Chapter 12

The Medical Profession at Mid-Century

We are told that the ancient reverence in which medicine was held, is decayed, and that the public confidence in it is lessened.

—Walter Channing, “Of the Medical Profession, and of its Preparation,” 1845

Despite having devoted the greater part of his life to the multiple demands of a profession he loved, in the mid-1840s Channing had to admit that medicine faced serious challenges. Inspirational phrases uttered from the lecture podium or published in textbooks and journals were not enough to assure public confidence in the skills of physicians. Competition from unorthodox medical sects and charlatans posed an economic threat and raised troubling ethical questions. New views on birth control and abortion, popular interest in health and physiology, and a growing call for admission of women to the profession necessitated a reexamination of his assumptions regarding medical ethics and traditions.

Distrust of the medical profession was largely a reaction to the harsh drugs, bleeding, cathartics, and other therapies of “heroic medicine.” One result was the success of unorthodox medical sects, especially hydropathy and homeopathy, which became increasingly popular during the mid-century decades. There were several hydropathic or water-cure establishments in New England, including a large resort in Brattleboro, Vermont, that was acclaimed by Susan Higginson Channing and her daughters, as well as by literary lights such as Harriet Beecher Stowe and her sister Catherine Beecher.1 Homeopathy was even more widely accepted.2 The Massachusetts Homeopathic Fraternity, a loose association of homeopathic practitioners, was flourishing despite opposition from the Massachusetts Medical Society.3 Channing scorned both sects,
which claimed that allopathic (regular) medicine was dangerous, rejected academic medical training, and condemned traditional therapeutics. Their views were an affront to his personal integrity as well as to the profession he honored. 4

"Of all modern hobby-horsical revivals," he disdainfully wrote, "perhaps no one has been harder ridden than the water cure." He lampooned the fashionable establishments, with their lavish hotels, lawns, groves, hills, and lakes, and the rituals that required their patrons to drink large quantities of water, submerge themselves in hot baths, douse themselves with cold showers, and spend many hours encased in wet packs. In his view, hydropathy was not a cure but an entertainment and a solace for women who preferred to be invalids. Modern historians have been kinder to the women who embraced hydropathy. As summarized by Susan Cayleff, it offered them "an all-encompassing, accessible, and empowering medical and social ideology that valued them for their 'innate' characteristics, for their abilities as individuals, and for their central importance in the campaign to reform American health and living habits." 5

Channing was even more scathing about homeopathy. The notion that infinitesimal doses of like substances can cure disease was completely antithetical to every theory of regular medicine as well as to common sense, and he had absolutely no patience with it. "We are treating of matters in which are involved the grave questions of death and life. . . . The homeopathist . . . investigates nothing. He asks not for the disease during life nor seeks to confirm or amend the record after death." 6 Channing charged the homeopaths with preventing cures and refusing to prescribe opium and other anodynes to relieve the pain of terminal illness.

He was particularly incensed by their crusade against cathartics since, according to his beliefs, costiveness frequently caused or exacerbated disease. 7 He accused them of dishonesty, having known cases in which homeopaths prescribed larger doses than he would have given, and others in which they permitted a regular physician to prescribe a course of medication, hoping that a cure would ensue. He claimed to have witnessed chicanery when a washstsb filled with water was placed beneath a sickbed to "cause the waters to flow." The water was changed day and night, but the patient died in agony from severe urinary disease.

The Massachusetts Medical Society frowned on members who had anything to do with unorthodox medical practitioners. 8 Channing generally adhered to their rule, but if called by a homeopath to consult in a difficult obstetrical case he would not refuse. Experience had shown him that homeopaths frequently lacked skill with forceps and other instruments and that death might occur if he did not try to help. He had also known cases in which the "infinitesimal"
did not control hemorrhaging or facilitate the expulsion of an undelivered placenta. Again, “death would have occurred before homeopathic remedies would have emptied the womb, or established permanent contraction.”

To ridicule the pretenses of homeopathy he once ate all the pills in a homeopathic medicine box that he had found beneath a patient’s bed. Then, having taken so much “medicine,” he predicted he would enjoy good health far into the future. Neither the homeopath nor the patient was amused. To the homeopathic claim that drinking seawater was the best cure for seasickness, Channing retorted that it would be better to prescribe a homeopathic dose of land, since most people recovered as soon as they were on land.

Channing’s impassioned criticisms of unorthodox sects were indicative of the defensive position regular medical men had assumed throughout the nation. The absence of licensing in nearly all the states, the poor education medical students received in proprietary schools more concerned with profits than instruction, the lack of adequate clinical training, and the frequently unethical conduct of many practitioners were a source of embarrassment to physicians who valued high standards. Boston, with its respect for authority and intellectual endeavor, was less affected than other parts of the country. The tight control of the Warrens, Jacksons, and Bigelows had prevented creation of competitive medical schools, and the Massachusetts Medical Society had maintained professional standards. However, there was no guarantee that Boston’s medical men would be forever protected from the poor reputation of physicians in other parts of the country. Indeed, the inroads of the homeopaths suggested otherwise.

Interest in a national medical association that would improve the image of the profession had begun to emerge in the 1830s. During the early 1840s several attempts were made, without much effect, to form a permanent organization. A more promising meeting held in New York in May 1846 led to the official launching of the American Medical Association in Philadelphia the following year. More than three hundred delegates, representing their state medical societies and various medical colleges, approved motions supporting higher standards of medical education and ethics. Channing’s friend and professor Nathaniel Chapman was elected the first president. Channing was appointed in absentia to the committee on obstetrics, a testimony to his reputation, but there is no evidence that he made any contribution.

