

CRAFTING THE “SHE-DOCTOR”:
HENRY JAMES’ DR. MARY J. PRANCE

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Thesis

Submitted to the Faculty of the
Graduate School of Vanderbilt University
in partial fulfilment of the requirements
for the degree of

MASTER OF ARTS

in

English

August, 2006

Nashville, Tennessee

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TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION.....	1
II. MIDWIFERY AND BEYOND.....	5
III. NARRATIVIZING THE WOMAN DOCTOR.....	13
IV. DR. MARY J. PRANCE.....	16
V. DR. SOPHIA JEX-BLAKE.....	23
NOTES.....	25
BIBLIOGRAPHY.....	33

CHAPTER I

INTRODUCTION

After three years of pleading, Harriot K. Hunt received her final rejection from Harvard Medical School in 1850. Although the dean, Oliver Wendell Holmes, found nothing in the statutes that forbade the attendance of female students at the medical lectures, the male students protested with the following resolutions:

Resolved, That no woman of true delicacy would be willing in the presence of men to listen to the discussions of the subjects that necessarily come under consideration of the student of medicine.

Resolved, That we object 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 lecture room. (Marks and Beatty 78)

The 1850 resolutions of the Harvard Medical Students succinctly summarize the complaints—accusations of being unfeminine, immodest, and unsexed—launched by nineteenth-century critics of women who strove to attain formal medical education. Only three years before Harriot Hunt’s final rejection from Harvard, Elizabeth Blackwell had famously been accepted to the Geneva College of Medicine with the following resolution from its students:

Resolved—That one of the radical principles of a Republican Government is the universal education of both sexes; that to every branch of scientific education the door should be equally open to all; that the application of Elizabeth Blackwell to become a member of our class meets our entire approbation; and in extending our unanimous invitation we pledge ourselves that no conduct of ours shall cause her to regret her attendance at this institution. (Marks and Beatty 84)

For all its florid touting of equality in education for both sexes, the last clause of the Geneva resolution carries the ponderous threat that the male students’ conduct was capable of making Blackwell regret her acceptance, obliquely acknowledging Blackwell’s vulnerable point:

her womanly modesty. The resolutions which prompted Harriot Hunt's rejection and Elizabeth Blackwell's acceptance by the respective medical schools demonstrate that there was a common assumption about the natural modesty of women in the nineteenth century which colored reasoning on the validity (or invalidity) of women's medical practice. Women's formal entry into the medical profession in the latter half of the nineteenth century was complexly related to many other social and professional changes that preceded and coincided with Harriot Hunt's and Elizabeth Blackwell's first forays into the field. The term "lady doctor" did not simply denote a woman who practiced medicine, but also carried connotations of abolitionism, health reform, sectarian medicine, mesmerism, and threat to masculinity, pressuring women to conform to a complicated and often contradictory definition of their role in the profession of medicine as well as in society.¹ These connotations were not unfounded, for as Gloria Moldow notes, the first women doctors grew up in the age of antebellum reform, and were often women's rights activists (2). Elizabeth Blackwell's father, for instance, was an antislavery activist, and Blackwell herself recoiled from living in Kentucky because she could not stand witnessing the slaves being "degraded to the utmost in body and mind" (qtd. in Marks and Beatty 85).

The goal of women doctors to establish themselves became even more complex as women attempted to counter their critics by accepting the prevailing judgment of their so-called feminine differences and highlighting the unique potential of those feminine qualities in medicine. The women's logic of turning the criticisms on their heads allowed some women to enter the profession of medicine, but only at the cost of perpetuating essentialist beliefs about female nature and ability.

The 1880s abounded in publications, both fiction and non-fiction, about the increasingly conspicuous woman doctor. Although some women doctors perpetuated social assumptions

about their sex's tender qualities while advocating the special advantages of women healers over men, their strategy tended to further the women's medical cause rather than impede it. Elizabeth Blackwell, for example, claimed an urgent need for women doctors to act as negotiators between the isolated women's sphere and male-dominated medicine, while Edith Huntley argued that medicine would make women doctors even more ideally feminine by nurturing their natural caring tendencies. The latter claim by Huntley addressed the common accusation from nineteenth-century critics that the female medical student would become hardened, or masculinized, in the course of her studies. Mary Wager addresses this concern in her 1868 article "Women as Physicians" in which she presents the American women medical pioneers as novelistic heroines in order to make progressive women such as Elizabeth Blackwell broadly palatable—and perhaps readable—to Wager's skeptical contemporaries.

As a consequence of the profusely varied messages and opinions broadcast about medical women in the second half of the nineteenth century, the term "lady doctor" became overwrought with meanings and ceased to have a unique referentiality. Women doctors found the role difficult to embody, for they could not *be* everything that "lady doctor" connoted. Henry James' 1886 novel *The Bostonians* illustrates the inter-related nature of the various changes occurring in the nineteenth century by fusing many of the social, political, and professional movements associated with women's entrance into medicine in the character of Dr. Mary Prance. In a novel which contains strains of women's suffrage, mesmerism, Reconstruction, same-sex desire, and abolitionism, the appearance of a woman doctor, even as a minor character, is not incidental. Dr. Mary Prance is a part of James' urgent exploration of the consequences of the emerging changes in women's social roles. James' female doctor, like other nineteenth-century women doctors, is confronted by her contemporaries' superficial assumptions about a woman practicing medicine

being unfeminine and impersonal. In response, she defies the overdetermined meanings of “lady doctor,” choosing to make herself unreadable by straddling and obscuring traditional gender roles, thereby allowing herself to mark out her own personal and professional sphere.

Although James seems personally to have viewed the nineteenth-century social advances for women with bewilderment and distaste, he nevertheless created in Dr. Prance a character who resonated with contemporary women doctors such as Sophia Jex-Blake who also defied conventional readability. Dr. Prance’s appeal is in her unflinching integrity to her professional abilities uncontaminated by the prevailing social assumptions concerning women, medical or otherwise. By obliquely contrasting Dr. Prance’s practicality with what James viewed as the excesses of suffragism as represented by Olive Chancellor and Miss Birdseye, James presents a woman doctor who successfully negotiates her place in society and in her profession with “a line of her own.”

