

Women Who Rocked the World: Heroines of Medicine in Nineteenth-Century US America

Carmen Birkle
Marburg, Germany

Since this issue of *aspeers* explicitly focuses on the topic of American (Anti-)Heroes and Heroines, I began thinking about the relevance of this notion of heroes and heroines in my own work. Moreover, the invitation to contribute to this issue also specified that transnational, intersectional, and transdisciplinary aspects would be most welcome in my contribution. Since I am currently working on the completion (hopefully soon) of a book on doctors/physicians—both historical and fictional—in nineteenth-century US American culture, I remembered a handbook project to which I had contributed a number of essays. The book's title, *Women Who Changed the World: Their Lives, Challenges, and Accomplishments through History* (2022), immediately suggests that these women made significant contributions to world history. Their lives were extraordinary in many ways and paved the way for future generations of women—no matter their national, ethnic, class, religious, etc. backgrounds (not only) in US American society. These women, such as Margaret Fuller, Julia Ward Howe, Mary Seacole, or Sojourner Truth, accomplished important work in distinct ways, under very different circumstances, and from significantly diverse social perspectives and positions. Calling them heroines is not only possible but adequate. For me, they have always been heroines because they decided, at a time when this was hardly possible for White women, let alone for Black women, to take their lives into their own hands, overcoming various kinds of obstacles, prejudices, and stereotypes as well as legal and economic hindrances in order to become what they had dreamed of. Each of these dreams was individual, contingent on the respective circumstances, and socioculturally unimaginable.

My earlier work on Mary Seacole (1805-1881), a British Jamaican nurse and later self-styled “doctress” in the Crimean War (1854-1856) who has subsequently been called the “Black Nightingale” (Robinson 139), triggered my interest in nineteenth-century women doctors—White and Black—that are now, and were then, heroines in the medical profession (Birkle, “Traveling”). They are the protagonists of their

own stories, they mastered the art of storytelling, they showed great strength and abilities—to pick up only a few of the characteristics of the term. From the many women that I encountered in my research on nineteenth-century US American women doctors or physicians, I decided to choose three for this essay: Elizabeth Blackwell (1821-1910), a White British American woman who became the first woman in the United States to get a medical degree from a US institution in 1849; Marie E. Zakrzewska (1829-1902), a midwife from Germany who moved to the United States to study medicine and become a doctor; Rebecca Lee Crumpler (1831-1895), the first Black American woman to receive her medical degree in 1864. It is important to understand what Black and White women faced as obstacles when they decided to enter the medical field. Moreover, Blackwell demonstrates that transnational ties and transatlantic education were instrumental for thriving in a male-dominated profession. Lee serves as an example of intersectional discrimination as both a woman and a Black woman. She not only had to overcome scientific racism but also scientific sexism, through which male scholars often denied women access not only to a medical education but also to hospitals to do their internships. Consequently, they often had to seek further education with White women who had preceded them.

OBSTACLES IN MEDICINE: THE EMERGENCE OF HEROINES

While Mary Seacole in Jamaica was a self-taught nurse, studying at first with her mother and ‘practicing’ with her own dolls in order to later assist male doctors and observe dissections, the medical field in the nineteenth-century United States increasingly required a more regulated education at degree-granting institutions to prevent quackery and the dominance of (often ineffective) alternative medicine. However, male colleagues, institutions, but also patients put many obstacles in the ways of female medical professionals that could not easily be pushed aside. Biological, sociopolitical, and religious arguments against their practice circulated. Some of them were simply constructed by interest groups to prevent women from entering the field as competitors; some were pseudoscientifically justified; and some were based on assumptions of God-given talents. Women who wanted to pursue a higher education often faced rejection and strong criticism in their own families, such as Dr. Marie Zakrzewska, who also worked with Elizabeth Blackwell in New York and received her medical degree in 1856 from Western Reserve Medical College. Zakrzewska received the following letter from her father while she was pursuing her studies:

I am proud of you, my daughter; yet, you give me more grief than any other of my children. If you were a young man, I could not find words in which to express my satisfaction and pride in respects to your acts;

Women Who Rocked the World: Heroines of Medicine in Nineteenth-Century US America

for I know that all you accomplish you owe to yourself; but you are a woman, a weak woman; and all that I can do for you now is to grieve and to weep. O my daughter! return from this unhappy path. Believe me, the temptation of living for humanity *en masse*, magnificent as it may appear in its aim, will lead you only to learn that all is vanity; while the ingratitude of the mass for whom you choose to work will be your compensation. (qtd. in Zakrzewska, *Practical Illustration* 67)

However, the double standards for women and men, her father's disappointment in her deviation from traditional gender roles and norms, and the reproach that her achievements were caused by vanity and would not be of use to anyone did not sidetrack her from her path.

Like a leitmotif, Zakrzewska presents in her memoir the stereotypical accusations which she and her colleagues as women doctors had to fight on a daily level. Some of their former patients would write short articles "for the leading papers and journals" in New York, assuring the public, as she writes,

that none of us wore short hair like men, but dressed gracefully within the fashion; that we appeared neat in costume, nothing extraordinary indicating our calling, etc., etc. The only disagreeable thing which they found in us was that we objected to being called 'Doctress,' but insisted upon the neutral appellation of 'Doctor of Medicine.' (Zakrzewska, *Woman's Quest* 199)

As these quotations show, the resistance to women practitioners in nineteenth-century US society was deeply rooted in society's understanding of gender. Gender had become a binary system for which society constructed characteristics that made a 'biological' woman 'feminine' and a 'biological' man 'masculine.' These assumptions of both biology and sociocultural roles and characteristics translated into the study of medicine. One of the main arguments against women in the field was that women could not participate in dissections. As Dr. Walter Channing explains in his *Remarks on the Employment of Females as Practitioners in Midwifery by a Physician in 1820*, "it is obvious that we cannot instruct women as we do men in the science of medicine; we cannot carry them into the dissecting room and the hospital" (7). This, as he claims, is already difficult enough for men, but in women, their "more delicate feelings [...] must be destroyed" if they were confronted with dissection.

The intimate connection between nature and nurture was further justified scientifically by pointing out that 'unwomanly' behavior was not only 'unnatural' but also destructive to women's biology, that is, to women's reproductive organs and thus to the survival of the nation. Stephanie Browner briefly discusses the gynecologist T. Gaillard Thomas's 1868 *A Practical Treatise on the Diseases of Women*, which listed as "the most common causes of uterine disease" the "lack of exercise, too much education, and improper dress" (Browner 151). Women were

expected to obey the laws of nature (151). Furthermore, Dr. Clarke's famous treatise on *Sex in Education, Or, A Fair Chance for Girls* (1872) similarly emphasized the destructive power of culture's wrongdoings, among them women's education, as "ruining 'the race of strong, hardy, cheerful girls, that used to grow up in country places'" (qtd. in Browner 152). Similarly, Regina Morantz-Sanchez quotes Clarke as suggesting that "higher education for women produced monstrous brains and puny bodies; abnormally active cerebation and abnormally weak digestion; flowing thought and constipated bowels" (54). As Clarke cites Dr. S. Weir Mitchell, "the American woman is [...] physically unfit for her duties as woman" (34) and, as a logical consequence for him, is a threat to the survival of the nation.

