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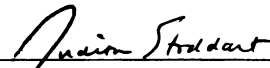
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NINETEENTH CENTURY MEDICAL WOMEN IN FICTION

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Harriet Anne Squier, M.D.

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NINETEENTH CENTURY MEDICAL WOMEN IN FICTION

By

Harriet Anne Squier, M.D.

A THESIS

Submitted to

Michigan State University

in partial fulfillment of the requirements

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ABSTRACT

NINETEENTH CENTURY MEDICAL WOMEN IN FICTION

by

Harriet Anne Squier, M.D.

Nineteenth century fiction about women physicians reveals a world in which women physicians' careers are strongly influenced by social pressures and professional identity. The fictional women physicians who choose to leave medicine strive to fit into a social context in which there are strong norms for the ideal woman, and in which marriage or family has more social and personal value than does the practice of medicine. The fictional women physicians who continue to practice medicine do so at great emotional cost, yet find sustenance and fulfillment in the professional aspects of their lives. These works illustrate themes and issues that are still pertinent for women physicians today.

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INTRODUCTION

In the 1960's, American medicine saw a large influx of women into the profession. At that time in medical history, specialization had replaced the family doctor, and science, rather than the relationship between doctor and patient, was the center of "good" medical practice. In the 1960's and 1970's patients became disenchanted with impersonal medical care and a few factions within the medical profession agitated for alternatives to the traditional biomedical, specialty view of medical practice.

Now, in the mid-1990's women continue to enter the medical profession in large numbers, and comprise half the enrollment of many medical schools. At the same time, financial incentives as well as a redefinition of the doctor-patient relationship have started to move the practice of medicine toward a more patient-centered, primary care oriented profession. Society continues to be vocal about the need for patient autonomy and shared power between doctors and patients. Many patients are firm in their acceptance of women physicians and in their expectations about how women should practice medicine. Many patients expect, and even demand,

that women physicians practice medicine differently than men, believing that women physicians are better communicators and are more caring than men. Recent research corroborates patients' beliefs that many women physicians do conduct their work differently than their male colleagues. These studies show that female physicians spend more time with patients, are more psychosocially oriented, and are more patient centered than male physicians. In addition, women physicians have more limited practices in terms of hours worked and diversity of medical problems treated than do male physicians. They are accused of fewer ethics violations than men, and are more likely to be certified and to attend educational meetings than are their male counterparts.¹ It seems clear that current women physicians question traditional, paternalistic, notions of the doctor-patient relationship, and strive to develop a medical practice that is congruent with their and their patients' values. These values include patient-centeredness, a high quality of care, and shared power within the doctor-patient relationship.

As patient demand for women physicians grows, women physicians face new challenges. They must make personal choices about the balance of family and profession, and professional choices about the way they practice medicine and how they conform with professional norms of practice. Although women physicians today may feel that they walk uncharted territory, devising new ways to practice medicine and to balance their lives, this is not the first time in

history that women physicians have had to define who and what they want to be, or the first time that women physicians have experienced change within the profession. Although women have practiced medicine in small numbers throughout the twentieth century, comprising about 5% of all physicians until the 1960's, it was in the nineteenth century that the first women gained access to formal medical education. After the first woman graduated from medical school in 1847, the doors to American medical education opened to women. By 1910, over 9,000 women physicians were practicing medicine across the country.² These early women physicians faced many obstacles, and defined themselves according to the goals of their profession and the beliefs of society. Perhaps learning how they saw themselves and how they believed medicine should fit into their lives would help current women physicians gain insights into similar issues in their lives.

Although much research has been done on nineteenth century women physicians, our view of these women's lives through historical research can be a confusing and contradictory patchwork. These women physicians are portrayed variously as feminine caregivers, vehement feminists, scientists, and women who manage home and career simultaneously.³ A closer, more intimate look at how some nineteenth century women physicians made choices in their own personal and professional lives, in other words, how they chose to define themselves as both women and physicians, may begin to shed light on complex issues in the lives of current

women physicians.