CHAPTER II

MIDWIFERY AND BEYOND

Although women formally entered the medical profession in the United States in the nineteenth century, women had been active in health care since ancient times.² Many women doctors who wrote to promote the acceptance of women's (re)entrance into medicine in the nineteenth century commonly prefaced their arguments by relating the achievements of the historically illustrious medical women of Italy, Spain, and France. Some nineteenth-century medical women such as Sophia Jex-Blake and Edith Huntley³ used the history of medical women's achievements as a foundation for their broader argument that women could and should practice medicine, but Maude Abbott (1869-1940), a Canadian woman doctor, wrote a tract exclusively devoted to the history of women in medicine beginning with "the great Pythian oracle at Delphi" (2). Abbott lost a bitter public fight to enter Canada's McGill University for medical school after receiving her B.A. there in 1890, and had to settle for a medical degree from Bishop's College which she achieved in 1894 (Windsor 1). She tells us in her 1911 work *Women in Medicine* that the Italian universities of Salerno and Bologna flourished from the eighth to the thirteenth centuries, producing some of the most famous women doctors in history, including Trotula of Ruggiero who wrote the definitive and influential work *De Passionibus Muliebrum*, Alessandra Giliani of Persiceta who developed the practice of filling veins and arteries with colored fluid for visual distinction in dissection, and Anna Manzollini who invented the use of wax models for the study of anatomy (3-4).⁴ Near the end of the article, Abbott attributes the "dark period of nursing," the two hundred years preceding the middle of the nineteenth century

in which hospital conditions in Europe became deplorable, to “the low status of the nurse and to the deprivation of women of almost all intelligent initiative and responsibility in hospital matters at this time,” for European women had been barred from practicing medicine from the seventeenth to the nineteenth centuries (12). Maude Abbott cleverly turns her historical tract into a persuasive piece promoting the necessity and importance of women in medicine by pointing to the historical consequences of the systematic exclusion of women—the degeneration of medicine.

Although male doctors prohibited women’s involvement in medicine during the period spanning the seventeenth to the middle of the nineteenth century, midwifery was a health care profession that consistently remained open to women⁵ until the supplantation of women midwives by “man-midwives” in the late eighteenth century.⁶ In her 1860 *Medicine as a Profession for Women*, Elizabeth Blackwell (1821-1910) attributes the gradual exclusion of women from midwifery as a consequence of the fact that men fashioned and executed the female midwives’ education, which tended to train the women to be assistants to the male doctors rather than self-sufficient professionals. As the medical profession advanced, the “half-educated assistants” fell behind in knowledge and became expendable. According to Blackwell, women should not advocate the acceptance of this half-educated class of medical women, but should pose an ultimatum to the medical profession: “The alternative is unavoidable of banishing women from medicine altogether, or giving them the education and standing of the physician” (14). Blackwell’s turn in logic is similar to Abbott’s conclusion that the exclusion of women from medicine caused the degeneration of medicine—both women begin by explaining a historical phenomenon in the profession and end by using the phenomenon to reinforce their cause of the acceptance of women as doctors.⁷

One of the factors that contributed to the introduction of formal medical education for women in the nineteenth century was the then-current state of crisis in the US medical profession. As medical historian Ellen More explains,⁸ despite changes in the understanding of the body in the seventeenth- and eighteenth-centuries through the introduction of mechanistical models of physiology, medicine in the nineteenth-century continued to rely on the old Hippocratic-Galenic model of humors which understood the body as a holistic, interactive system (20). Increasingly disturbed by and wary of the inefficacy of the traditional heroic methods which involved bleeding, purging, and puking, the American public called for new therapeutic methods. Heroic medicine was based on a monistic model which professed that all illnesses had one cause, and that all diseases, therefore, should be treated similarly (More 20). This undervaluation of the various internal causes of disease in regular medicine troubled many nineteenth-century practitioners who turned to sectarian treatments which distinguished between various illnesses for the first time and focused on discovering the causes of disease instead of merely treating the symptoms in the aftermath. Sectarian medicine was composed of various strains of medical thought such as homeopathy, water treatments, etc. which challenged the traditional harsh methods of so-called regular medicine which had held sway in Europe and in the United States until the rise of health reforms in the nineteenth century. Sectarian medicine turned to disease prevention, moving medical attention and treatment from the bodily external symptoms to the internal causes of disease. Elizabeth Blackwell, although a firm proponent of regular medicine, believed that preventive medicine was “the medicine of the future,” which indicates that the new ideas proposed by sectarian methods were attractive even for women adherents of regular medicine (*The Influence of Women* 31). Sectarian medical practices such as homeopathy appealed especially to women because it enabled people to “cure” themselves at

home with a homeopathic “domestic kit,” and saved women the embarrassment of going to male doctors (Numbers 45-46).⁹ Not surprisingly, the vanguard of sectarian medicine was more tolerant of women as practitioners. Because it was not yet firmly established or accepted by the public, sectarian medicine provided women an opportunity to claim their importance for the new medical movement. As a consequence, many of the first women practitioners attended sectarian rather than so-called regular medical schools,¹⁰ which, however, often worked to the women’s disadvantage, for their non-conformist training opened them up to criticisms of inferior education and knowledge from the reigning, predominantly male practitioners of regular medicine.¹¹

Despite the professional drawbacks that confronted women practitioners of sectarian medicine, the new health reforms of the nineteenth century allowed women an entrée into medical practice—one which often required them to inhabit, perform, and perpetuate the exaggerated feminine traits which the male practitioners ascribed to women. As early as 1820, male doctors were claiming that the exclusion of women from midwifery was a necessity not caused by intellectual inferiority. Instead, a renowned man-midwife of the nineteenth century, Walter Channing (writing anonymously)¹² reasoned in 1820 that it was “the very qualities, which render them in their appropriate sphere, the pride, the ornament, and the blessing of mankind” which unsuited women for medical practice (4). W. W. Parker, though writing over seventy years after Channing, employed the same logic against the broader entrance of women into medicine and law in his 1892 volume *Woman’s Place in the Christian World: Superior morally, inferior mentally, to man—not qualified for medicine or law—the contrariety and harmony of the sexes*. Parker writes, “Man’s depravity is self-evident ... but for her example and influence, he would be more vile than he is” (10).¹³ In this statement, Parker corroborates the

arguments of his predecessors such as Walter Channing and Chandler Gilman who claimed in 1840 that man's "arm is strengthened when woman leans upon it, the courage rises when woman is to be protected" (Gilman 12).