When, in the 1870s and 1880s, Mitchell, a neurologist and author of fiction and poetry, developed his (in)famous 'rest cure' and extended it to women suffering from depression, anxiety, and panic, that is, hysteria and neurasthenia, he provoked a significant stir in the female population. The most famous examples of women suffering from his rest cure are probably the US American writer Charlotte Perkins Gilman (1860-1935) and the British writer Virginia Woolf (1882-1910). Gilman later recorded Mitchell's advice in her autobiography: "Live as domestic a life as possible. Have your child with you all the time. [...] Lie down an hour after each meal. Have but two hours' intellectual life a day. And never touch pen, brush, or pencil as long as you live.' [...] [I] went home, followed those directions rigidly for months, and came perilously close to losing my mind" (96). The best-known outcome of this treatment is Gilman's short story "The Yellow Wallpaper" (1892), with which she warned American society of the devastating consequences such a rest cure would have on women. In *Wear and Tear*, Mitchell concludes in spite of contradictory evidence (Beedy 753):

It were better not to educate girls at all between the ages of fourteen and eighteen, unless it can be done with careful reference to their bodily health. To-day, the American woman is, to speak plainly, too often physically unfit for her duties as woman, and is perhaps of all civilized females the least qualified to undertake those weightier tasks which tax so heavily the nervous system of man. (Mitchell 56-57)

As late as March 13, 1905, President Roosevelt addressed the National Congress of Mothers in Washington to convey to them the intimate connection between family life and the survival of the American nation. As he explained, "unless its home life is healthy" (205), a people, a nation, or, as he called it, a "race" would sooner or later cease to exist. Roosevelt was an imperialist and believed in the superiority of the United States as a "manly race" which would ultimately "advance [...] toward the most perfect possible civilization" (Bederman 171). According to Roosevelt's belief in "certain old truths," a woman's contribution to the nation was "to bear [...] healthy children, [...] numerous enough so that the race shall increase and not decrease"

Women Who Rocked the World: Heroines of Medicine in Nineteenth-Century US America

(205). A clergyman's suggestion to American couples to have only two children to be able to ensure to their offspring enough opportunities in life provoked Roosevelt's scorn. The easiness of this life would not only be immoral and go against his concept of a "strenuous life" (Bederman 184) but also decrease the number of White people in the American nation "so rapidly," as he felt, "that in two or three generations it would very deservedly be on the point of extinction"; America would then be "a race that practiced race suicide" (Roosevelt 209).¹ Thus, women with fewer than three children could be accused of "a racial crime" (Bederman 202) and would be held responsible for the unhealthiness of the nation/race and its subsequent death. Roosevelt concluded by evoking religion and God-given obligations, since their fulfillment would bring a woman "the highest and holiest joy known to mankind; [...] and all people who realize that her work lies at the foundation of all national happiness and greatness, shall rise up and call her blessed" (210).

ELIZABETH BLACKWELL: PIONEER WOMAN AND TRANSATLANTIC HEROINE

Elizabeth Blackwell was one of the pioneer women in medicine, which allows me to call her a heroine. Blackwell was not the first woman in the United States who practiced medicine but she was the first to get a medical degree. She published her autobiography late in life and entitled it *Pioneer Work in Opening the Medical Profession to Women* (1895). In this work, she takes a look back at the many obstacles she had to overcome. When she decided to study medicine, she sent out her applications but was denied acceptance or was not even deemed important enough to deserve a response. One comment of her friend who was dying of cancer had motivated her to take up medical studies because this experience showed the enormous need for women in the field: "If I could have been treated by a lady doctor, my worst sufferings would have been spared me" (Blackwell 74).

As the daughter of English immigrants from Bristol, Blackwell spent most of her time as a teacher in the Southern States.² All this time, she continued to read medical books and studied medicine and anatomy on her own. Not particularly satisfied with that choice, she began to apply at medical schools and one day also to Geneva Medical College in upstate New York. This all-male college received her letter but thought it to be a hoax by a neighboring college. The students were allowed to take a vote and decided to accept this application, never expecting a

1 "Race suicide" is a phrase first coined by the sociologist Edward A. Ross (1866-1951) in 1901.