In order to understand nineteenth century women physicians we might consult their personal records, diaries, or autobiographies. For instance, in Harriot Hunt's Glances and Glimpses, published in 1857, we do get some sense of what it must have been like to stand in her shoes as she practiced medicine, sought formal medical education, and joined the women's movement in mid-century.⁴ Similarly, Elizabeth Blackwell's autobiography is a vivid account of her experiences in medical training, both in the United States and Europe; in her medical practice; and in the establishment of her medical school in New York City.⁵

What doesn't come through clearly in these works is a sense of what sacrifices these women made to become physicians, or exactly how they defined the ideal woman physician, the ideal practice, or the ideal relationship with patients. We are not sure how they balanced their personal and professional lives; we know their experiences within their profession, but little about their home life. In addition, we do not know if other women physicians were at all like either Hunt or Blackwell, whose approaches to practice and politics differed dramatically.

Several fictional works from the nineteenth century provide us with a close look at women physicians and the patients they treat. These works go far beyond other sources of nineteenth century information, not in literal fact, but in the description of what certain kinds of women doctors were

like, and what interactions they had with certain kinds of patients. These stories reflect for us what the issues were at the time for the authors and their readers. While we wouldn't want to say these fictional works necessarily represent all nineteenth century women physicians, we can say that they give us the kind of broad, detailed and plausible information which we have lacked in more traditional historical sources. The central focus of all these fictional works about women physicians is invariably what it means to be a woman doctor, what life is like for women physicians, and how women physicians balance their work with their private lives. These topics are precisely what we seek to investigate, and what is most elusive in other sources of historical information.

Because fiction is not like other historical sources, though, we should not expect to assess it for factual accuracy. Yet, it does contain truth. As one author points out, "there are several kinds of truth, and the truth of literature is not necessarily the truth of science."⁶ This truth can involve the emotions, through the reproduction of emotional responses to specific events, and involves moral truth, which discovers and affirms the basic essence of human existence, and is the "highest kind of truth."⁷ Fiction, then, deals less with the factual happenings in a person's life than with their emotional responses to them. We can see that for women physicians who struggle with their place in the world today, nineteenth century fiction about women doctors

should provide an excellent resource.

Examination of these works will show that the women physician characters in nineteenth century fiction practiced medicine only at a great personal cost. Some of the women physician characters choose to leave the practice of medicine rather than face societal disapproval. For these women doctors, the importance of family and home outweighed that of medicine. For the group of women physician characters who choose to continue to practice medicine, professional identity helped to offset societal disapproval. Stubbornness, professional competence, and altruism helped these women physicians to succeed in their careers. It was their profession, rather than traditional, womanly roles, which provided them with sustenance and fulfillment.

The seven works of fiction discussed in this paper represent the most extensive compilation of American nineteenth century fiction about women physicians to date. The four novels used in this essay were found through various references in secondary sources, both from the nineteenth and twentieth centuries. Poole's Guide as well as index searches of several nineteenth century magazines were used to find the three short stories.⁸ Although the authors of these stories are not well known to twentieth century readers, their works add an interesting counterpoint to the more famous novels. An additional novel, Helen Brent, M.D., published in 1892, does exist, but is out of print, and regrettably could not be obtained for this analysis.

These stories are both dated in the extremity of social norms at the time, as well as modern in the conflicts and debates of the women physicians they depict. Many of these women physician characters are especially competent in their work. And several challenge both society and medicine to create the reforms in society that we are only beginning to realize today. These stories are especially pertinent for women physicians today.

We will look at the fiction in terms of those who failed as physicians, and those who succeeded, examining how the social and professional context influenced each path. We will conclude with a discussion about how the insights we gain from these fictional works influence how we look at women in medicine today.

CHAPTER ONE

Medical Women in Social Context

Although medical women today find the balance between work and home difficult, the situation was clearly worse for nineteenth century women, for whom social norms were far narrower. For instance, in 1847, when Elizabeth Blackwell, the first formally educated woman physician, graduated from medical school, it was believed that men were designed to fill the public role of work, and women were meant for the private sphere of the home. Thus any kind of work outside the home, especially for middle and upper class women, was effectively prohibited.

In the mid-nineteenth century, women were thought to be the opposite of men - private, domestic, and nurturing. As one author notes, "women were now seen as guardians of older values in the new era of harsh competition and worker exploitation."⁹ A certain kind of woman, one who could best meet the demands of mother and caretaker of the home, was given high value in society. This ideal woman was nurturing, passive, emotional, cultured, demure, broadly, though superficially, educated, attractive, modest and pure.¹⁰ Coupled with societal needs for separate roles for men and women grew the concept that women and men were essentially different from one another. It was believed that women and men possessed entirely different natures, abilities, and

characteristics.

