

CHAPTER 13 BECOMING HEALERS

Although for hundreds of thousands of years women were largely in charge of health in their families and communities, with the rise of "civilization" women were shut out of this field. They were denied access to medical education, even though many, perhaps most, women would have preferred women to tend them when they were sick. Toward the end of the last century, however, women demanded and were gradually admitted to medical schools. Although institutional barriers fell at this time, other barriers, both psychic and social, remained.

Psychic barriers existed when girls and women did not consider medicine as a possible career. An example is **Elinor Black** (1905-1982) (Vandervoort, 1992). When she went to school in Calgary, the school curriculum had been set up by men largely for boys. The children learned about men in history, and read mostly books by men. They cut out pictures of prominent men from magazines and newspapers. The role of women was to be wives and mothers; there was no talk of women ever being important enough to be doctors.

Black was amazed and delighted, therefore, when two medical inspectors who visited the schools regularly to check on the health of the children were women: Dr. Lillias Cringan-MacIntyre and Dr. Geraldine Oakley. **Their existence showed Black that there was an alternative for women to housekeeping, which she hated.** She was drawn to medicine for several reasons; first, her sister Charlotte was stricken with polio when Elinor was three days old, so that her mother's attention had been largely diverted from her new baby to her sick three year old. Charlotte survived to become Elinor's closest friend, but her lung capacity was permanently damaged. Second, the year the family moved to Winnipeg, in 1918 when she was 13, the world-wide epidemic of flu struck causing 13,000 cases in Winnipeg alone and killing 20 to 30 people a day there. However, Black's father and her brother Donald, himself trained as a medical missionary, were opposed to her becoming a doctor. Donald said that she would learn material improper for a woman to know, that women weren't strong enough to be doctors, and that "women were nothing but a nuisance in medical school." To overcome these negative opinions, Black was fortunate in being able to recall the women doctors in Calgary. Years later, in an interview, she credited these two women medical inspectors, her role models, with "firing her resolve" to be a doctor. Even though these women had little real contact with Black during her school years, their influence was the major legacy of her youth.

Two other girls overcame social barriers against women being doctors because of random comments in each case involving their parents who would have to pay for their medical education. The first was **Elizabeth Garrett Anderson** (1836-1917) who was born into a wealthy English family at a time when women doctors were almost unheard of (Manton, 1965, 76). Even so, Anderson was determined to become a doctor to help the sick. Her father, an English businessman, did not approve of this plan. He told her that he would not actively support her, but that because he was a fair man, neither would he stand in her way. He agreed to go with his daughter to discuss her future with

Harley Street consultants— in 1860 it would have been improper for her to go alone.

The doctors they consulted were all against the idea of women physicians. They stated that training would be a waste of time for a woman, because she would never be allowed legally to practice medicine in England. Their attitude annoyed Mr Garrett, who believed in equal education for men and women.

One doctor asked his daughter, "My dear young lady, why not become a nurse?"

She snapped, "Because I prefer to earn a thousand rather than twenty pounds a year."

Her response so appealed to his business sense that Mr Garrett was won over to her cause. When she was at first barred from medical lectures at Middlesex Hospital, her father paid for as many tutors as might be willing to give her private instruction. Later, he helped her in other ways, too. Her biographer wrote, "It was the most remarkable thing he ever did [to help his daughter] in a remarkable life, to set his individual sense of justice against the established social order; Mr Garrett's decision was of historic importance, not only for his own family;" she would become the first legally qualified woman doctor in Britain.

Unlike Elizabeth Garret, **Emily Dunning** (1876-1961) was not born into a wealthy family, but she did grow up at a later time when it was more accepted for women to be doctors (Marks and Beatty, 1972, 130). Her mother had five children in all, yet little money with which to raise her family since her husband had fallen on hard times and was seldom home. She kept the family afloat by taking paying guests into her New York home. In 1894, when Emily was 18, Emily and her mother heard Dr Mary Putnam Jacobi, a successful woman doctor, speak on the importance of education for women. Jacobi stressed that without education, women would always be dependent on men. If a woman didn't marry, she was a spinster daughter or a sister-in-law, "tolerated in someone else's home to be everyone's drudge. Or she has to take in sewing, millinery or work in a shop. The wages are miserable and she is looked down upon by everyone...."