In the face of such speciously complimentary protests, women argued in return that the "very qualities" Channing referenced were what were needed in domestic health reform, simultaneously addressing the accusation that women doctors were or would become masculinized through exposure to medical (especially anatomical) knowledge.¹⁴ Reinforcing the prevailing nineteenth-century belief that women were the keepers of morality, women argued that their feminine, nurturing abilities were essential in the changing conception of medical treatment, for disease prevention required lessons on cleanliness, hygiene, diet, and temperance: the realm of the private sphere and female domesticity (More 24). Women doctors proposed that the ideal womanly characteristics were the basic characteristics of the ideal doctor—male or female. Edith Huntley, having established in her 1886 prize-winning essay the fact that women had successfully practiced medicine in the past, asks why it is that women were allowed to be doctors at all. She replies:

It seems fair to infer that this was due to instinctive recognition by a simpler community of innate qualification—that is to say, of a natural right—in women to this particular work ... Compare the quiet step, the gentle touch, the tender pity toward the suffering of the little girl with the boisterous thoughtlessness of the boy." (10-11)¹⁵

In Huntley's opinion, Nature better suited women than men for the medical profession, and it was because men controlled education that medicine had become exclusively masculine.¹⁶

Elizabeth Blackwell went one step further from establishing the suitability of women for medicine to presenting the woman doctor as a negotiator, or a "missing link," between the isolated woman's sphere and male-dominated medicine. She explains, "At present, when women need medical aid or advice, they have at once to go out of their own world, as it were; the whole

atmosphere of professional life is so entirely foreign to that in which they live that there is a gap between them and the physician whom they consult, which can only be filled up by making the profession no longer an exclusively masculine one,” or more explicitly: “The application of scientific knowledge to women’s necessities in actual life can only be done by women who possess at once the scientific learning of the physician, and as women a thorough acquaintance with women’s requirements—that is, by women physicians” (*Medicine as a Profession for Women* 15, 9).¹⁷ According to Elizabeth Blackwell, women patients were at a disadvantage because social constraints demanded that they maintain their modesty and remain in their domestic sphere while the entire medical profession lay outside their reach. Only women doctors—knowledgeable yet sympathetic and feminine—could bring succor to suffering female patients without offending their modesty.

Because women doctors such as Elizabeth Blackwell stressed their role as negotiators between the medical profession and the woman’s sphere, women doctors became defined as the doctors of women and children, occupying a separate niche in the medical community from men—a narrowed definition of their abilities that women were paradoxically complicit in creating. Charles Drysdale likened the attitude of women doctors toward the field of diseases of women to the Irish Fenian’s fervor about Ireland, calling women doctors “a kind of medical Fenians, who desire to keep diseases of women and obstetrics in future entirely to women” (17). As Drysdale’s analogy indicates, not all women doctors resented the restriction of their professional roles to the domestic realm of treating women and children,¹⁸ for many women had been inspired to medical practice by having seen other women suffer under the care of male doctors who did not understand the workings of the female body.¹⁹ An ailing female friend, for instance, urged Elizabeth Blackwell onto medicine; the idea of entering medicine had never

occurred to her before.²⁰ Women were also concerned that male doctors would take advantage of their position of power as doctors over women patients;²¹ Edith Huntley cites an instance in which a man-midwife, Veites, was burned in 1521 at Hamburg for “exercising magic” on his patients (35). Blackwell encouraged women in 1890 to enter midwifery so that the mothers they cared for would depend on them for future medical treatment: “it is through the confidence felt by the mother during our skilful attendance upon her, that we are called into attend other ailments of the family, and thus secure the care of the family health” (*The Influence of Women* 29). In a characteristically canny moment, Blackwell turns a method of defense into a method of advancement for women doctors.

Elizabeth Blackwell was clearly a firm proponent of the special characteristics of women as doctors, and her career is commonly perceived as a landmark for women doctors in the United States.²² The women who followed her into the profession celebrated Elizabeth Blackwell, and even named women’s medical organizations after her for having “paved the way.” Immediately following her graduation from Geneva Medical College, however, the school closed its doors to women with the explanation: ““Miss Blackwell’s admission was an *experiment*, not intended as a *precedent*”” (qtd. in Wager 781).²³ While this setback may appear to nullify the meaning of her educational success for other women, it was nevertheless the first step in the inevitable formal reentrance of women into the medical profession. As Blackwell later wrote in 1864, “the question is—not shall it exist, but how shall it exist—shall its influence be for good or for harm?” (*Address on the Medical Education* 7-8).

The importance of Elizabeth Blackwell’s case for this discussion is twofold: on the one hand, she brought hope to medically inclined women in the nineteenth century, but on the other hand, the social and cultural changes that preceded and followed Blackwell’s matriculation

ended up complicating women doctors' roles. Female M.D.s had to maneuver around protests against female medical education on account of natural delicacy and modesty as well as simultaneous challenges to their ability to equal male contemporaries' knowledge and medical standards.

CHAPTER III

NARRATIVIZING THE WOMAN DOCTOR

As Charles Bombaugh noted in his 1884 article “The Place of the Physician in Literature,” the 1880s experienced a sudden increase of fiction about women doctors with the appearance of William Dean Howells’ *Dr. Breen’s Practice* in 1881, Elizabeth Stuart Phelps’ *Doctor Zay* in 1882, Sarah Orne Jewett’s *A Country Doctor* in 1884, and the serialization of Henry James’ *The Bostonians* in 1885 and 1886 (143). Frederick Wegener explains this sudden increase with a discussion of the steadily growing number of American women doctors—two thousand by 1881—which prompted authors to create a novelistic discourse about the change in the medical profession as well as American culture. Even before the 1880s, however, the rhetoric surrounding the description of real-life women doctors tended to describe the women as though they were novel heroines. In 1868, for example, Mary Wager’s article “Women as Physicians” in *The Galaxy* provided a series of biographical portraits of the women medical pioneers of the preceding decade with a distinctly novelistic cast.²⁴ Wager discussed the major medical women pioneers of the nineteenth century, including Elizabeth Blackwell, her sister Emily Blackwell, Sarah Dolley, and Marie Zakezewska.

Wager not only employed the kind of sentimental rhetoric made familiar by fiction, but also dramatized the precarious and often contradictory position that women doctors occupied in the late nineteenth century. In describing the United States’ second woman doctor Sarah Adamson’s realization that she wanted to practice medicine, Wager writes:

[Physiology] was a long word to Sarah, and a new one, so she took the book home with her to decide ... She read on and on, the book fascinating her like some splendid

romance, until, in her enthusiasm, she exclaimed “Eureka,” and sought her pillow with the peacefulness that comes from a solved problem. The study of medicine was to be her work, the practice of it her ambition, and suffering humanity her household. (779)

By dramatizing this moment of Adamson’s life and characterizing her heroine as a plucky, precocious, yet feminine young woman, Wager evokes fiction of the day and makes Sarah Adamson sound like the heroine in a novel. Wager also makes herself not only a social commentator, but a narrator as well when she lightly pokes fun at Adamson’s childhood ignorance of the meaning of physiology. Wager’s motive for invoking the novel in her writing style is related to her goal of presenting the women doctors in her article as likeable, uneccentric, *feminine* characters. She represents Adamson as a whimsical, precocious heroine, much like Emma Southworth’s Capitola in *The Hidden Hand*; by moving her story into the realm of romance rather than reality, Wager makes Adamson even more prepossessing as a young medical heroine.