2 She was first a governess and teacher in the family of Reverend John Dixon in Asheville, North Carolina, then a music teacher in Charleston, South Carolina, residing with Dr. Samuel H. Dickson, "the most distinguished doctor" (Boyd 55), as Blackwell's biographer Julia Boyd tells us, and "professor in the Medical College of that town" (Blackwell 90). Dickson directed Blackwell's medical studies in Charleston. While in North Carolina, Blackwell also taught Black slave children but eventually had to stop because this was illegal.

woman to actually arrive. But Blackwell did and managed to get the respect of both her male colleagues and professors. Her admission also motivated the female practitioner Harriot Kezia Hunt (1805-1875) to apply at Harvard Medical School in 1847. She was rejected the first time, admitted the second time in 1850, but then asked to withdraw because of immediate student protest.

Blackwell knew that she would be stared at, looked at, and observed constantly and that she had to be good at what she was doing in order to prove that women could be as hard-working and as successful in the medical profession as men. She frequently felt, as Mary Wager points out, “that all eyes were fixed upon her” (776), that not only her fellow students but also her professors considered her to be in the wrong place, attempting something unnatural and unfeminine. Blackwell had to be in the lecture hall but had many obstacles to overcome, not only in the dissection hall. If the dissected body was male, it was especially ‘outrageous’ for Blackwell to be an observer since she not only saw a naked male body but was also seen by her fellow male students looking at this ‘gruesome’ sight. She was felt to potentially corrupt the male students who had to endure this sight. The rejection letters that another woman received in Philadelphia from the Philadelphia College of Medicine, the Pennsylvania Medical College, and the Jefferson Medical College explain some of the reasons for rejection: “I think it would be impossible in this country for a lady to mingle with five hundred young men, gentlemen though they be, in the same lecture-room, without experiencing many annoyances” (qtd. in Wager 781). In the same letter, a female graduate of Geneva College is mentioned who visited Jefferson Medical College to attend a lecture and who can only be Elizabeth Blackwell as the college’s only female graduate. Her desire to attend a lecture was granted, but she had to move from total (and from the College’s point of view disruptive) visibility to complete invisibility: “[T]he veteran professor to whom she listened deemed it prudent that she should not appear before the class, but placed her in a small room adjoining, where she could hear the lecture without being observed” (781). Women who attempted to study and work in medicine were generally accused of “unsex[ing]” themselves and “sacrific[ing]” their modesty (qtd. in Wells 200). Women’s “strong desires to see, particularly to see the interior of the body,” disrupted the “complex economies of medical vision” (201).

Yet, Blackwell graduated at the top of her class and decided to travel to Europe (Birkle, “Capitals”) because she “felt [...] keenly the need of much wider opportunities for study than were open to women in America” (Blackwell 133), and teachers and medical friends told her that she “should be able to find unlimited opportunities for study in any branch of the medical art” (148). Her medical grand tour to Europe took her to a number of places, first of all to the Maternité, a school for midwives in Paris, where one of her eyes was infected so that she could no longer pursue her aspiration of becoming a surgeon. But upon returning to New York City,

Women Who Rocked the World: Heroines of Medicine in Nineteenth-Century US America

she, together with her sister Emily, opened up the New York Infirmity for Women and Children (1857), the first hospital ever that was entirely run by women (Abram 85), to be followed by the Woman's Medical College of the New York Infirmity in 1868. Although this was not yet the end of all obstacles they had to face, such as gaining the trust of potential patients and finding sponsors to help in the maintenance of the buildings and the education of young women, the Blackwell sisters, with the help of Marie Zakrzewska,³ managed to fulfill their visions.

OBSTACLES IN MEDICINE: INTERSECTIONAL HEROISM

Black women who wanted to study and work in the field of medicine not only had to face (scientific) sexism but also (scientific) racism. To elaborate on this (at least) double discrimination, I will briefly juxtapose Josiah Nott's contribution to the phenomenon of scientific racism with the experience of Isabella Vandervall, a Black woman on her way toward becoming a doctor and applying for an internship. Although Nott's contribution and the rejection of a Black female medical student by a hospital are situated at slightly different times in nineteenth-century history, they do illustrate the prevailing attitudes toward Black people even after the Civil War and their legal but by far not social equality.