In parallel with these roles and beliefs grew the theory that women were biologically destined and ordained to fit the role opposite of that of men. Women must remain at home and tend to a family because they were too weak, delicate, emotional, and debilitated from menstruation and childbirth to do anything else.¹¹

To much of Victorian society in mid-century, the idea that women either could, or would want to, become physicians was shocking, disruptive, and illogical. It is not surprising that the opposition to women's entrance into medicine was vocal and heated. For many reasons, the practice of medicine by women seemed immoral. Some critics felt that women were created by God to tend the home, and that it would be sinful for women to work in any other setting.¹² Others felt that the subject matter of medicine, dealing with vulgar and intimate bodily functions, should be avoided by "pure minded" women.¹³ Women physicians, whether married or single, would also be immoral for neglecting their family responsibilities in order to conduct their medical careers.¹⁴

The physical limitations of women were also a major argument against women's education. It was believed that women lacked the strength and fortitude to withstand the long hours and rigorous travel in bad weather necessary in any medical practice.¹⁵ Menstruation was thought to cause physical and mental weakness.¹⁶ Education was thought to drain vital energy away from the female organs, effectively

"unsexing" a woman.¹⁷

Beyond these arguments was the belief that even if women did obtain an education equivalent to that of men, their essential difference from men made them particularly unsuited to the practice of medicine. It was thought that a woman possessed "overflowing sympathy" which clouded her ability to reason. Her suggestiveness, acute perception, and intuition allowed her more creativity than men, but got in the way of the medical tasks of observation, induction, and careful analysis. Her impulsiveness caused her to jump to conclusions prematurely.¹⁸

While the portrayals of women physicians in fiction are shaped by these societal expectations, they are not limited by them. The fact that women did become physicians, the fact that these authors could envision women physicians as sympathetic characters, shows that regardless of the doubts about the suitability of women for the practice of medicine, there were elements of the ideal woman that coincided with the qualities needed to become a doctor. Whether or not these shared characteristics would be enough to support women physicians in society and within the profession is a question raised by the nineteenth century fiction in which women physicians choose to leave their profession. Although we hear little today about women physicians deciding to abandon their profession for alternate occupations or for motherhood, it is informative to learn just how strong societal pressures against medical practice for women could be then, to better

understand its influence today. For women to choose to leave medicine, there must have been some degree of pressure, discomfort, sense of being out of place, or attractive alternatives for such a decision to come about. Discussion of the fictional works about women who abandon their careers will help illustrate what these issues were. Although the three works discussed here are not major works and have not been reprinted or anthologized since their original printing, they are worth at least a brief look.

In "A Day with Doctor Sarah" by Rebecca Harding Davis, Doctor Sarah is an activist for women's rights and no longer practices medicine.¹⁹ The story opens as Sarah is introduced by a wealthy but slightly eccentric socialite to her fashionable circle of friends. These women are skeptical of Dr. Sarah because of her radical political views, her flashy purple gown, her faded appearance which falls short of beauty, and her profession, which seems scandalous in proper upper class Victorian society. Although these society women expect Sarah to be loud and shrill, like other women reformers, she is actually subdued. Sarah prefers to voice her opinions to Congress than to wealthy women whom she feels are shallow and pretentious. The narrator points out to us, though, that these society women affect change in their own ways, persuading their husbands and other influential men behind the scenes, to make necessary political and social changes.

After this uncomfortable meeting, Sarah travels to Washington, D.C. to meet with Congress and to deliver a

speech. On her train ride there she spends time with a former lover who is a widower with several poorly-kept children, one of whom is crippled. This child awakens Sarah's latent motherly and doctorly instincts. The narrator equates medicine with mothering, saying that some women are born wives and others are born mothers, and Doctor Sarah is the latter. When the train derails and her former lover is killed, leaving his children orphans, Sarah chooses to raise them as her own. This action finally leads Sarah to a feeling of fulfillment in her life.