Wager employs the novelistic techniques again in describing an incident in Dr. Marie Zakezewska’s childhood in which she was accidentally locked up at night in a dead-house: “She knocked at the door for some time, hoping to make some one hear, but failing in that, sat down on the floor and went to sleep” (784). One half-expects Wager to relate how Zakezewska woke up, and being bored and full of gumption, began dissecting some of the corpses in the dead-house. Zakezewska, Wager tells us, bravely came knocking on Elizabeth’s Blackwell’s door after her immigration to the United States. Wager’s attempt to balance her narrative between fiction and reality is a manifestation of her dilemma in making the women doctors ideal women in both the domestic and professional spheres. Speaking about Adamson after her marriage to Dr. Dolley, Wager writes:

The reader is not for a moment to entertain the idea that in marriage the medical career of this brave woman culminated, or rather terminated ... Mrs. Dolley has exemplified her

fitness for wife and motherhood as fully as she did her fitness for a medical pioneer.
(782)²⁵

In her desire to present a positive view of women doctors to her nineteenth-century audience, Wager resorts to claiming that there is no danger of women doctors sacrificing their roles as mothers and wives while quietly omitting the fact that Elizabeth and Emily Blackwell, also women pioneers, remained unmarried.

The closing of Wager's article exhibits an unexpected and ominous change in tone, for having gone through her description of the pioneer women doctors, she begins to expatiate on "bold, bad women" who are exceptions among women doctors. Wager emphasizes that these women are insolent by their natures, and not made so by their profession, for "badness and coarseness [are] ingrained in the very bone and marrow of an individual," and "the majority of women in the medical profession are gentle, modest, and womanly" (789). Suddenly, at the end of her article, Wager turns from her light, bildungsroman tone to one of portentous proportions, forbidding any reading of women doctors other than the one she has offered of super-human, domestic, professional, effeminate women. Paradoxically, she takes the time to address the few "bold and bad" women doctors—meaning women who do not conform to feminine stereotypes—condemning them for giving women doctors an image contrary to the one she has posed. From the novelistic standpoint, this turn makes Wager's piece a social problem novel as well as a bildungsroman, which evokes the common mid-nineteenth-century specter of the good woman led astray into prostitution by misguided notions of womanhood.²⁶ Viewed as a social problem novel, Wager's subtext of anxiety is to make her 1868 readers believe that women doctors can occupy both the domestic and professional spheres without any negative consequences.

CHAPTER IV

DR. MARY J. PRANCE

Unlike other novels published in the 1880s about women doctors, the female doctor in Henry James' *The Bostonians* is not the heroine or even a central character in the novel.²⁷ Nevertheless, *The Bostonians* is a particularly interesting text for examining the position of the woman doctor in late nineteenth-century New England. The novel is placed in the late 1870s in the post-Reconstruction era, and the two central characters are devoted to the cause of women's suffrage. Verena Tarrant is a public speaker and the product of a family history of abolitionism, mesmerism, and free unions. Joined by her future husband Basil Ransom, an ex-Confederate soldier and son of a plantation owner, his cousin Olive Chancellor, a product of Boston's old money, Miss Birdseye, a proponent of all social causes, and Dr. Prance, an ambiguously positioned lady doctor, the characters of *The Bostonians* constitute a formidable mélange of the various social movements and changes taking place in the late nineteenth century. By placing Dr. Prance's role in the context of these other social movements, James paints a portrait of Dr. Prance as occupying an ambiguous, liminal space in her society and profession as well as refusing to be defined as the pre-determined, sympathetic Victorian woman healer.

The fact that James intended *The Bostonians* to be a work that confronted the social problems of the day is apparent in the often-quoted letter that he sent to his publisher J. R.

Osgood:

I wished to write a very *American* tale, a tale very characteristic of our social conditions, and I asked myself what was the most salient and peculiar point in our social life. The answer was: the situation of women, the decline of the sentiment of sex, the agitation on their behalf. (*Notebooks* 20)

In James' point of view, the most pressing social issues of the day were related to women's position in society, which is made apparent in *The Bostonians*, for in crudely simplistic terms, the dilemma that Verena, a main character, confronts is the choice between Olive, who offers work in the women's cause and exclusive companionship, and Ransom, who offers marriage and an end to Verena's public speaking career. As a minor character in the novel, Dr. Prance also interacts with the contemporary cultural and professional concerns that preoccupy the main women characters. This allows a nuanced reading of how Dr. Prance insists on defining herself independently of the common assumption of women's special abilities in the nineteenth century.

Frederick Wegener has noted what he calls James' "slack" manipulation of point of view in the chapter in which Dr. Prance is introduced in *The Bostonians*, which leaves the reader with a sense of moving facilely from one person's thoughts into another's, a blurring of boundaries (148). The two characters who mediate the reader's perception of Dr. Prance are overwrought characters themselves: Basil Ransom and Miss Birdseye. Ransom is a Southerner, the son of a plantation owner, a survivor of the Civil War, and a hungry young lawyer in New York. Miss Birdseye is an old abolitionist; she "belonged to the Short-Skirts League, as a matter of course; for she belonged to any and every league that had been founded for almost any purpose whatever. This did not prevent her being a confused, entangled, inconsequent, discursive old woman" (25). James even wonders if Miss Birdseye might not wish slavery back for the former thrill of believing she was helping a slave escape (26). Ransom embodies the old, chivalrous ideals, while Miss Birdseye represents the unthinking fervor of nineteenth century reformism. Earlier I noted that the new health reform movement of the nineteenth century, with its largely sectarian forms of medical practice, attempted to investigate the internal causes of disease in addition to the external symptoms, and also that this sectarian shift in medicine was associated

with the beginnings of women's medical practice. In the novel, Ransom's descriptions of Dr. Prance center on her external appearance and even her speech patterns, while Miss Birdseye's descriptions center on Dr. Prance's genius, her internal domestic arrangements, as well as her motives for practicing medicine.²⁸ Ransom, the traditionalist male, sees only the public face of Dr. Prance while Miss Birdseye, the female reformist, looks into Dr. Prance.

