

CASE WESTERN RESERVE UNIVERSITY
COLLEGE OF ARTS AND SCIENCES
WESTERN RESERVE STUDIES SYMPOSIUM

BUILDING A MEDICAL COMMUNITY IN THE WESTERN RESERVE

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Ford Auditorium

Women Health Care Providers and Practitioners

Marion Morton

These papers demonstrate, first, women's varied roles in the medical community of the Western Reserve from the mid-nineteenth century forward. The papers will introduce us to courageous nurses, pioneer doctors, willing volunteers, and the imaginative founders and generous benefactors of significant health-care institutions and agencies, including the Women's and Children's Free Medical and Surgical Dispensary (later Woman's General Hospital), the Visiting Nurse Association, and the Maternal Health Association.

Although they widely over time, the experiences of these women have some commonalities. In general, women's roles as health care providers stem from the historic reality that health care was at least into the first third of the twentieth century, a domestic responsibility, provided for in the home by whoever was there—most often women. From this historic connection grew the assumption that women had the healing gifts associated with nurturing and domesticity. Women's health care provision continued to carry some of that domestic aura. Until the professionalization of nursing in the late 19th century, nurses provided as much menial and domestic service as they did medical treatment. Even after nursing became professionalized and medicalized with the establishment of nursing schools, graduates worked as often in private homes and in public health as they did in hospitals. The public health nurses and volunteers who formed the Visiting Nurse Association decided in effect to return to the homes of their patients, often women and children, bringing their professional skills with them. This presumed connection between womanhood and health care therefore gave women access—although unequal access—to professional opportunities.

On the other hand, women health-care practitioners were often barred from male medical institutions. In response, they created and used alternative, woman-centered institutions to achieve their professional goals. Dr. Myra King Merrick is a good example of this strategy. "Regular" medical schools, like Western Reserve University, only infrequently admitted women until the 1910s. Like many other female doctors, Merrick was educated and practiced "irregularly" as a homeopath. When even the local homeopathic medical school barred women, Merrick opened the Cleveland Homeopathic College for Women in 1867. Similarly, the Children's Free Medical and Surgical Dispensary, founded in 1878 and later Woman's General Hospital, founded in 1913 by homeopath Dr. Martha Canfield, provided women doctors with a place to do their internships and treat their patients. The Maternal Health Association was also founded by women for women as an alternative to existing health-care institutions. Frustrated because local hospitals would not distribute information about contraception, two volunteers, Mrs. Charles Brush and Mrs. Brooks Shepard, decided to distribute it themselves and in 1923, helped to organize the Maternal Health Clinic. Since birth control was associated in the public mind with political radicalism and sexual promiscuity, male doctors were reluctant to staff the clinic, and the clinic's first nurses and doctors were women, as were their clients.

This panel, therefore, demonstrates and dramatizes the ways in which women seized the opportunities and met the challenges presented by the medical community of the Western Reserve and beyond.