Jacobi's speech made a strong impression on Mrs Dunning. She knew that without a dowry her daughter was unlikely to marry a man with money, but she also knew that society was not yet ready to grant professional status to women. While in a state of indecision, her mind was made up about Emily's future when a well-meaning friend suggested that **Emily should be apprenticed to a milliner; she said that Emily had a "gift" for making hats realized because she made them for her family members who could no longer afford to buy them.** Mrs Dunning immediately decided that Emily must go to college.

Emily Dunning graduated from a four-year course in three years, then went on to become a doctor. She married a fellow student, Benjamin Barringer, and spent the rest of her life practising as a doctor and fighting for the cause of women in medicine.

Some women were able to become doctors not because of random comments, but because of a fierce desire to help others triggered by a particular sick person. For **Elizabeth Blackwell** (1821-1910) it was a close friend (Marks and Beatty, 86). When

her father died, she was 17 and her family, newly moved to Cincinnati from England, was left without a breadwinner. She and her sisters opened a boarding school for young women. After a few years, she became restless as a teacher. She moved to Kentucky to organize a girls' school, but found her contact with slavery there too distressing to continue the work. When she returned to Cincinnati she visited a friend dying of cancer who said to her, "You are fond of study, have health and leisure; why not study medicine? **If I could have been treated by a lady doctor, my worst sufferings would have been spared me**". Blackwell declared that she hated everything connected with the body and detested medical books, but the suggestion stayed with her.

At that time, in 1845, no woman had ever attended an American medical school; Blackwell was an ardent advocate of women's rights, so at last she determined to help the cause of women by becoming a doctor. She did so after great struggling, and practised medicine for the rest of her life.

Gertrude Elion's (b1910) personal experience involved a relative (McGrayne, 1993, 287). She grew up in New York City where one of her closest friends was her grandfather, a recent immigrant from Russia. He was too old to work, so he often took her to the park and told her stories. He and his granddaughter spoke Yiddish together.

Elion received excellent marks in school, but wasn't sure what to study at Hunter College, where she was accepted for university. Her father wanted her to be a dentist or a doctor, while her high school English, French and history teachers wanted her to major in their specialties. **She chose her career when she visited her beloved grandfather who was dying painfully in hospital from stomach cancer. She declared, "That was the turning point. It was as though the signal was there: `This is the disease you're going to have to work against'.** I never really stopped to think about anything else. It was really that sudden." Her biographer writes, "She never lost that shining goal. She chose chemistry as her major instead of biology, however, to avoid dissecting animals."

Elion gave her life up to biochemistry, working endless hours to develop drugs that would combat a variety of fatal diseases including leukemia and sarcoma; thousands of people owe their lives to her discoveries. She received a Nobel Prize in 1988 primarily for her work against cancer.

Marion Hilliard (1902-1958) decided what specialty in medicine she would enter because of personal experience not with sickness, but with birth (Robinson, 1964, 91). She grew up in Morrisburg, Ontario, in a strict, religious family where no one was allowed to dance or to play cards. She considered becoming a doctor after she skinned two rabbits for supper and thought this "wonderful fun," but her parents were against this career for her. However, they agreed that she could study science, which she did at the University of Toronto. She became even more enamoured of medicine when Frederick Banting and Charles Best doing research at this university discovered insulin as a treatment for diabetes. Her parents finally allowed her to enroll in medicine, but she was uncertain what specialty to pursue. Then she had her first experience of seeing a woman give birth:

"I saw the mother's face, wet with tears, felt the tense concentration of the doctor

and nurses riveted on the moment of birth, **heard the baby howl with his first breath. I had a flash of insight that has never betrayed me: 'This is what life is all about'.**

"I decided then to be an obstetrician and it is a decision I have never regretted. Even when I am saddled with exhaustion, I never fail to be moved to my soul at the drama of birth." Hilliard went on to become head of obstetrics at Women's College Hospital in Toronto and one of the most famous woman doctors in Canada.