In 1849 Boston hosted the third annual meeting of the AMA, which attracted about 450 delegates from all parts of the country. For four days, Bostonians did their best to impress the guests. There were sessions at the Lowell Institute and in the chamber of the Massachusetts House of Representatives. Mayor John Preston Bigelow (no relation to the medical Bigelows) greeted
them at the Revere House, Boston’s premier reception hall. They were feted in the homes of John Collins Warren, Jacob Bigelow, George Hayward, and John Homans, and by Abbott Lawrence, the textile magnate and a leading citizen. They visited the medical school, the hospital, the Eye and Ear Infirmary, the Society of Natural History, the Massachusetts Historical Society, the museum of the Society for Medical Improvement, and the Boston Museum. They were also welcomed at the college in Cambridge and at the McLean Asylum in Somerville.

Channing, officially a delegate of the Boston Lying-in Hospital, reported on the events for the *Boston Medical and Surgical Journal*.13 Not surprisingly, he thought the convention “one of the most important, if not the most important, meetings ever held in this city.” It was a unique opportunity for him to meet physicians from distant places and compare notes. Like many of the delegates, he was especially interested in a report of the education committee that recommended the addition of two months to the school year. Harvard’s faculty did not favor the proposal. The experience of schools that had tried a longer term
indicated that many students would continue to leave at the end of four months and that the expense of added time and effort had not been rewarded. An unacknowledged but more significant reason for unwillingness to extend the lecture term was fear that more students would choose to attend proprietary schools, which had minimal requirements for attendance. Boston's Tremont and Boylston medical schools were closely allied with Harvard, but there was always danger of competition from less friendly establishments.

Channing's report included details of one of the speeches delivered at the end of the meeting. The delegate described an omnibus ride in which he and his colleagues were rescued from ignorance by "a lady [who] saw that we were strangers . . . and at once began to tell us all we wanted to know, and after a manner so intelligible, so lady-like, so truly grateful, that we at once saw the whole secret of New England power. It is, Mr. Chairman, it is in the women." As a Bostonian well acquainted with the women in the city, Channing was pleased to repeat these words for his readers.

Channing did not remain an active member of the AMA. He was named a delegate to the next meeting in Cincinnati, but chose not to attend. He was also asked by Meigs to contribute to a report on diseases of the cervix for the 1852 meeting. Meigs tried to get Channing's attention by pointing out that "the brethren are not fully appreciative of the importance of the subject" and urged him to discuss the necessity, propriety, and morality of physical diagnosis for these disorders. He especially wanted Channing to "allude to the embarrassments . . . arising from the delicacy of those relations that exist between the physician and patient." Channing did not take up the challenge and Meigs was forced to prepare the report himself. 14

These early years of the American Medical Association did not produce much more than increased familiarity and exchange among the better-educated, more progressive physicians. Without strong state medical societies or state regulatory agencies that could enforce standards, there was no way to restrict badly trained men who had the legal right to call themselves doctors or to curb quacks and charlatans who offered questionable remedies to a badly informed public. Held back by the conservativism of some of its faculty and distracted by the Civil War, Harvard Medical School did not seriously reform its curriculum or raise its standards until the 1870s, when Charles W. Eliot, newly installed as president of the university, forced dramatic changes. A nine-month lecture period, graded courses that moved the student through increasingly complex material, and written examinations were the initial result of his leadership. 15

THE growing number of abortions was one of the more complicated issues facing the medical profession at mid-century. It was a new and deeply disturb-
ing phenomenon that evoked strong reactions from many physicians. Channing believed that abortion was legally and morally wrong, as well as a threat to the health of the mother, but it was easier to make a statement of principle than to act consistently in daily medical practice.\textsuperscript{16}

In his lectures on medical jurisprudence Channing had always defined feticide as "willful murder of the fetus by internal remedies . . . after the child has manifested life."\textsuperscript{17} This notion of "quickening" was an important legal principle, established in English common law and adopted by courts in the United States. Before quickening (the point at which a pregnant woman first feels fetal movement), the fetus was thought not yet alive and thus abortion was not murder. After quickening, deliberate destruction of the fetus was destruction of life and a criminal act. A physician might have to testify in court regarding the gestational age of a fetus or postmortem evidence of criminal abortion, and Channing's instruction contained important information. However, prosecution for abortion was rare. The law required proof of an intention to destroy life, resulting in few convictions and even fewer sentences.

Despite the public and legal acceptance of quickening as the determining indicator of fetal life, leading writers on obstetrics, medical ethics, and medical jurisprudence had long realized that it was a fallacious concept.\textsuperscript{18} Channing referred to feticide after the fetus had shown life as the "crime augmented."\textsuperscript{19} Like other medical experts, he recognized that quickening had no physiological relationship to life but was the mother's perception of previously undetected fetal motion. There was no agreement on the exact onset of life, any more than there is today.

In his midwifery lectures, Channing talked about the various ways women could end a pregnancy regardless of how far it had advanced: the herbs and drugs reputed to bring on an abortion and the cold baths, exposure to inclement weather, tight lacing, strenuous exercise, violent emetics, douches, injections, even external blows to the abdomen, that were thought to result in expulsion of the fetus. He was preparing his students to treat complications when an attempted abortion went awry and to know the dangers to be avoided if a woman wanted to prevent a miscarriage.\textsuperscript{20}

During the first several decades of Channing's career, abortion was not an issue. No doubt some of his patients had attempted to terminate pregnancies and he was called to deal with subsequent unexpected hemorrhaging or infection. Several of his early cases involved "imprudent" women who aborted in the third or fourth month of gestation.\textsuperscript{21} But society did not pay much attention to such events, which were relatively few and far between. Most people associated abortion with unmarried women who wanted to avoid the shame and guilt of pregnancy and the stigma associated with illegitimacy. Indeed, there was often some sympathy for these unfortunate women.
A marked change occurred toward the middle of the century, when it became apparent that the number of abortions was rising significantly. Even more alarming was evidence that the increase was attributable to married women from the middle and upper classes. Unlike the poor women whose babies would be illegitimate, these were women who had decided that large families could cause undue financial burdens or emotional stress and wanted to find other outlets for their own energies and talents. With contraceptive methods still unreliable, they were using abortion to limit family size, avoid having a child in the first years of marriage, or better space their pregnancies. Other married women chose abortion rather than endure another difficult pregnancy or dangerous delivery. Husbands often agreed, the judicial system paid scant attention, and the Protestant clergy was silent on the subject.

