOR ME?'
 149.1872

The rare woman who did make it into a "regular" medical school faced one sexist hurdle after another. First there was the continuous harassment—often lewd—by the male students. There were professors who wouldn't discuss anatomy with a lady present. There were textbooks like a well-known 1848 obstetrical text which stated, "She [Woman] has a head almost too small for intellect but just big enough for love." There were respectable gynecological theories of the injurious effects of intellectual activity on the female reproductive organs.

Having completed her academic work, the would-be woman doctor usually found the next steps blocked. Hospitals were usually closed to women doctors, and even if they weren't, the internships were not open to women. If she did finally make it into practice, she found her brother "regulars" unwilling to refer patients to her and absolutely opposed to her membership in their medical societies.

And so it is all the stranger to us, and all the sadder, that what we might call the "women's health movement" began, in the late 19th century, to dissociate itself from its Popular Health Movement past and to strive for respectability. Members of irregular sects were purged from the faculties of the women's medical colleges. Female medical leaders such as Elizabeth Blackwell joined male "regulars" in demanding an end to lay midwifery and "a complete medical education" for all who practiced obstetrics. All this at a time when the "regulars" still had little or no "scientific" advantage over the sect doctors or lay healers.

The explanation, we suppose, was that the women who were



32. Dr. Meilanion Jones, finding himself outstripped in the race for patients by the fair Doctor-ess Atalanta Robinson, gallantly throws her a wedding ring and wins the day.

likely to seek formal medical training at this time were middle class. They must have found it easier to identify with the middle class "regular" doctors than with lower class women healers or with the sectarian medical groups (which had earlier been identified with radical movements.) The shift in allegiance was probably made all the easier by the fact that, in the cities, female lay practitioners were increasingly likely to be immigrants. (At the same time, the possibilities for a cross-class women's movement on *any* issue were vanishing as working class women went into the factories and middle class women settled into Victorian ladyhood.) Whatever the exact explanation, the result was that middle class women had given up the substantive attack on male medicine, and accepted the terms set by the emerging male medical profession.

Professional Victory

The "regulars" were still in no condition to make another bid for medical monopoly. For one thing, they still couldn't claim to have any uniquely effective methods or special body of knowledge. Besides, an occupational group doesn't gain a professional monopoly on the basis of technical superiority alone. A recognized profession is not just a group of self-proclaimed experts; it is a group which has authority *in the law* to select its own members and regulate their practice, i.e., to monopolize a certain field without outside interference. How does a particular group gain full professional status? In the words of sociologist Elliot Freidson:

A profession attains and maintains its position by virtue of the protection and patronage of some elite segment of society which has been persuaded that there is some special value in its work.

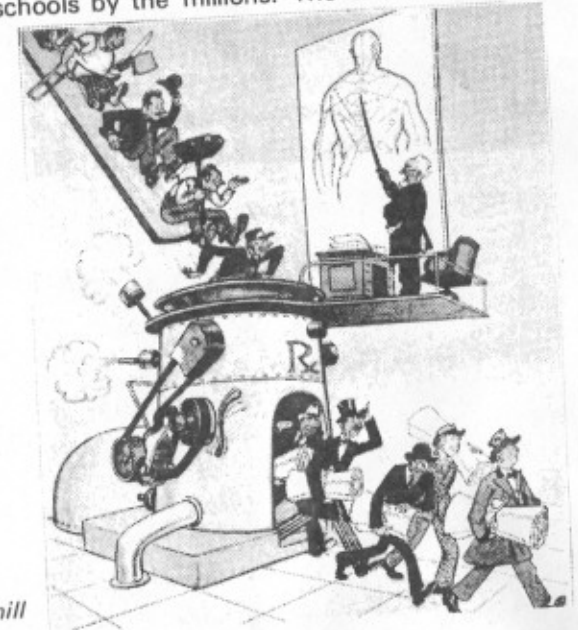
In other words, professions are the creation of a ruling class. To become *the* medical profession, the "regular" doctors needed, above all, ruling class patronage.

By a lucky coincidence for the "regulars," both the science and the patronage became available around the same time, at the turn of the century. French and especially German scientists brought forth the germ theory of disease which provided, for the first time in human history, a rational basis for disease prevention and therapy. While the run-of-the-mill American doctor was still mumbling about "humors" and dosing people with calomel, a tiny medical elite was travelling to German universities to learn the new science. They returned to the US filled with reformist zeal. In 1893 German-trained doctors (funded by local philanthropists) set up the first American German-style medical school, Johns Hopkins.

As far as curriculum was concerned, the big innovation at Hopkins was integrating lab work in basic science with expanded clinical training. Other reforms included hiring full time faculty, emphasizing research, and closely associating the medical school with a full university. Johns Hopkins also introduced the modern pattern of medical education—four years of medical school following four years of college—which of course barred most working class and poor people from the possibility of a medical education.

Meanwhile the US was emerging as the industrial leader of the world. Fortunes built on oil, coal and the ruthless exploitation of American workers were maturing into financial empires. For the first time in American history, there were sufficient concentrations of corporate wealth to allow for massive, organized philanthropy, i.e., organized ruling class intervention in the social, cultural and political life of the nation. Foundations were created as the lasting instruments of this intervention—the Rockefeller and Carnegie foundations appeared in the first decade of the 20th century. One of the earliest and highest items on their agenda was medical "reform," the creation of a respectable, scientific American medical profession.

The group of American medical practitioners that the foundations chose to put their money behind was, naturally enough, the scientific elite of the "regular" doctors. (Many of these men were themselves ruling class, and all were urbane, university-trained gentlemen.) Starting in 1903, foundation money began to pour into medical schools by the millions. The conditions were



Medical diploma mill