Josiah Nott (1804-1873) was one of the most radical polygenists in the US South, where he grew up in Columbia, South Carolina, and entered the debate in 1843 with an article in the *American Journal of the Medical Sciences* (then the *Boston Medical and Surgical Journal*), in which he not only declared Blacks and Whites to be separate species but also "argued that mulattos were hybrids, short-lived and trending to infertility" (O'Brien 241). For him, Black people were a species "intermediate between Caucasians and apes, possessed of smaller brains" (242). His theories were so successful that the book he published with George Giddon, *Types of Mankind* (1854), "went through ten editions before 1871" (O'Brien 242), but he was often attacked "on his incompetence as a scientist" (243). Yet, in his essay, he claimed that what he was arguing was based on facts that he himself had either observed or read in other scientists' treatises that were similarly racist in tone and content.

Nott maintained that these "remarks [...] are the result of many years' observation; and [he is] satisfied that full investigation will show that they are substantially true. Every intelligent reader will see the many important bearings of this subject" (32). He did "start the ball" (32) with his deliberations because his ideas were upheld into the twentieth century—and, for some, they still are. For Nott, his own observations, based on fifteen years of medical practice in the South (29),

³ Zakrzewska later left for Boston for a teaching position at The New England Female Medical College and a few years later founded her own hospital, the New England Hospital for Women and Children.

became facts, and although he regretted the absence of statistics, he put the blame on the ‘mulattoes’ in the South who “render it extremely difficult to obtain satisfactory statistics” (30). That mixed-race people were ‘hybrids’ would not yet be anything to debate, but the conclusions he drew from this fact were severely criticized. For him, ‘mulattoes’ were “intermediate of intelligence”; “less capable of endurance” and “shorter lived”; female ‘mulattoes’ were “subject to many chronic diseases” and were “bad breeders and nurses” or “do not conceive at all” (29). He also continued the myth that Black people were less liable to be affected by yellow fever (30). As different species, Black people and White people differed, for Nott, significantly in outward appearance and intellectual and moral qualities. The reason for this separation of the species was God’s decision, or, as he argued, “it has pleased the Creator, at some period of time, so to make or change them.” From this standpoint, the separation could and should not be questioned but had to be accepted as God’s will. What this separation implied, if anything, was subject to debate for Nott and like-minded US Americans. Moreover, he also claimed to have observed that the offspring of “hybrids” eventually “run out and change back to one of the parent stocks” so that some children of the same parents were “nearly white and others nearly black” (31). Nott’s implication here was that no matter how many generations removed, there was always the possibility of giving birth to a Black child, which, of course, in the social climate of the South in the first half of the nineteenth century, would be devastating. Consequently, as he depicted the danger, ‘hybrids’ had fewer and more degenerate children—intellectually, morally, physically—and would never be able to pass for White because, as he maintained, “I have rarely if ever met an individual tainted with black blood, in whom I could not detect it without difficulty” (31). In short, for Nott, every intermarriage between Black people and White people disrupted the ‘great chain of being,’ went against God’s will, and, ultimately and inevitably, would lead to a decline of the nation because it would undermine the strength of the Anglo-Saxon population. Nott’s essay is an early example of Theodore Roosevelt’s early-twentieth-century idea of a ‘race suicide’ that would diminish the strength of the American nation.

This discrimination, seemingly scientifically justified, continued into the early twentieth century. In 1917, Dr. Isabella Vandervall, a Black woman doctor who had graduated in 1915, had tried to do an internship at the hospital of her own institution—probably somewhere in New Jersey (because she writes from East Orange, New Jersey) or New York—but she was met with consternation and rejection. In 1917, she was invited to a reception at this institution, and she depicted her joy at being able to return once more to her alma mater and revisit all the places she knew. However, she was deeply disappointed when one girl of the reception committee approached her and ‘greeted’ her with the words “[w]hat do you want?” as if to say “[g]et out!” (157). And she concluded: “And that is the greeting which meets the colored woman physician whenever and wherever she applies for what is