The changing nature of abortion practices had a direct impact on Channing and his colleagues. They were being asked to facilitate abortions by women from whom they did not expect such unseemly requests. Most refused, as they would have refused a similar request from an unmarried woman. Professional ethics forbade physicians to perform abortions. Yet they knew that some irregular physicians and midwives were doing so, and they may have feared a consequent loss of their own practice. Even more disturbing, regular physicians were treating many more cases of incomplete and botched abortions as well as the infections, bleeding, and pain that often followed. The newspapers carried frequent advertisements from men and women untrained in obstetrics offering relief of “blocked menses” or cures for “female diseases.”

The surge in abortions was reported in the *Boston Medical and Surgical Journal*, whose editor was appalled by the “abominable vice.” It was also discussed in professional circles, including meetings of the Society for Medical Improvement, at which Channing relayed the story of a woman who aborted herself by eating a pound of ergot, and Charles E. Ware exhibited a diseased uterus taken at autopsy from a woman who had dosed herself with oil of tansy or hemlock. Henry I. Bowditch showed his colleagues a box of pills sold by the infamous abortionist Madame Restell, who had a thriving business in Boston as well as in New York and Philadelphia. Henry J. Bigelow complained that abortifacients were readily available for nominal sums.

On May 12, 1851, the Society for Medical Improvement devoted most of the evening to a discussion of the “astonishing frequency” of abortion in Boston. Channing led off by describing three cases he had seen within the preceding fortnight. Severe hemorrhaging and persistent vomiting had caused fear for these patients’ recovery. One had been previously treated by a homeopath whose remedies were inadequate to the gravity of the situation, leaving Channing to save the woman’s life. Other members of the society described attempted abortions that produced convulsions and fistulas.
Shifting from medicine to morals, Channing expressed astonishment that increased abortions were occurring among “respectable and married women” who did not wish to have more children or wanted to avoid suffering in labor. Another physician present knew of a couple who sought an abortion because they wanted to preserve the figure and personal appearance of the wife, a handsome woman “of refined manners.” At the age of sixty-five, having devoted his life to assisting women in childbirth, Channing could not comprehend this new breed of women “who from ignorance . . . allow this crime to be committed upon them, and not only allowing but soliciting it to be done.” He felt it was incumbent on the medical profession to make a public statement strong enough to curtail the practice. Physicians understood that the fetus at any age was a living being and, more than any other segment of society, they knew that internal abortifacients and instrumented abortions could be dangerous.

Channing’s remarks provided several important motifs to the argument against abortion. First, he was reinforcing the notion that abortion before quickening was unacceptable. Second, in much the way he viewed prohibition of alcohol, he had little confidence in legal remedies for abortion. In 1845 the Massachusetts legislature had enacted a new law making abortion a felony if the woman died and a misdemeanor if she did not, but conviction still required proof of intention. Only the woman herself could testify about intention, which was impossible if she died and unlikely if she survived. Third, he placed his hopes on physicians, whom he urged to inform the public about the error of abortion.

Channing’s message was mild compared with the onslaught of anti-abortion activity that emerged a few years later. In 1855 David Humphreys Storer, who succeeded Channing as Professor of Midwifery and Medical Jurisprudence, used the occasion of the annual introductory lecture at the medical school to add an impassioned condemnation of abortion and contraception to the usual exhortations about the nobility of the medical profession and the necessity for diligence and devotion to its purposes. He accused women who terminated a pregnancy of “a crime in the sight of the law” and “a sin in the sight of [their] Maker.” He spoke of “an existing, and universally acknowledged evil,” of “vice and unholy transactions,” and of his horror “that the female can so completely unsex herself, that her sensibilities can be so entirely blunted, that any conceivable circumstances can compel her to welcome such degradation.”

Storer used medical theory to reinforce his objections. It was his view that according to the “laws” of female physiology, the uterus “requires that a certain specified time shall be occupied in perfecting its most important work” while “the system of the mother [is] gradually being prepared for the approaching event.” To interfere with these natural processes and force the uterus to expel
its contents before the determined time could lead to physical disease and mental depression. He also criticized contraception, explaining that incomplete intercourse was unnatural and could cause organic disease.\textsuperscript{32}

This rendering of female physiology was a marked departure from that held by Channing and other physicians of his generation. In deference to members of the faculty who were disturbed by the impropriety of these topics, Storer was persuaded not to include the paragraphs on abortion and contraception in the published version of his lecture. However, the \textit{Boston Medical and Surgical Journal} included them in its report of the lecture, and there were many people present at the time of its delivery who further publicized his views.\textsuperscript{33}

David Humphreys Storer remained committed to moral suasion to restrict abortion, assuming, as did Channing, that "the laws of the land, with all their penalties annexed, can do but little to abolish the crime." Not so Storer's son, Horatio, who transformed the criminalization of abortion into the "physicians' crusade" associated with his name.\textsuperscript{34} Horatio had graduated from Harvard Medical School and spent a year abroad studying obstetrics and gynecology in Paris and Edinburgh. Channing had provided the younger Storer with an introduction to James Y. Simpson, whom he had praised in the midwifery lectures Horatio attended.\textsuperscript{35} A friendship immediately developed between the Bostonian and the Scot, much like that between Channing and Simpson. In this case, however, the visitor remained in Edinburgh for nearly a year, studying gynecology with Simpson while becoming convinced of the advantages of chloroform over ether.