Physically, Basil Ransom thinks Dr. Prance resembles a boy, not even a good boy, but rather the kind of boy that would have cut school (40). She is plain and small, with short hair and an eye-glass (29). According to Ransom, she is "spare, dry, hard, without a curve, an inflection or a grace ... Except her intelligent eye, she had no features to speak of" (40). Ransom nearly receives the impression of a blank page, or at the least, an unreadable page, for it is not that Dr. Prance has no features, but that she has no features which Basil Ransom can make sense of given his foreknowledge of her profession.²⁹ Miss Birdseye's impressions of Dr. Prance also carry the tone of indeterminacy and inscrutability. In describing Dr. Prance's living situation in her basement quarters, James tells us that Miss Birdseye has a "mild belief" that Dr. Prance dissects in her bedroom, but "Miss Birdseye didn't know!" It is telling that neither of these two remarkably different characters can make anything of Dr. Prance who effectively resists being defined by any characteristics that she feels are foreign to her as an individual woman doctor. James' method of using other people's eyes and words to describe Dr. Prance is not a usurpation of Dr. Prance's right to present herself on her own terms but rather a poignant method of demonstrating Dr. Prance's individuality which defies simple readability and even eludes direct representation in James' text.

The way James spatially situates Dr. Prance also indicates her elusiveness of character. In a novel with a heightened awareness of location and origin—i.e. North, South; East, West;

Boston, New York—James presents a first view of Dr. Prance “*in absentia*,” as Wegener points out, through a sign outside Miss Birdseye’s house alerting the public of her practice. Ransom sees that there is “a tin sign bearing the name of a doctress (Mary J. Prance) suspended from one of the windows of the basement, and a peculiar look of being both new and faded” (24). This sign demonstrates the precarious position that Dr. Prance occupies: the sign hangs from a basement window – James places her both above and below ground – and her sign is both old and new; further her name is mentioned only in parentheses. The very emblem of her profession marks Dr. Prance as occupying a liminal space. In the house itself, James tells us, there prevails “much vagueness of boundary” (27), and when Miss Birdseye goes to ask Dr. Prance to attend a lecture, she finds that Dr. Prance is not in her room, signifying that Miss Birdseye cannot locate Dr. Prance, even while sharing a house with her. Later, we find that Miss Birdseye can hear her “sharpening instruments (it was Miss Birdseye’s mild belief that she dissected), in a little physiological laboratory which she had set up in her back room, the room, which, if she hadn’t been a doctor, might have been her ‘chamber,’ and perhaps was, even with the dissecting, Miss Birdseye didn’t know!” (39). The way in which Dr. Prance organizes her interior space, even, defies understanding, and leads to speculation about her habits. Her back room, which ought to have been devoted as a domestic, private space, is instead a professional space, a laboratory, but even that is not absolute, since Miss Birdseye wonders if Dr. Prance does not use it as a private chamber as well.

The last time the reader encounters Dr. Prance is in the small fishing town of Marmion where Olive Chancellor and her protégé Verena Tarrant have retreated with Miss Birdseye to prepare Verena for her Boston debut as a suffragist speaker. Ransom, in pursuit of Verena, follows them there, and comes upon Dr. Prance wandering the countryside, having detached

herself from “the circle,” as James puts it, which describes the domestic sphere which Olive, Verena, and Miss Birdseye inhabit. Dr. Prance has accompanied this party to Marmion for the sake of tending to the dying Miss Birdseye. Her motives are both personal and professional, for although her ostensible reason for the retreat is professional in nature, Dr. Prance would not have sacrificed her work in Boston were it not for her fealty to Miss Birdseye. In Marmion, we find Dr. Prance hovering in the margins and peering in windows with Ransom. The exchange that takes place between Ransom and Dr. Prance as she is about to reenter the house in the country is useful to our understanding of her character:

“Well,” said Doctor Prance, with a small sigh, “I am afraid I have moved back, if anything!” Her sigh told him a good deal; it seemed a thin, self-controlled protest against the tone of Miss Chancellor’s interior, of which it was her present fortune to form a part: and the way she hovered round, indistinct in the gloom, as if she were rather loath to resume her place there, completed his impression that the little doctress had a line of her own. (343)

In this, her ultimate personal sacrifice to Miss Birdseye, Dr. Prance submits herself to the *talk* of feminine feeling and power – rather than the exercise of that power – which defines the atmosphere surrounding Olive Chancellor and Verena Tarrant.

Ideologically, Dr. Prance certainly does have “a line of her own,” which Ransom initially misinterprets as running counter to the feminist project. Many women’s medical societies in the late nineteenth century such as the Practitioners’ Society of Rochester, New York, promoted not only professionalism among women doctors, but also took an interest in the women’s suffrage movement. In the case of the Practitioners’ Society, the founders lent their power and support to Susan B. Anthony in founding the prosuffrage Political Equality Club in the 1880s (More 56). It is puzzling that Ransom describes Dr. Prance as not being an enthusiast of the suffrage movement (39), for socially and spatially, Dr. Prance is apparently well-positioned to sympathize with Olive Chancellor; Dr. Prance, after all, lives in the home of Miss Birdseye, a member of the

Short-Skirts League, and is a practicing female doctor, the first that Ransom has ever known in a society where women doctors were commonly associated with suffragism. But here, once more, we find ourselves joining the characters of *The Bostonians* in pre-determining and misreading Dr. Prance's character. A close examination of her true stances reveals that Dr. Prance is not so boyish or counter-feminist as Ransom would have us believe. For example, in the first conversation she has with Ransom, Dr. Prance tells him, "I guess I know more about women than she does" (40), in reference to the inspirational speaker that Ransom and others have gathered to hear, and later her repetition of, "I don't want any one to tell *me* what a lady can do!" are the last words Ransom hears from Dr. Prance before she retreats to her studies for the evening (40). Furthermore, she tells Ransom that she hopes the day will never come when a gentleman sends for a lady-doctor even though that is what some people believed (41). Dr. Prance, even with her dry, laconic ways, is socially independent and defies any one, man or woman, to tell her who she is as an individual. She does not need Olive or Verena to tell her she is entitled to rights; she has too little time to spend it listening to people talk about women's value to society in theory because she practices those rights in her profession.

I wish to reiterate a simple self-defining statement that Dr. Prance utters when she meets Ransom in Marmion. In the sparing, laconic way typical of her character, she says, "Yes, sir; I am Doctor Prance" (339). This simple statement may be the best description of her complex position in James' *The Bostonians*. Like many other "lady doctors" of the period, Dr. Prance exists in the context of the incipient women's medical professionalism and related social reform movements of the nineteenth century. Women doctors became over-burdened with contradictory meanings and demands to reconcile female modesty with the rigors of the medical profession. Dr. Prance is an intersection of the complex gender and professional conflicts in *The Bostonians*,

and the way in which she defines herself is by withdrawing from common paradigms of understanding, purposely making herself unreadable, elusive, and polemical, thereby creating, as James puts it, “a line of her own.”