Women Who Rocked the World: Heroines of Medicine in Nineteenth-Century US America

freely granted [in 1917] to all white women physicians.” When the Hospital for Women and Children in Syracuse, New York, accepted her as an intern based on her papers, she was however immediately rejected upon arrival: “You can’t come here; we can’t have you here! You are colored! You will have to go back” (158). This is the response she got everywhere she applied. As she points out, because the law that doctors could not practice without having done an internship was not yet applied in New York and New Jersey, she was allowed to practice anyway. Yet, even before this law took shape, rejections deprived young Black women of the practical experience they needed—and Black people of more Black physicians. White physicians often did not want to treat Black people, and a Black woman physician could have easily filled that void (158). Vandervall mocked those White “democratic and philanthropic Americans” and finally asks: “[I]s this fair?” (158). By the 1920s, “racism, sexism” but also the “professionalization” of medicine had resulted “in a significant reduction in the number of black women physicians” (Hine 117).

REBECCA (DAVIS) LEE CRUMPLER: BLACK WOMAN PIONEER AND HEROINE

Rebecca Lee Crumpler, together with Rebecca J. Cole (1846-1922) and Susan Smith McKinney Steward (1848-1919), “signaled the emergence of black women in the medical profession” (Hine 108). Crumpler practiced in Boston (Markel) until she moved to Richmond, Virginia, after the Civil War in 1865, and later back to Boston in 1869, where she and her husband lived in a predominantly Black community (Shmerler 2),⁴ where she treated mostly women and children, and did not always ask for payment, as she explains, “regardless, in a measure, of remuneration” (Crumpler 3). Her work as a doctor, though successful, was not without confrontations with racism and discrimination. As the unnamed author of the article “Outstanding Women Doctors” of 1964 claims, “men doctors snubbed her, druggists balked at filling her prescriptions, and some people wisecracked that the M.D. behind her name stood for nothing more than ‘Mule Driver’” (68).

The only publication left by Crumpler is her medical treatise *A Book of Medical Discourses* written in 1883. Here, she addressed the care of women and children and emphasized a nurse’s or doctor’s usefulness with the sick. The book’s division into two parts reflects her interest, first, in newborn babies and their bowel problems until the age of around five and, second, in problems with beginning womanhood. The book is dedicated to “mothers, nurses, and all who may desire to mitigate the affliction of the human race.” Interestingly enough, the first part begins with a chapter on how to marry, followed by chapters on washing and dressing the newborn, breastfeeding, the uselessness of “baby medicines,” time for weaning,

⁴ Specifically, the Boston neighborhood of North Slope of Beacon Hill.

teething, etc. Her introduction can be read as an autobiographical account of her medical life and the motivation that Crumpler professes to for practicing medicine.

She, like others, was asked to publish her medical knowledge and experiences gained over several decades. She explains:

Since I have, with no small degree of diffidence, consented to submit my long-kept journal to the public in the form of a book, I desire to present the different subjects by the use of as few technical terms as possible; and to make my statements brief, simple, and comprehensive. Indeed I desire that my book shall be as a primary reader in the hands of every woman; and yet none the less suited to any who may be conversant with all branches of medical science. (3-4)

She modestly labeled her book “a few simple appeals to common sense” and justified her authority with her many travels through the United States at all seasons in her capacity as a family nurse and then practitioner (1). With her aunt as a model, she saw her profession as a mission and considered Richmond, Virginia, “as the proper field for real missionary work” after the Civil War and after having worked in the “British Dominion” (2). She joined a group of Black doctors who treated freed slaves who did not have access to healthcare. She managed to do this for a few years for the Freedman’s Bureau but not without experiencing intense racism in a South which mourned the so-called Lost Cause. This missionary zeal emerges more prominently when she speaks about the many diseases and subsequent deaths of children that could have been prevented with proper care: “[The caretakers] seem to forget that there is a *cause* for every ailment, and that it may be in their power to remove it. My chief desire in presenting this book is to impress upon somebody’s mind the possibilities of prevention” (4). This long-kept journal, which is, by definition, a private record first and foremost, however, takes on the form of a conduct book giving advice to women rather than chronicling Crumpler’s own day-to-day work. Without saying so explicitly, she suggests the contrast of “remedies of a powerful nature” (7), meaning, in many cases, homeopathy.