Storer was ambitious, looking for a cause that would bring him to the forefront of the profession. He was also pugnacious, eager to outwit and outdo any adversary he encountered. He was angry about the suppression of his father's introductory lecture and humiliated by his father's willingness to accept the restrictions placed on its publication. A campaign against abortion suited his combative personality and accorded with his conviction that willful destruction of fetal life at any stage was murder.

Storer began his offensive by soliciting information from physicians in many parts of the nation about the incidence of abortion and enforcement of legal remedies. He then sought approval from the Suffolk District Medical Society for strict anti-abortion laws that he, as chairman of a special committee, had drafted. He expected the local society to forward his report to the state medical society for its approval and recommendation to the legislature.\textsuperscript{36}

These initial efforts of Horatio Storer coincided with Channing's term as president of the Suffolk District Medical Society. Strangely, despite his earlier appeal to his colleagues to speak out against abortion, there is no indication
that he took part in the discussions, which were very heated. Storer’s controver­
sial recommendations were eventually approved by a small margin and pre­
presented at the annual meeting of the Massachusetts Medical Society. Here, too, Channing was present. As one of the senior physicians attending, he offered after-dinner remarks that were well received by his colleagues, but there is no record of his participation in the long debate over Storer’s proposals, although they were the major business before the society.  

Horatio Storer was only moderately successful in persuading physicians in Massachusetts to join his crusade. Though most agreed with his goal, his extreme positions were offensive to many who did not share his zeal. For instance, Storer proposed severe punishment for women who sought abortion. “[T]he wretch who had caused the death of her offspring, perhaps by her own hand, should be made to suffer corresponding exposure and punishment,” he asserted, adding, “if married, as is too often the case, her crime should be considered as infinitely increased.” But there were physicians who continued to sympathize with unmarried women desperate to avoid shame and who were not prepared to see middle-class and upper-class married women sentenced to the House of Correction for aborting an unwanted fetus, even if it was wrong.

Furthermore, most Massachusetts physicians, including Channing, placed the life of the mother ahead of the life of the baby in cases where one had to be sacrificed. Storer did not agree, insisting that an abortion to save the life of the mother was a crime against the unborn child. As for “premature deliveries” performed more than one time for the same woman, Storer declared that “the lusts of man or woman should not be pandered to in this way. The man should be castrated or the child have a chance. The mother is responsible if she puts her own life in danger and the crime is against the child.”

Channing’s views on abortion were milder and more complicated. In theory he was intolerant of an act he called “feticide” and “unborn-child-kill­ing.” He accused women of self-indulgence for using abortion to avoid the annoyance of pregnancy or the bother of a new baby, asserting “they will kill, or get killed, the most sacred of human instincts.” He warned about uterine diseases, disturbed function of other organs, and possible sterility that might follow an abortion.

On the other hand, his first obligation was as a physician, not as a moralist. He avoided the metaphors he had used for intemperance twenty years pre­
viously. “He is not always the wisest priest who harps too much upon sin . . . men and women tire of it.” He knew enough about the psychology of women to realize that if a woman desired an abortion she would get it. “You may talk yourself dumb, and accomplish nothing,” he admitted. He did not approve but he understood their motives: memories of the illness and dangers that sometimes accompanied labor, inability to nurse and the consequent sickening or
death of a child, or lack of enough money to support a family. He was especially cognizant of the deep shame that pregnancy and illegitimate birth caused an unmarried woman. "No one but a physician can understand what are the mental states of such persons—how nearly they approach to, if they do not reach, that of insanity."41 Too often he had encountered intensely emotional scenes: tears, eloquent entreaties, even offers of money. When he attempted to explain the dangers of the procedure, as well as the criminal nature of the act, he was usually unable to convince the woman, who, he knew, would find someone else to perform the abortion or might try to do it herself.

Though he refused to perform abortions, his disapproval did not extend to refusing medical care to women who developed complications afterward. The paramount duty of the physician, he insisted, is to cure disease "under whatever forms or circumstances produced."42 He responded quickly when summoned and remained as long as needed, even though he sometimes lost the continued patronage of a patient or her family when the case concluded. Few respectable men and women wanted to face the shame that abortion implied. Called to a young married woman who had eaten a quarter-pound of spurred rye in an effort to self-abort, he treated her severe pains, hemorrhage, and respiratory distress until the embryo was expelled, and he continued to treat her until she had fully recovered. He never saw or heard from her again. This was also the consequence of a more complicated case. Hastily summoned to a young housemaid who had nearly bled to death following an abortion, Channing learned she had been made pregnant by her employer, a man who had long been Channing's patient. After Channing saved the girl's life, the man never spoke to him again.

He did approve abortions and premature deliveries for women whose health was so seriously endangered that continuation of a pregnancy posed a genuine threat to her life. He treated excessive vomiting with nitrate of silver, though he knew it could also produce an abortion. He induced premature labor for women who had a small or deformed pelvis and for whom delivery at term would be disastrous. (If born after the seventh month, the child had a chance of surviving, but if the deformity was too great to permit delivery at that point, he advised inducing labor earlier.) And in a typical Channing move, he submitted a poignant article to the Boston Medical and Surgical Journal describing the death of Charlotte Brontë, the English novelist who suffered extreme nausea in pregnancy and was reported to have expired from dehydration, starvation, and exhaustion. Channing wrote that a miscarriage should have been induced to save her life.43 Channing's conflict on abortion shows him grappling with a new and unexpected social question. Professional ethics condemned abortion, as did his personal moral code. He was a Christian and
a pacifist who did not condone killing in any situation. Abortion, he told his students year after year, “violates both divine and human law.” Added to this were contemporary assumptions about the evolution of civilization. To countenance abortion would be a step backward. Savages and heathens practiced abortion to placate their gods or to limit population growth, but Western civilization, he argued, had long since abandoned such barbarous practices.