Margaret Sanger (1879-1966) became a champion for women's health through birth control because of sympathy toward an afflicted individual, just as Blackwell and Elion had been persuaded to become doctors because of the sickness of a friend or relative (Sanger, 1931, 54-55). Sanger was one of 11 children born in Corning, New York, who became a nurse before she married and had three children. In 1912, she was nursing poor women in the slums of New York city, where pregnancy was almost a chronic condition. She was sickened by the state of overworked women who had to bear children or suffer through abortions which too often resulted in death.

One of her patients, Mrs Sacks, the mother of children aged five, three and one, had become infected from a botched abortion. Sanger nursed her for three weeks in July, in the family's tiny sweltering apartment with the one toilet for the building on the floor below. When Mrs Sacks was no longer in danger of dying, she asked the doctor, and then Sanger, what she could do to prevent pregnancy in the future. The doctor would not give her any information, and Sanger felt she had none worth giving.

For the next few months, Sanger writes, "That wistful, appealing face haunted me day and night. I could not banish from my mind memories of that trembling voice begging so humbly for knowledge she had a right to have." Then Sanger was summoned to visit Mrs Sacks again, whom she found dying. **She had become pregnant, had used drugs, had visited an abortionist, and died as a consequence. Sanger continues, "The Revolution came -- but not as it has been pictured nor as history related that revolutions come.**

It came in my own life. It began in my very being as I walked home that night after I had closed the eyes and covered with a sheet the body of that little helpless mother whose life had been sacrificed to ignorance." Sanger determined to devote her life to giving women information on birth control so that they could live in dignity and give the children they chose to bear a good start in life.

Sanger's response to Mrs Sacks was perhaps influenced by an incident in her childhood (Sanger, 1931, 8). Although Sanger was one of 11 children born of a pious Catholic mother, her father, Mr Higgins, was a Freethinker. One evening about 1885, Margaret and her sister were kneeling together saying the Lord's Prayer before going to bed. When they had finished, their father asked them whom they were talking to that they asked for their daily bread. Margaret writes:

"To God," I replied.

"Is God a baker?" he asked.

I was shocked, dumbfounded. Nevertheless I rallied to the attack and replied as best I could, doubtless influenced by conversations I had heard.

"No, of course not," I said. "It means the rain, the sun shine and all the things to

make the wheat, which makes the bread."

"Well, well!" he replied, much amused, so that's the idea. Then why don't you say that? Always say what you mean, my daughter; it is much better."

Margaret was devastated. "I could not pray in the same old way. I began to question every sentence which I had previously taken for granted. I began to reason for myself and it was disturbing. But my father had taught me to think." She thought about how people lived, and how society might be reformed; she had a prepared mind ready to react when she watched Mrs Sacks die.

Another prominent woman who championed birth control, **Marie Stopes** (1880-1958), did so not because of what she had seen, but because of personal experience (Box, 1967, 14). Her father was an amateur archaeologist and palaeontologist who took long walks with his daughter in England searching for prehistoric material. Her well-educated mother pioneered university courses for women in Edinburgh. Marie received no formal education until she was twelve, but when she reached university proved herself to be a brilliant scholar. She took honours in both botany and geology at University College in London in one year rather than the normal three years. She obtained her PhD in botany and palaeontology at the University of Munich after she had mastered German, then did further scientific research at Manchester University where she also taught as a junior lecturer. During this time she worked closely for four years with a Japanese scientist. When he kissed her, she was so naive that she considered herself secretly engaged to him, but their liaison remained platonic.

Three years after their relationship dissolved, Stopes met and married a Canadian botanist. The marriage was a disaster; although **the couple remained together for three years, it was never consummated**. Stopes suffered from extreme sexual frustration which adversely affected her peace of mind and her scholarly work. It also changed the course of her life. She knew virtually nothing about sex, in marriage or out, so she went to the British Museum to read the little material available there. She arranged to have her marriage annulled, then began to write her immensely popular books which dealt not only with sexual problems but with birth control: *Married Love*, *Wise Parenthood*, and *Radiant Motherhood*. Later, she and her second husband, to whom she was happily married, worked steadily over many years to bring at that time illegal information about birth control to as many people as possible.