MEDICAL WOMEN HEROINES: BLACK AND WHITE

Above, I have made a case for nineteenth-century medical women to be considered heroines because they had to overcome significant obstacles that were put in their ways, such as racism and sexism and their intersections, as well as gender and ethnic stereotypes and prejudices by colleagues in the field and the very patients they were trying to help. Arguably, what happened to them is still happening today in a slightly different way. While access to the medical profession is legally granted to anyone who qualifies, this qualification is inherently flawed because it often depends on socioeconomic factors and the education that is possible for children. Moreover,

Women Who Rocked the World: Heroines of Medicine in Nineteenth-Century US America

in the nineteenth century, admission to medical schools and internships at hospitals was given based on ethnic and gender criteria, which means that, with few exceptions, access was granted to White men only. In the United States of the twenty-first century, we can observe a backlash when it comes to gender equality and equity and continued discrimination in reference to ethnicity. Not only does the Black Lives Matter movement continue to protest against police brutality against Black people, but Michelle Alexander, in her study *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*, points out that young Black people often find themselves in a vicious circle of being born in a Black neighborhood, in which access to education and good jobs is heavily restricted (306). It is structural discrimination based on ethnicity that denies them access to further education and well-paying jobs. As Alexander argues, while the Jim Crow laws prevented Black people from participating in and contributing to society in the nineteenth century, it is the New Jim Crow of the twentieth and twenty-first centuries as the prison industrial complex that fulfills the same function. Given racial bias in the judicial system and higher incarceration rates for Black people (230-31), their lives often end in prison. And affirmative action was overturned by the Supreme Court in 2023.

With the women's and gay and lesbian movements of the 1960s and 1970s, a development in gender equality and equity began so that for some time it looked like progress was on its way. The 1973 *Roe v. Wade* Supreme Court decision gave women the federal right to their own bodies and to decide about abortion, under certain conditions. With *Dobbs v. Jackson Women's Health Organization* (2022), the Supreme Court overruled its own previous decision. Abortion is no longer a federal right, and all states can now individually decide which rights they want to grant along political lines. This decision again discriminates to a proportionally much higher degree against Black women in poor neighborhoods with high unemployment rates and limits those women's access to education and jobs. And transgender people are affected to a much higher degree as well. In 2025, immediately after his inauguration as forty-seventh president of the United States, Donald J. Trump signed a number of executive orders denying transgender people the right to their identity and declared that there were only two sexes, male and female, and defined their identities in terms of reproductive functions.

While the nineteenth-century understanding of gender and ethnicity was clearly arranged in binary oppositions and discriminated against women and Black people (and other minorities), the twenty-first-century backlash against gender and ethnic rights has halted progress in the recognition of human diversity. Once more the political decision-makers decide about gender and ethnic identity and the rights granted to people along these lines. The Black and White heroines in the nineteenth-century medical profession stood up against legal and social limitations, which were put on these identity categories and which restricted and even denied

them their choices in life. The twenty-first century needs to look for contemporary heroines who stand up against autocratic and populist leaders who lash out to equal rights for all. To quote Amanda Gorman: “[t]he norms and notions / of what just is / isn’t always just-ice [...] to compose a country committed to all cultures, colors, characters, and / conditions of man” (lines 7-9, 26-27). And she concludes: “The new dawn blooms as we free it. / For there is always light, / if only we’re brave enough to see it, / if only we’re brave enough to be it” (lines 107-10). We should all be heroes and heroines of this new dawn.

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Women Who Rocked the World: Heroines of Medicine in Nineteenth-Century US America

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Carmen Birkle

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