As a physician he had spent a lifetime providing medical care to women and thought he understood them well. He had helped them in easy labors and difficult deliveries, he had witnessed immense joy and great heartache. He knew that there were some motives that almost justified nontherapeutic abortions. But he was also dismayed to find that “from a wholly selfish motive to save herself from the pains of labour or the troubles [and] the inconveniences of maternal offices,” there were women who violated “the best, the most beautiful” part of their nature. Moral education, not punitive legislation, was the best solution. “Let women be taught that the being within them is a living being, capable of an infinite development, and of an immortal life—and they would shrink as from murder from its voluntary destruction.” His confidence that women could be persuaded to recognize the error of abortion was typical of his expectation that intemperance could be eliminated and universal peace could be established by the same means. His view of the role of women was not different from the prevailing attitudes of most men and women of his generation. Even some leaders of the feminist movement, including physicians such as Elizabeth Blackwell and Marie Zakrzewska, opposed abortion. As for the men responsible for the pregnancy of unmarried women, Channing thought it was their duty to marry even when class differences made such a union socially unacceptable.

In the long run, the extreme anti-abortionists prevailed. Storer was an astute strategist who recognized the potential of the fledgling AMA as a vehicle for promoting his ideas. Since the AMA wanted to curtail the influence of irregular practitioners, and homeopaths, midwives, and other alternative providers were reputed to be notorious abortionists, it was not difficult to confl ate professional rivalries with the crusade against abortion. Storer was named chairman of an AMA committee on abortion, and with his leadership the organization endorsed stringent anti-abortion laws that were subsequently enacted by most of the states. Storer’s use of statistics demonstrating the relative increase of births among foreign-born families now resident in the country and the decrease in birth rates among white, Protestant, native-born women fed the fears of legislators and journalists that the nation was experiencing a demographic transformation. By the end of the nineteenth century the illegality
of abortion had become public policy in the United States and remained so for another seventy years.

QUESTIONS about women’s “nature” and their role in society were largely evoked by the nineteenth-century feminist movement, which was aimed at reforming many aspects of women’s lives, including political disenfranchise­ment, lack of property rights, and unequal educational opportunity. It was a social cause for which Channing evinced little concern. He claimed to be completely uninterested in politics and disgusted by partisan strife, so he was not likely to be sympathetic to women wanting to vote and run for office. The issues around divorce and ownership of property would not have held much attraction for him either, though his will explicitly designated his daughters, Barbara and Mary, as heirs in their own right. Since he believed that women who procured abortions were misguided and that motherhood should be their paramount duty, he was not apt to favor other roles for women, at least not for married women. Despite these views, however, by the end of his career he had developed some sympathy with the women who sought entry to the medical profession, and he actively supported the few in Boston who made the attempt.

The mid-century movement to admit women to the profession and Channing’s reaction to it must be seen in the context of a pamphlet titled Remarks on the Employment of Females as Practitioners in Midwifery, published in Boston in 1820. It was written anonymously by “A Physician” whose objections to women practicing midwifery mirrored the sentiments of most physicians in Boston and were indicative of attitudes that pervaded society for many years after. Though never proved, authorship has frequently been attributed to Channing.

The pamphlet appeared shortly after the arrival in Boston of Janet Alexander, a Scottish midwife with excellent credentials and exceptional local patron­age. Mrs. Alexander had been instructed in midwifery by James Hamilton, the Edinburgh professor with whom Channing had studied a decade previously. She had been invited to Boston by John Collins Warren and James Jackson, who wanted to discontinue their obstetrical practice, which often required long, tiring hours and sometimes prevented them from giving adequate atten­tion to other patients. Both men earned more money than any other physi­cian in the city and could easily afford to give up obstetrics. Since it was generally agreed that there were no longer any midwives in Boston, Warren had briefly considered a plan to educate women to replace Jackson and himself but abandoned the idea as impractical. Mrs. Alexander began to advertise for clients. It was public knowledge
that Warren and Jackson favored her success, and it could be expected that many women would prefer to have a well-educated female attend them in childbirth. It was likely that physicians, especially the younger men just beginning their careers, would lose some of their midwifery practice to her. A special meeting of the Boston Medical Association considered measures “to prevent the irregular practice of midwifery.” After much discussion the question was submitted to a committee for further investigation. There is no known record of the committee’s deliberations, but the pamphlet was published not long after. It was intended for husbands as well as for their wives.

The anonymous author acknowledged that female midwives had many qualities that might lead women to prefer their presence in the birthing room but, from his point of view, practitioners of midwifery must thoroughly understand “the profession of medicine as a whole.” Although for the most part “nature is sufficient for her own ends and needs no assistance from art,” the author was certain that the potential for difficulties in labor and delivery or postpartum that require assistance or intervention, the need to anticipate possible problems before they occur, and the close relationship between uterine function and other bodily organs required “the same knowledge, the same education, the same mental resources” as any other part of medicine. These assumptions led him to posit a fundamental question that outweighed every other consideration. “[C]an the practice of midwifery,” he asked, “be carried on with equal safety by female as by male practitioners?” The answer was direct and unequivocal. “Both the character and the education of women disqualify them for the office.” The problem was not that women are intellectually inferior to men or more incompetent, but that because of their “moral qualities” (read: feminine nature) they cannot handle the difficult situations that may occur in childbirth. Women are passive beings, a commendable trait that enables them to endure suffering and to witness it in others, but they lack the “active power of mind,” have less ability to restrain their sympathetic nature, and are more disposed to acute sensibility than men are. Women cannot act decisively and quickly. In a crisis, when immediate action is required, they must lean on others more dependable than they.