Much earlier, **Justine Siegemundin** (1650-1705) had also been driven to help others in reproductive matters because of her own dramatic personal experience (Marks and Beatty, 1972, 65). She was a Silesian woman of little education when she married at 17 a "master of horse." Two years later, when she believed herself to be pregnant and about to give birth, she sent for a midwife to help her. But no baby was born. Three other midwives confirmed the diagnosis of labour, but still no baby appeared. **Finally a soldier's wife examined Siegemundin and found not only that she wasn't in labour, but that she wasn't even pregnant.**

This shocking event prompted Justine to read everything she could find about reproduction so that other women would not have to go through what she

had. Two books especially, on male and female sex organs written by the Dutchman Reinier de Graaf, helped influence her to become a scientific midwife. For 12 years she practised midwifery among the poor in her area. Her success attracted wealthier clients until she was called to attend the wife of Frederick I of Prussia. In 1689 she published an illustrated book on midwifery, although she was severely criticized because she wrote in German rather than in Latin which only the well-educated could read. The book was reprinted six times and translated into Dutch.

The stories of **Phineas Quimby** and Mary Baker Eddy centre not on becoming doctors, but on the irrelevance of doctors in healing. Quimby (1802-1866) was famous because of his initial influence on Eddy (Wilbur, 1907, 82ff). He was the son of a poor blacksmith and his wife who was apprenticed when young to a clock maker. Quimby made hundreds of clocks and other inventions although he was unable to read or write. When he was 36, Quimby attended a lecture given by a French hypnotist or mesmerist called Charles Poyen. Poyen was not very successful in his exhibition of hypnotism, but he blamed this on some one in the audience who had perverted his power. When he asked that this person meet with him, he was confronted by Quimby. **Poyen told Quimby that he had exceptional hypnotic abilities, which Quimby then decided to develop.** He at once experimented on friends and acquaintances with great success. Because of that occasion he changed his life's direction, becoming consumed not by clocks, but by mesmerism.

Quimby gave many exhibitions of hypnosis over the next 20 years, but he also developed psychic powers for healing. He began to believe that it was not medicine that cured people, but their confidence in their healer; he felt that he himself was successful as a healer because of his magnetic personality. In 1862, Mary Baker Eddy visited Quimby seeking a cure for her chronic illness. He told her that "she was held in bondage by the opinions of her family and physicians, that her animal spirit was reflecting its grief upon her body and calling it spinal disease." Although she didn't agree with this diagnosis, Eddy was healed, and spent the next four years studying Quimby's ideas.

Mary Baker Eddy (1821-1910) had her own traumatic experience when she was 45; it led her to believe that death and disease have no real existence and so can be overcome by the mind using Christ's teachings (Wilbur, 1907, 127ff). Her ideas were founded both in her own Calvinist upbringing and in the ideas of Quimby who had developed his mental theory of disease, a science of wellness based on the mind.

One Thursday evening in February she fell on an icy street and was knocked unconscious with severe internal injuries which it was feared would kill her. She was taken home where, refusing medicine, she instead "lifted her heart to God." On the third day after her fall, Sunday, she sent her friends out of her room and took up her Bible. It opened at the account of Jesus healing a palsied man. "It was to me a revelation of Truth," she wrote. "The miracles recorded in the Bible which had before seemed to me supernatural, grew divinely natural and apprehensible." **Her friends were amazed to find not that she was dying, but that she had been restored somehow to complete health.** She studied further, publishing *Science and Health* in 1875. In 1879 she

founded in Boston the Church of Christ, Scientist, based on her research which combined the power of the mind with the power of Christ. Her religion became an immense success. In 1990 there were 2,600 Christian Science churches worldwide, with a membership of about one quarter of a million people.

For examples of people changing their behaviour to aid, one way or another, in the healing of others, most were of personal experiences followed by personal observations of remarkable events.

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