In this story, despite their differing social situations, the women characters are the caretakers of society, working behind the scenes to improve the world. For Dr. Sarah, the public role of women's advocate is abandoned for the more satisfying and ultimately necessary role of mother to several orphaned children. In a fundamental sense, Harding seems to say that it is women, not men, who ensure the proper care and nurturing of children, the family, and perhaps of society itself. Dr. Sarah, like other women, may fulfill this destiny through politics, career, or motherhood. Since the care of these particular children is more immediately gratifying and essential than her public or medical work, Sarah can best meet her life goal of caring for the unfortunate by being mother to these children. In the context of this story, Dr. Sarah's choice to leave the public world for motherhood is a fulfillment of her life dream. In no way is it seen as a failure.

Unlike women of today, Dr. Sarah must choose between medicine, politics, or motherhood, for combining work and home is simply not an option. It is interesting that Davis distinguishes the work of wifehood from motherhood, claiming that women often are not good at both jobs. This distinction opens the possibility of socially acceptable medical careers for women, for these careers encompass the motherhood aspect of the ideal woman; caring for patients is similar to caring for children. For women who do not have their own children, doctoring is a natural choice. Caring for society is another possible, though less acceptable, alternative in keeping with women's natural roles.

While women physicians of the twentieth century may feel pressured by their patients to be more nurturing and attentive than their male counterparts, nineteenth century women physicians in fiction were not necessarily as natural at caregiving as Dr. Sarah. In the novel, Doctor Breen's Practice by William Dean Howells, published in 1881,²⁰ Grace Breen enters medicine because she wants to martyr herself, not because she has natural mothering instincts.

This woman physician is a beautiful, wealthy, and refined New England woman who studies homeopathy after being jilted by a lover. When vacationing after completing medical school, Grace and her mother along with a sickly friend, Mrs. Maynard, go to the shore of Rhode Island for the summer. While there, Mrs. Maynard goes boating, at Grace's insistence, is caught in an unexpected storm, and contracts pneumonia. Grace blames

herself for her patient's illness, and, when Mrs. Maynard questions her ability to effectively treat her pneumonia, Grace seriously doubts, not only her abilities as a physician, but her motivations as well. Reluctantly, Grace consults with a regular practitioner, Dr. Mulbridge, for advice. When he refuses to consult with her because his medical society would ban him from membership for consulting with a homeopath, Grace turns the case over to him.

During Mrs. Maynard's illness and recovery, Dr. Mulbridge decides that Grace would make a good helpmate in his work and proposes marriage to her. In the meantime, Grace falls in love with Walter Libby, a longtime friend of Mrs. Maynard. Ultimately, Grace abandons her medical practice and marries Mr. Libby. In the end, and only with his encouragement, Grace does treat the children of his mill workers, although she no longer calls herself a physician.

Grace Breen's difficulties as a physician begin even before she enters medical school. What makes Grace ladylike, attractive, and the embodiment of the nineteenth century ideal woman, is what makes her ineffective as a doctor. As a teenager, Grace was crushed when her lover rejected her and married her best friend. She suppressed her disappointment and sought to make herself invulnerable to further pain by studying medicine, which "cost her more than the usual suffering that it brings to persons of sensitive nerves," and which involved work which was "almost insuperably repugnant."²¹ Grace would sacrifice her life, her femininity,

and her status in society to do good for others.

It is not long, however, before Dr. Breen becomes very uncomfortable with the martyr role. She is discomfited by the embarrassment of men when they realize she is a doctor. She also confronts the resistance of her patient, as well as other women, to homeopathy, and to women doctors. These women doubt the gentleness of her homeopathic remedies, and they see Grace's career as scandalous, something that no respectable woman would pursue. Moreover, they have never known a successful professional woman, and themselves possess none of the strength of mind or character which such a woman would have. As opposition to Grace and her therapies mounts, she begins to doubt herself, too. Since Grace, like other physicians of the time, believes that a patient must have faith in his or her physician in order for medical treatment to work, and since her lack of self confidence influences her patient, she knows she is doomed to fail as a physician.

Grace's experiences lead her to feel she is "impulsive and timid and nervous, and everything that I thought I was not."²² Since she cannot imagine that the practice of medicine could be anything but unpleasant, Grace is perfectly willing to leave it and marry Walter Libby. With this marriage she plans to travel, enter society, enjoy the cultural worlds of art and music, and otherwise become an ideal Victorian upper class woman. Despite the encouragement of both Dr. Mulbridge and of Walter Libby for her to practice medicine, she goes as overboard in abandoning her profession

as she did in entering it in the first place. When we see Grace again at the end of the book, she has begun to find a balance between her need to have enjoyment in life, and her need to be useful to others. Although she refuses to call herself a doctor, she does provide some limited care for the ill children of her husband's mill workers.