The feminine qualities that make a woman unsuitable for midwifery practice also preclude her from acquiring the education she needs to assure safety to mother and child. It is difficult enough for male medical students to subdue their emotions when facing disease and death, but the qualities that make women different, their delicacy, refinement, and feminine sensibilities, would be completely destroyed in the dissecting room or in the hospital.

The anonymous physician also provided arguments showing the dire consequences that would ensue if midwives were to regain a significant role in
obstetrical care. Women less well trained than Mrs. Alexander would quickly emerge and would attract patients for themselves. Accustomed to midwives in obstetrical cases, women would hesitate to seek physicians for other medical problems. Eventually, women and medical men would lose the personal relations that should normally follow a well-managed childbirth, and everyone would suffer.

Faced with the opposition to Mrs. Alexander, Warren and Jackson “agreed to give her up.” Nonetheless, she remained in the city and developed an active practice, especially among women in the upper class. Her daughter became a midwife and was also employed by many Boston women. Though Janet Alexander was reputed never to have lost a patient, the daughter was less fortunate. She was implicated in a tragic case referred to Channing, though excused for being young and inexperienced.

The identity of the author of Remarks on the Employment of Females as Practitioners in Midwifery remains a mystery. Other than Channing, John Ware has been cited by librarians and historians. There are good reasons why either he or Channing could have been responsible. For Channing’s part, as a young man still making his mark in medicine and expecting midwifery to be an important part of his practice, there would have been strong personal reasons to object to competition from female midwives. A comment in the text about the time devoted to obstetrics by men “who have any inclination for literary pursuits” might help identify him as the author.

However, there is equally—if not more—compelling evidence that Ware wrote the piece. Like Channing, he too needed to make a living from medical practice. More to the point, he was named as the author fifty years later by George H. Lyman in an address that he read at the 1875 annual meeting of the Massachusetts Medical Society. Lyman devoted a large part of his remarks to criticism of the contemporary feminist thrust toward educating women for the medical profession. He reminded his listeners that more than fifty years before, “the propriety of the employment of women as midwives seems to have agitated the profession and community in this vicinity. Among others the matter was reviewed by Dr. John Ware, whose opinion was clearly against it.” Lyman quoted extensively from Remarks on the Employment of Females to support his own position.

Ware’s comments in the introductory lecture he gave to the medical students in 1850 support his authorship of the pamphlet. Responding to proposals to educate women for professional careers in medicine, he reiterated many of the arguments written thirty years previously. “The general practice of medicine,” he told the male students, “would be found unsuited to her physical, intellectual, and moral constitution.” Of course, there were many men who
objected to medical education for women in 1850, just as there were others who criticized female midwives in 1820.

A third possibility is that the author was neither Ware nor Channing. Both were closely allied to James Jackson, which might have made it difficult to take a stand against his wishes regarding Mrs. Alexander. Perhaps the pamphlet was written by another, unsuspected physician or by the committee of the Boston Medical Association that investigated the matter. In any case, the arguments used to disparage women as midwives were not unique to the anonymous physician. They represent beliefs that prevailed throughout the nineteenth century, despite or because of the simultaneous efforts of a small group of feminists to open doors to women.

SAMUEL Gregory, already mentioned as an opponent of obstetrical anesthesia, turned these arguments upside down in his campaign to establish a school for female midwives. For Gregory, women’s feminine qualities, their sensibilities, their sympathy with pain, and their ability to wait patiently through the long hours of labor, made them eminently more suitable midwifery attendants than men. Educating women as midwives would restore “those delicate duties which Scripture and history, reason and propriety, all proclaim are hers.”

Gregory’s appeal for the education of female midwives was also an appeal for restoration of female modesty and social propriety, which he claimed were violated by the presence of men at childbirth. His passionate rhetoric was laced with serious charges against physicians, including incompetence, unnecessary interference with the natural process of birth, lack of decorum, and immoral conduct. His success in winning support for his school was as much a reflection of public concern about the abilities of the profession and suspicion about the character of its members as it was an indication of an interest in promoting educational and occupational opportunities for women. Nonetheless, Gregory gathered sufficient support from fearful husbands and fathers and from advocates of women’s rights to inaugurate the Boston Female Medical College, the first medical school for women in the United States.

The initial class of twelve women who entered in November 1848 studied obstetrics, diseases of women and children, physiology, and hygiene. At the completion of the course, they received certificates of proficiency in midwifery. It was difficult to find qualified teachers willing to be part of such an unusual enterprise, especially since Gregory had disparaged the medical profession so severely, but two practicing physicians who shared an interest in issues of women’s health were hired. Soon his feminist backers were demanding an enlarged curriculum that would provide a complete medical education to women. When the school was reorganized as the New England Female Medical
College in 1856 it was empowered to confer medical degrees on its graduates, who by then were taking a full medical course.68

Inception of the Boston Female Medical College coincided with some of the major milestones in the feminist movement. Elizabeth Blackwell, the first woman to obtain a medical degree in the United States, had begun her studies at Geneva Medical College in New York in the autumn of 1847. A second medical college for women, the Pennsylvania Women's Medical College, was established in 1850, largely through the efforts of Philadelphia's Quaker community. The first Woman's Rights Convention was held in Seneca Falls, New York, in July 1848. That same year the astronomer Maria Mitchell became the first woman elected to the American Academy of Arts and Sciences and to the Association for the Advancement of Science. Margaret Fuller, the sister of Ellen Channing, had already established herself as the most prominent intellectual spokeswoman for feminism. Women, especially middle-class, white Protestant women, were beginning to claim their rightful place in society. Women making choices about contraception and abortion were demonstrating independence in their private lives.69