CHAPTER V

DR. SOPHIA JEX-BLAKE

In 1893, an influential British woman doctor, Sophia Jex-Blake (1840-1912), published her article “Medical Women in Fiction” in *The Nineteenth Century*, surveying various novels that portrayed women doctors.³⁰ In it she discusses Charles Reade’s *A Woman-Hater*, William Dean Howells’ *Dr. Breen’s Practice*, Elizabeth Stuart Phelps’ *Doctor Zay*, James’ *The Bostonians*, and Margaret Todd’s *Mona Maclean, Medical Student* (published under the name of Graham Travers). A woman pioneer in the British medical field, Jex-Blake persuaded the Edinburgh School of Medicine to allow her to enroll in 1869. She and her six fellow women students encountered strong resistance from their male classmates. Following a riot in 1870, the women’s final examination results were declared void in 1872. Sophia Jex-Blake finally received her medical degree from Switzerland’s the University of Berne in 1876 and set up her practice in Edinburgh where she campaigned for women’s graduation from the Edinburgh School of Medicine, which she achieved in 1894.

Her article “Medical Women in Fiction” analyzes the authors’ fictional interpretations of the woman doctor for veracity. By her estimation, the novels she examines are primarily inaccurate and humorous narratives of women doctors’ experiences written by romantic, misinformed authors, but Jex-Blake exempts two novels from her sharp ridicule: Henry James’ *The Bostonians* and Margaret Todd’s *Mona Maclean*. She praises the latter novel because it was clearly written by a fellow woman doctor under a male pseudonym who faithfully represented the rigors of the medical practice for the female student. Jex-Blake is quick to note that *Mona*

Maclean's plot is the weakest part of the book, but that she has nothing to do with the plot, nor will she say anything about the non-medical characters of the novel (269).³¹ In her refusal to comment on anything non-medical, Jex-Blake aligns herself with the laconic Dr. Prance of James' *The Bostonians* who, when asked to appraise Verena Tarrant's beautiful appearance, merely sees a possibly anemic patient. Jex-Blake writes that James' elision of the technicalities of medical practice is what makes his attempt to characterize Dr. Prance as a woman doctor successful:

I venture to think that such vivid touches as these present a far more living personality, and enable medical readers to imagine more correctly even the standard of professional ability implied, than a mass of partially understood details which are sure to be vitiated by errors, and which provoke criticism from their manifest unreality. (268)

Jex-Blake is keen on presenting herself as a *medical* reader and denies the implications of the supposed feminine traits displayed in the other novels. Even in the passage's oblique reference to other novelists, she cannot suppress her scoffing tone at their ignorant efforts to digest "partially understood details." Jex-Blake is attracted to James' characterization of Dr. Prance because she sees herself mirrored in Dr. Prance, who is an independently characterized woman doctor, and not the socially defined "lady doctor." In the last paragraph of her article, Jex-Blake writes in reference to *Mona Maclean*:

We, who have watched the movement from its infancy, and longed and striven for its success, may rejoice that its ballad-singer has arisen at last, and may offer our heartfelt thanks to ... golden words [which] may penetrate where ours can find no entrance, and may unlock to us the hearts of those of our fellow-countrywomen who have failed to see what we have been unable to show. (272)

In this closing, Jex-Blake evinces her yearning for a voice to trumpet the true characteristics of the woman doctor, which partially accounts for her approval of *Mona Maclean* and James' *The Bostonians*. Despite her disavowal of interest in plot, Jex-Blake could not have failed to notice that one of *The Bostonians*' primary themes is concerned with the discovery of the woman's

political voice. By writing “Medical Women in Fiction,” Sophia Jex-Blake finds *her* voice in Dr. Prance’s insistent independence and Mona Maclean’s realism.

It is no coincidence that medicine was the second most popular profession among women of the nineteenth century after teaching, for despite the difficulties that women encountered in their endeavors to become a medical doctor, medicine was still a viable avenue for the voicing of women’s concerns.³² By the end of the nineteenth century, however, there was a backlash against the hyperfeminine social characterization of the woman doctor, and women doctors of the second generation of pioneers sought different ways of defining themselves. Sophia Jex-Blake’s “Medical Women in Fiction” is an example of a woman doctor’s attempt to assert her professional authority by commenting on varying degrees of validity in the fictional representations of women. It is important, however, to note that in *The Bostonians*, a novel which Jex-Blake praises, it is Dr. Prance, the woman who chooses medicine as a profession, who succeeds in voicing her independence, and not Verena Tarrant who chooses speech over action.

NOTES

¹ In response to the advent of women doctors, Virginian W. W. Parker writes, “This new Northern doctrine, like free-love, communism, etc., etc., is one of the fungi of the tree of Liberty, which should be pulled up by the roots and trampled under foot ere it raise its impudent and blasphemous head towards heaven, and cry out, ‘Why hast thou made me thus?’” (21). Parker’s publication is especially valuable because it presents a rare Southern perspective on the women’s medical movement. He views the movement as the effect of a “few noisy, ‘strong-minded’ females” (18-19).

² The Hippocratic oath begins with “I swear by Apollo Physician and Asclepius and Hygieia and Panacea and all the gods and goddesses,” invoking two female figures, Hygieia and Panacea, as well as two male figures, Apollo and Asclepius, as witnesses to the oath that has marked the beginning of a doctor’s medical practice for two thousand years (qtd. in Marks and Beatty 37).

³ Edith Huntley and Sophia Jex-Blake are most famous for their work in promoting the women’s medical cause in Great Britain, although Jex-Blake spent several years of her education in the United States. In discussing the reentrance of women into the medical profession in either Great Britain or in the United States, it is impossible to mention one country without referencing the other because many women worked in both countries and encountered similar prejudices (i.e. Elizabeth Blackwell).

⁴ Rebecca Tannenbaum finds that there were twenty-four women listed as surgeons in Naples between 1273 and 1410 (119).

⁵ In *Medicine as a Profession for Women*, Elizabeth Blackwell explains how the hospital La Maternité in Paris was entirely devoted to the training of midwives.

⁶ Sophia Jex-Blake, in her 1872 *Medicine as a Profession for Women*, etymologically parses the Latin equivalent of “midwife”—“*obstetrix*.” Jex-Blake points out that there is no male equivalent of *obstetrix* in Latin, and cites the *Athenaeum*’s comment that the “man-midwife” was a ““masculine intrusion into that which natural instinct assigns to woman as her proper field of labour”” (qtd. in *Medical Women: Two Essays* 17).