We might speculate why Howells chose to make Grace Breen so emotionally labile. Since he was known as a realist, perhaps he actually believed that this was an essential characteristic of all women. Certainly there are no other particularly rational women in this novel. Alternatively, Grace Breen's insecurity could be a literary device which actually challenges the stereotype of the ideal Victorian woman, undermining the assertion that being an ideal woman was desirable. Since it is the balance between career and marriage that brings Grace Breen closest to happiness, Howells may mean that even women who want to be feminine need not underestimate their capacity for emotional and mental strength.

While Grace Breen was dramatically influenced by social pressure, professional insecurity, and emotional lability, Naomi Thorp in Barnet Phillips' "A Doctor Spoiled," published in 1862,²³ finds that her professional accomplishments do not substitute for the more rewarding role of ideal woman and wife. Naomi Thorp is an intelligent and attractive young woman recently graduated from medical school, who is taking a summer vacation on the Massachusetts seashore. While there,

she literally stumbles across an injured man on a fishing pier. After deciding that he is not drunk and is a worthy and respectable patient for her to treat, she tends to his wounds and becomes his physician. In the course of treating him, her patient falls in love with her. By the end of the story, after much persuasion by her patient, Dr. Thorp decides to marry him and leave her profession.

"A Doctor Spoiled" fits the form of a stereotypical nineteenth century romance. True to the romance form, Naomi Thorp is an immensely sympathetic character, beautiful, charming, intelligent, who has overcome hardship in her youth, and looks to face continued hardship in her medical practice. Despite her love and talent for medicine, the narrator leaves no doubt as to the difficulty of this profession for Naomi. He says that if she ever were able to develop a busy, successful practice, "it would be when she was fifty, old and withered, broken down with toil." The outcome, to fit the romance form, necessitates that the heroine find a reward for her hardship by finding a loving husband who will cherish her, lavish her with attention, and provide her with the luxuries that she deserves.

Dr. Thorp is a well educated practitioner, who is familiar with the latest books and articles, is knowledgeable about the most recent developments in therapeutics, and translates German articles about new scientific developments for another physician. Even more impressive, Naomi's femininity is undiminished by her medical knowledge. The

effect of this femininity, though, in addition to making her more attractive to her patient, is to make her a less effective physician. Because she is petite, quietly elegant, "delicate and pale" with "wonderfully good eyes," she "is entirely too nice-looking for the professional woman."²⁴ She is "full of quiet sympathy," and wishes to be "humble and inconspicuous."²⁵ While she is able to "look very severe, and a trifle hard" as she practices her work, this state is uncomfortable to her, and she prefers to be pliable and sympathetic.²⁶ Since nineteenth century medical practice dictated that the physician be authoritative and definitive in order to foster the patient's confidence and harness his natural abilities to heal, Naomi is unable to find a comfortable balance between her professional demeanor and her feminine sensibilities. Finally, she chooses the feminine role as more likely to provide her with happiness.

For the women characters who chose to leave medicine, the tensions between their roles as ideal women and their motivations to practice medicine are very clear. All three of these women physician characters are very much aware of their place in society and struggle with either defending or maintaining it. In addition, they want to uphold the moral standards of society by doing right by others, but are not always sure that their means actually do accomplish good. For all the women physician characters who leave medicine, moral duty is more closely aligned with the mothering role than with the doctoring role. Motherhood (or wifedom) allows them to

continue to serve others (their husband and/or children) while retaining the respectability they deserve. Their powers are heightened when they no longer have to protest against societal expectations.

Thus, it is easy to see how the tensions inherent in job and social roles for these Victorian women physicians in fiction influence their abilities and decisions to practice medicine. The authors of these stories are overall very sympathetic to their women physician characters. We like these women and find them feminine and attractive. Still, though, we do not end up with a real appreciation that medical practice for nineteenth century women was an attractive option on the basis of these stories. Just like the essayists warned, in order for a women to fulfill her real destiny in life, in order for her to be an ideal woman, medical practice is an impossibility.