If Channing was the author of the pamphlet condemning female midwifery, or if he agreed with its thesis, by 1847 he had begun to moderate his views. He was starting to show sympathy for a much more daring concept than that of female midwives. One of his final acts as dean of the medical college was to inquire at the July faculty meeting whether a woman could be admitted to the lectures and examined for a degree in medicine. In taking this step, he may have been influenced by some of the younger members of his family. Barbara was always interested in women's issues, Mary's new husband held many liberal views, and his nephews William Henry Channing and William Francis Channing were friends of Elizabeth Blackwell.70 Perhaps he had decided to begin discussion of a topic that was gaining interest as a result of Gregory's lectures and publications. Channing's query was forwarded to President Everett and the Harvard Corporation, which replied on August 14 that it "did not deem it advisable to alter the existing regulations of the Medical School, which imply that the students are exclusively of the male sex."71

In November the new dean, Oliver Wendell Holmes, received a request from Harriot Kezia Hunt for permission to attend the lectures. Hunt had studied "naturalist" medicine, another sect that relied on good nursing, hygiene, diet, exercise, and rest, instead of orthodox therapeutics. She already had a successful practice, primarily among women and children, but wanted the "scientific light" that would advance her professionally. It is ironic that Hunt wanted instruction in allopathic (regular) medicine. Either she recognized the
benefit of orthodox medical theory or she thought its authority would further her career.\textsuperscript{72}

Holmes forwarded her request to the president and governing Fellows in Cambridge, suggesting that it be approved and adding that the applicant was "of mature age and might be safely trusted so far as appearances go." The reply was brusque. "[I]t is inexpedient to reconsider the vote of the Corporation of the 14th August relative to a similar request."\textsuperscript{73}

Three years later, buoyed by the increased activity in the feminist movement and by her own participation at the first national women's rights convention in nearby Worcester, Massachusetts, Hunt reapplied to Harvard. This time she specified that she wanted only to attend the lectures, but did not intend to qualify for a degree. She also made clear that her interest was providing medical care to women. This acceptance of societal norms was meant to silence the opposition. In Hunt's words, "Delicacy, propriety, and necessity require for woman one of her own sex, properly educated, to consult with in many cases."\textsuperscript{74} On November 23, 1850, the faculty voted 5–2 to admit her if her acceptance was not "deemed inconsistent with the statutes." Jacob Bigelow and John B. S. Jackson cast the negative votes. Oliver Wendell Holmes, Walter Channing, Henry J. Bigelow, John Ware, and E. H. Horsford voted in the affirmative.\textsuperscript{75} If Channing or Ware had written the anonymous pamphlet in 1820, by 1850 both were willing to consider a woman student. Within the week the president and Fellows reversed their previous position, finding "no objection arising from the Statutes of the Medical School to admitting female Students to their Lectures."\textsuperscript{76}

It would appear that Channing's query, made three years previously for whatever reason, had reached fruition. Elizabeth Blackwell had completed her course at Geneva Medical College without any scandal erupting. In April 1849 she embarked from Boston for additional training in Europe, and while waiting for departure of the steamer, she had a visit from William F. Channing, a strong proponent of women's rights, accompanied by "his medical uncle, Dr. Channing."\textsuperscript{77} The number of women practicing medicine in Boston without formal academic instruction was increasing, and the New England Female Medical College was educating its third set of students. The editor of the \textit{Boston Medical and Surgical Journal}, commenting on Hunt's first application to the anatomical lectures, had asked, "Why should not well-educated females be admitted?"\textsuperscript{78} It looked as if the medical faculty and the governing boards of Harvard were catching up with liberal opinion. Alas, the students had not.

Hunt's admission coincided with the admission of the three black students. The bitter reaction to that radical move has already been discussed. The possibility of a woman present at the lectures added fuel to the white men's
outrage. They addressed a stinging protest to the faculty, objecting “to having the company of any female forced upon us, who is disposed to unsex herself, and to sacrifice her modesty, by appearing with men in the medical lecture room.” Several professors quietly urged Hunt to postpone her attendance and she acquiesced. Shortly thereafter the Harvard Corporation endorsed a resolution forbidding the admission of women to the medical school. Despite numerous subsequent attempts to persuade Harvard to change that policy and despite the admission of women to many other medical schools throughout the country, Harvard did not accept women medical students until 1944, when the shortage of well-qualified male applicants caused by World War II forced the governing boards to recognize the need for change. Eighty-eight women sought admission and in September 1945 twelve of them began their medical studies at Harvard. It is worth noting, however, that at least in the case of Harriot Hunt, it was not the medical faculty that prevented her from attending the lectures but the students and the authorities in Cambridge.

The inability of the medical school to admit female or black students is added proof of the competitive nature of medical education and the weakness of the profession as a whole. Had their demands not been met, the students might have withdrawn from Harvard and matriculated in medical schools more to their liking. Neither the faculty, who derived financial benefit from their positions, nor the administration, beholden as it was to Boston’s merchants and clergy, could risk offending the students, whether or not they agreed with their views. Coupled with the Parkman murder and execution of Professor Webster, it was a difficult time for Harvard Medical College and for the medical profession.