⁷ Despite systematic attempts to exclude women from medicine, some women continued to find outlets for their professional ambitions by practicing without the endorsement of institutions or, in the extreme cases of Agnodice and Dr. James Barry, disguising themselves as men. Agnodice, an Athenian woman who lived in the fourth century B.C., disguised herself as a man to study medicine and became popular as a doctor among women patients. When her gender was revealed, Agnodice was condemned to death for breaking the law that prohibited women and slaves from studying medicine. Agnodice was saved by the women of Athens who stormed the Areopagus and declared that they would die with Agnodice if she were executed, which caused the senate to repeal the law, allowing gentlewomen to study and practice medicine in the future (Bolton 5; Jex-Blake *Medical Women* 13-14). Dr. James Barry (1797?-1865) successfully masqueraded as a male doctor for over half a century, and was only discovered upon autopsy to be a woman who had mothered at least one child. Dr. Barry graduated in 1812 from the University of Edinburgh at fifteen years of age and served as an army surgeon in Europe, South Africa, Canada, Jamaica, and India. Dr. Barry’s real name is unknown (Marks and Beatty 73).

⁸ Several medical historians including Ellen More and Regina Morantz-Sanchez have published widely on the subject of women’s entrance into the medical profession in the

nineteenth century. Their perspectives, however, emphasize distinctly historical aspects of this important social and professional change whereas I, as a literary critic, am drawn to textual details and implications in the nineteenth-century publications on the topic of medical women.

⁹ William Dean Howells' female physician in his novel *Dr. Breen's Practice* receives a homeopathic kit by mail.

¹⁰ To illustrate the extent to which homeopathic medicine was associated with women, the heroine of Elizabeth Stuart Phelps' novel *Doctor Zay* practices homeopathic medicine, much to the relief of a mother who would not allow her son to be treated by any other kind of doctor.

¹¹ Elizabeth Blackwell, too, condemned the poor training of women doctors. Of the first generation of women lecturers on hygiene and physiology, she writes: "the lectures are generally as crude and unsatisfactory as the medical education out of which they have sprung" (*Medicine as a Profession* 10). Blackwell's disapproval crucially differs from the men's criticism in that she advocates improved medical education for women while the men advocate the exclusion of women from the profession on grounds of insufficient knowledge. The criticism women received for their sectarian medical training was not unjustified; sectarian medicine gradually faded away by the turn of the century.

¹² Walter Channing also often wrote under the name of John Ware.

¹³ In a particularly poetic moment, Parker writes, "He has the head, she the heart. Man is the bass viol, woman the violin. Man the sturdy oak, woman the graceful but flexible palm. Man the blazing sun, woman the soft, gentle moon, or better perhaps, the radiant Venus" (13).

¹⁴ Women furthermore accentuated their natural inclination to ease suffering by taking advantage of a change in the way doctors viewed their profession in the nineteenth century. With the introduction of anesthesia in the late 1840s, doctors were forced to reanalyze their profession,

a profession that had hitherto accepted the infliction of pain as a matter of course. Anesthesia, as a manifestation of sympathy for suffering, “feminized” medicine, and allowed women another “in” into medicine (Morantz-Sanchez, “The Female Student,” 61).

¹⁵ This comparison by Huntley is strikingly similar to one that W. W. Parker poses, arguing against women in medicine: “The three-year old boy fills his first pockets with rocks, showing his war-like tendencies, while the little girl folds, with maternal pride, the doll to her bosom” (8). By Parker’s estimation, however, the martial characteristics of the little boy and the gentleness of the girl demonstrate “God’s order”—women belong in the home, tending to their maternal duties.

¹⁶ Some male supporters of the women’s medical cause, such as William Symington Brown, also reasoned that women’s sympathetic qualities made them good doctors, but in a turn widely differing from the women’s writings on their natural healing instincts, Brown focuses on the self-destructive womanly qualities: “a good physician must possess the spirit of self-sacrifice ... Men make efforts to be unselfish, and they sometimes succeed; but women give up every thing for those they love, without any effort at all” (8). Even as he was ostensibly supporting women in their attempt to enter the medical profession, Brown chose to represent women as martyrs, implying that they would die in their cause.

¹⁷ Edith Huntley scoffs at the so-called “woman’s sphere” as being a rhetorical construct with no real-world referent, much like the phrase “lady doctor”: “as if woman could have any other ‘sphere’ than this work-a-day world which we all live in” (*The Study and Practice of Medicine by Women* 14).

¹⁸ Many women such as Edith Huntley and Sophia Jex-Blake accepted their restricted roles as doctors of women as a matter of course.

¹⁹ As Morantz-Sanchez notes in “The ‘Connecting Link’,” through the end of the nineteenth century, men believed that women were in a state of convalescence during menstruation. They argued that women should not practice medicine because they could not be relied on for a week of every month, but Mary Putnam-Jacobi countered this myth with her essay “‘The Quest of Rest for Women During Menstruation,’” stating that there was “nothing in the nature of menstruation to imply the necessity, or even the desirability, of rest for women whose nutrition is really normal” (qtd. in Morantz-Sanchez, “The ‘Connecting Link’” 216). Much to her male contemporaries’ chagrin, this essay won the Boylston Medical Prize in 1876.

²⁰ Phelps’ Dr. Zay’s decision to become a “doctress” was inspired by the sufferings of her mother.

²¹ Gynecology was developed by J. Marion Sims in the mid-nineteenth century, and treated female sexual difference as an illness, or disease that required medical treatment (Nelson 137).

²² The first British woman physician was Elizabeth Garrett Anderson. She received her L.S.A. (Licentiate of the Society of Apothecaries) in 1865, and received her medical degree from the University of Paris in 1870.

²³ Moreover, although Blackwell graduated with high exam scores from medical school, she failed in attaining access to hospital wards for practical experience in the US (barred by male doctors for the old reasons of female modesty), and went abroad to England and later France to gain a practical knowledge of medicine. When she returned to the United States, she and her sister, Emily Blackwell, famously opened an infirmary and dispensary in New York for women and children which later became associated with Women’s Medical College.

²⁴ Wager's article is an example of what Alison Booth has identified as a prominent genre of popular writing throughout the nineteenth century – women's collective biographies. In *How to Make It as a Woman*, Booth discusses the importance of these exemplary lives to a culture's self-perception, the logic of which runs: the greater the women of the culture, the greater the culture. Because she focuses on book-length collections, Booth does not discuss Mary Wager.

²⁵ Edith Huntley claims that medical study will make a woman even more ideally feminine: "the result of the severe scientific study and training involved in the medical course will be, not to mar the ideal of true womanly ministry, but to complete it ... so that the most perfect specimen of a lady doctor will be, not a monstrosity, but the most perfect ministering woman" (46).

²⁶ Elizabeth Gaskell's 1853 novel *Ruth*, Thomas Hardy's 1895 *Jude the Obscure*, and Gustave Flaubert's 1857 *Madame Bovary*, for example.