Channing had another opportunity to demonstrate support for women physicians when Marie Zakrzewska came to Boston in 1859 to be Professor of Obstetrics and Diseases of Women at the New England Female Medical College. Zakrzewska, or Dr. Zak as she was usually called, had trained in midwifery at the Charité in Berlin, where she was subsequently appointed chief midwife and professor. Opposition from the male faculty forced her to resign those posts and go to the United States, where she hoped to become a physician. After a difficult year in New York, Zakrzewska met Elizabeth Blackwell, who was struggling to operate a small dispensary for poor women and children on the East Side. With encouragement from Blackwell and financial assistance from other feminists, Dr. Zak enrolled in medicine at Western Reserve College in Cleveland, where Emily Blackwell, Elizabeth’s younger sister, had received a degree in 1854. After completing her studies in 1856, Dr. Zak returned to New York and worked with the Blackwell sisters at the New York Infirmary for
Women and Children, the first hospital in the United States staffed by women. Two years later she accepted an offer from Boston.82

Almost from the beginning Dr. Zak and Samuel Gregory were at loggerheads. Gregory’s limited understanding of medical education, his more traditional views of women, and his alliance with homeopathy clashed with Dr. Zak’s insistence on rigorous medical education, her belief that women should enter the profession as equals to men, and her commitment to regular medicine. Nor could she tolerate Gregory’s constant financial difficulties and his disdain for the profession. Within a few years she resigned from the New England Female Medical College and, supported by Boston’s feminists, male and female, established the New England Hospital for Women and Children. It was the first women’s hospital in New England and second in the nation, after the Blackwells’ New York Infirmary. In its early years the fate of the hospital was problematical, despite the enthusiasm of the feminists. Most members of the medical profession, and the general public too, had little tolerance for a hospital dedicated to the training of female physicians, even though they provided care only for members of their own sex.

The New England Hospital for Women and Children opened July 1, 1862, in rented space in the South End. Superficially, it imitated the pattern of other voluntary hospitals like the Massachusetts General. Most patients were poor, the trustees took an active role in the day-to-day operation of the hospital, and the medical staff were unpaid. The glaring difference, of course, was that the patients, students, and medical staff were all women, as were the directors and administrators.83

Dr. Zak’s high standards and insistence on the practice of regular medicine, plus her pragmatism and administrative abilities, earned her the respect of several important physicians, Channing among them, who were willing to flout convention. By and large it was the same small group that supported the antislavery movement and other liberal causes.84 Several, like Channing, belonged to James Freeman Clarke’s Church of the Disciples. Channing provided Dr. Zak with “good will and assistance” in developing her private practice and was one of several who urged her to apply for membership in the Massachusetts Medical Society (she was refused). In 1864 he signed an appeal for funds for a new hospital building and made several small donations.85

Dr. Zak’s feminist ideology did not prevent her from asking men to assist the hospital as consultants. Initially, she had no alternative if she was to meet her own standards of excellence, especially in surgery. Samuel Cabot was the first consulting surgeon and John Ware the first consulting physician.86 When Ware died in 1864, he was replaced by Channing, “the most eminent obstetrician in the city,” according to the hospital publicist.87 Hospital records do not
reveal Channing's taking part in any cases, but a letter from him to Dr. Zak, dated June 2, 1864, reveals his approval of an operation she performed and that he had observed. "I write also to say that if at any time I can do anything to aid you in the performance of your important duties, I shall be always ready and happy to do so." Channing continued to be listed as one of the consulting physicians until 1870, by which time he had moved out of the city and was in his eighties.

The New England Hospital for Women and Children provided one solution to the demand of women for medical education, albeit one that suited the time and place and may have contributed to approval from men like Channing. Zakrzewska and her associates maintained a separatist position, training women apart from men, providing medical care for women and children but not for men. They practiced obstetrics, gynecology, and pediatrics, fields of medicine that were consonant with the domestic role of women in society. It may have been less difficult for Channing and other men to accept women under those limitations, especially when they proved their ability. The hospital successfully trained nurses as well as physicians. Its patients received care equal to if not better than that available at other Boston hospitals. The New England Hospital flourished for a hundred years, by which time the acceptance of women in medical education and the participation of women in all fields of medicine made its existence superfluous.

A final note must be added regarding a very different kind of medical education for women, the mid-century phenomenon of female physiological societies. Emerging as part of the antebellum movement for health reform, physiological societies offered women an opportunity to study the "laws of health" so that they might better fill their duties as wives, mothers, and nurses within their families. In contrast to the New England Female Medical College and the New England Hospital, there was nothing revolutionary about these groups, though critics suspected a subterfuge to educate midwives and physicians. Indeed, the physiological societies suited the prevalent acceptance of women's domestic role as guardians of the health and well-being of their families and had their greatest appeal to middle-class women with leisure time.

The Boston Ladies' Physiological Institute grew out of discussions about women's physiology led by Harriott Hunt from 1843 to 1848 and the offer of a course of lectures to women "for the promotion of useful knowledge among their own sex," by a Professor Charles P. Bronson. Bronson proposed a donation of anatomical models if the women raised $1000 and formed a permanent society. This was accomplished, and over the following years the institute held regular lectures, developed a library of journals and books related to health and medicine, and created a nursing referral service.
Channing was invited several times to lecture to the group. He repeatedly declined, though he did send them his book on etherization. Finally, in February 1857 he agreed to give a lecture, although his topic was not recorded. He had previously been unsympathetic to popular instruction in diagnosis and treatment of disease. Now he was encouraging women who had formed an effective organization and were acquiring knowledge about their bodies, about sickness and care of the sick, and about the rules of health that were supposed to assure happiness for their families. It was another small step in social reform.

Channing's career ended just as the late nineteenth-century discoveries in bacteriology and physiology were getting under way. Though physicians such as he recognized the problems inherent in their profession and understood the need for change, it was the newer scientific medicine that eventually led to improved medical education, more effective therapies, and increased public confidence in America's physicians.