²⁷ Of other women doctors in the novels of the 1880s, Charles Bombaugh writes, "They are all beautiful; in costume and carriage, they are faultless; in elegance and style, they are of the choicest; in short, in attractions that are distinctly feminine, they all coincide" (257).

²⁸ According to Miss Birdseye, Dr. Prance could not countenance the thought of going to see a male doctor, so she became a doctor herself: "She was determined she wouldn't be a patient, and it seemed as if the only way not to be one was to be a doctor" (207).

²⁹ Later, when Ransom meets with Dr. Prance in *Marmion*, he does not immediately recognize her; he identifies her as being "at first indistinct, but presently defining itself as that of a woman" (350).

³⁰ Sophia Jex-Blake and the Edinburgh Seven's heroic fight against the unrelenting University of Edinburgh from 1869 to 1872 is legend. Edith Huntley, Robert Wilson, Charles

Drysdale, all refer to their crusade in glowing terms in their writings. Jex-Blake herself wrote a lengthy essay, “Medical Education of Women” detailing the struggle.

³¹ Margaret Todd published *The Life of Sophia Jex-Blake* the year of her own death, 1918, commemorating Jex-Blake’s accomplishments in a nearly six hundred-page book.

³² Mona Maclean's country neighbors misperceive her as a teacher, a logical assumption in the presence of a knowledgeable and educated woman.

BIBLIOGRAPHY

- Abbott, Maude Elizabeth Seymour (1869-1940). *Women in Medicine*. Toronto: Morang & Co., n.d. Reprinted from the University Magazine, April 1911.
- Blackwell, Elizabeth. *Address on the Medical Education of Women*. New York: Baptist & Taylor, 1864.
- . *The Influence of Women in the Profession of Medicine: Address Given at the Opening of the Winter Session of the London School of Medicine for Women*. Baltimore, 1890.
- . *Medicine as a Profession for Women*. New York: W. H. Tinson, 1860.
- Bolton, H. Carrington. *The Early Practice of Medicine by Women*. Reprinted from the *Journal of Science*, January 1881. London, 1881.
- Bombaugh, Charles C. "The Place of the Physician in Literature." *College and Clinical Record* 5 (1884): 253-257.
- Booth, Alison. *How to Make It as a Woman: Collective Biographical History from Victoria to the Present*. Chicago: University of Chicago Press, 2004.
- Brown, William Symington. *The Capability of Women to Practise the Healing Art: A Lecture Delivered before the Ladies' Medical Academy*. Boston: Ripley & Co., 1859.
- Browner, Stephanie P. *Profound Science and Elegant Literature: Imagining Doctors in Nineteenth-Century America*. Philadelphia: University of Pennsylvania Press, 2005.
- Channing, Walter [published anonymously]. *Remarks on the Employment of Females as Practitioners in Midwifery*. Boston: Cummings & Hilliard, 1820. 6 June 2006 <http://www.dohistory.org/archive/doc034/034_title_txt.html>.
- The Complete Notebooks of Henry James*. Ed. Leon Edel and Lyall H. Powers. New York: Oxford UP, 1987.
- Drysdale, Charles Robert. *Medicine as a Profession for Women*. London: C. Tucker, 1870.
- Gilman, Chandler Robbins. *Introductory Address to the Students in Medicine of the College of Physicians and Surgeons of the University of the State of New-York*. New York: By the students, 1840.
- Huntley, Edith. *The Study and Practice of Medicine by Women: A Prize Essay*. Lewes: Farncombe & Co., Printers, 1886.

-
- James, Henry. *The Bostonians*. New York: Modern Library, 2003.
- Jex-Blake, Sophia. *Medical Women: Two Essays*. Edinburgh: William Oliphant & Co., 1872.
- . "Medical Women in Fiction." *The Nineteenth Century* 33.192 (1893): 261-272.
- Leavitt, Judith Walzer. "'A Worrying Profession': The Domestic Environment of Medical Practice in Mid-19th-Century America." *Sickness & Health in America: Readings in the History of Medicine and Public Health*. Ed. Judith Walzer Leavitt and Ronald L. Numbers. 3rd ed. Madison: University of Wisconsin Press, 1997. 145-160.
- Marks, Geoffrey and William K. Beatty. *Women in White*. New York: Charles Scribner Sons, 1972.
- Moldow, Gloria. *Women Doctors in Gilded-Age Washington: Race, Gender, and Professionalization*. Urbana: University of Illinois Press, 1987.
- Morantz-Sanchez, Regina Markell. "The 'Connecting Link': The Case for the Woman Doctor in 19th-Century America." *Sickness & Health in America: Readings in the History of Medicine and Public Health*. Ed. Judith Walzer Leavitt and Ronald L. Numbers. 3rd ed. Madison: University of Wisconsin Press, 1997. 213-224.
- . "The Female Student Has Arrived: The Rise of the Women's Medical Movement." *"Send Us a Lady Physician": Women Doctors in America, 1835-1920*. Ed. Ruth J. Abram. New York: W. W. Norton & Company, 1985.
- . *Sympathy and Science: Women Physicians in American Medicine*. New York: Oxford UP, 1985.
- More, Ellen S. *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995*. Cambridge: Harvard UP, 1999. 59-69.
- Numbers, Ronald L. "Do-It-Yourself the Sectarian Way." *"Send Us a Lady Physician": Women Doctors in America, 1835-1920*. Ed. Ruth J. Abram. New York: W. W. Norton & Company, 1985. 43-54.
- Parker, W. W. *Woman's Place in the Christian World: Superior Morally, Inferior Mentally, to Man—Not Qualified for Medicine or Law—the Contrariety and Harmony of the Sexes*. Richmond: J. W. Fergusson & Son, 1892.
- Scharlieb, Mary. *A Woman's Words to Women: On the Care of their Health in England and in India*. London: Swan Sonnenschein & Co., 1895.

Tannenbaum, Rebecca. *The Healer's Calling: Women and Medicine in Early New England*. Ithaca: Cornell UP, 2002.

Travers, Graham [Margaret Todd]. *The Life of Sophia Jex-Blake*. London: Macmillan & Co., 1918.

---. *Mona Maclean, Medical Student*. 1892. New York: D. Appleton & Co., 1895.

Wager, Mary E. "Women as Physicians." *The Galaxy* (Dec. 1868): 774-789.

Wegener, Frederick. "'A line of her own': Henry James's 'Sturdy Little Doctress' and the medical woman as literary type in Gilded-Age America." *Texas Studies in Literature and Language* 39.2 (1997): 139-180.

Wilson, Robert. "Æsculapia Victrix." *Fortnightly Review* (Jan. 1886): 18-33.

Windsor, Laura Lynn. *Women in Medicine: An Encyclopedia*. Santa Barbara: ABC-CLIO, 2002.