Although only a minority of persons in America today would claim that women should not practice medicine, these stories are helpful to us in that they emphasize how strong societal pressures regarding women's behavior can be. These pressures can dramatically change the course of women physicians' lives. The societal demand that women physicians somehow change, soften, become maternal, and leave their jobs for the more important work of motherhood and/or wifehood, while taking different form today, has not really been altered much in the course of 100 years. We as readers may be disturbed at the ease with which these women characters left

their profession, but are not surprised that they had many pressures against them to do so. Their need to define who and what they want to be is important for all women considering medicine as a career. For these nineteenth century women in fiction, though, it is conformity with society's norms that creates a strong and lasting sense of identity, rather than conformity with the medical profession's norms.

The women characters in fiction that choose to remain in medical practice face similar pressures, yet come to very different conclusions about the importance of medicine in their lives. The professional identities they develop provide sustaining power which the women we have already discussed are never able to find.

CHAPTER 2

Medical Women in Professional Context

Part of the reason some of the women physician characters could so easily leave the practice of medicine may stem from the fact that medical education was far less demanding in the nineteenth century than it is today. At that time, the medical curriculum consisted of two or three years of classroom learning, usually without the need of an undergraduate degree. Thus, these women may have had less drive to remain in the profession because there had been less time committed to the process of education.

Other aspects of medical practice, such as the professionalization process, were also different for women physicians in the nineteenth century than they are now. The characteristics of a profession, such as emphasis on public service, high social status and autonomy of its practitioners, a hierarchical organizational structure, and an exclusive and elaborate educational process, were not completely developed in medicine in the nineteenth century.²⁷ For women interested in medical careers in the late nineteenth century, the American Medical Association and other medical organizations were of no help in the achievement of professional status, for, usually, they did not admit women physicians to their ranks. And, as for her male counterparts, the title of Doctor was not a guarantee that a woman physician would gain social stature unless she was born into it. Thus

for women physicians, claims of altruism and solid professional credentials were the only means by which a woman might achieve a professional status equal to that of respected male physicians.

The quality of a medical practitioner was influenced by how the physician related to and kept up with the dramatic transition in medical therapeutics in the nineteenth century.²⁸ This transformation was not simply a change from humoral medicine to scientific rationalism, but was a fundamental change in the perception of the body and how it functioned. In the early nineteenth century, physicians believed that every part of the body was related to every other; health or illness were general states of the total organism. In this system, the body in health was a balance of intake and outgo. An imbalance of the system meant disease. Medical therapeutics were aimed at creating visible symptoms which represented the physician's attempt to maintain the body in equilibrium.

Until the mid-nineteenth century, many therapeutics were harsh; bloodletting, cathartics, and emetics, for instance, were used in heroic proportions, with the belief that the obvious results they caused could counteract the disease process resulting from bodily imbalances. Even late in the century, these harsh remedies were used to various degrees by individual physicians and in particular parts of the country.

Homeopathy, and probably other medical sects, gained popularity for they sought to reestablish the necessary

balance of health without toxic and uncomfortable medications. These sects still saw the body as a system in equilibrium. They differed from regular medicine by using milder remedies such as highly diluted medications, water treatment, botanical treatment, and others, to reestablish equilibrium.

In the middle third of the century, new medical developments provided evidence that many diseases, such as smallpox and other infections, were the result of specific causes, rather than a reaction to one's environment or other disruption of homeostasis. In response to this new information, physicians recognized that the natural course of many diseases led to spontaneous cure. They now used their traditional remedies, though in lower doses, to support the body in its natural progress toward health. Drugs were combined with an increasing emphasis on dietary and environmental regimens to strengthen the body. Moreover, the body was felt to possess a vital power which propelled the healing process. Physicians believed that they could support this vital power through various means, such as strengthening agents like alcohol, hygiene, and the patient's own belief in the doctor, to encourage and speed healing.

By the end of the century, when most of our fictional works were written, medical therapeutics had become less an attempt to maintain the body's homeostasis and more a systematic observation and characterization of illness and the natural course of disease. Physicians recognized that they often were able to predict the course of disease without being

able to alter or cure it. Aside from new developments in surgery, physicians in the late nineteenth century and early twentieth century sometimes questioned whether therapeutics had any role in medicine at all.²⁹

Since we know that physicians' moral and emotional strength as well as physical and scientific powers were used to effect healing, and since Victorian society already defined women as more moral, spiritual, and emotional than men, it was this reasoning in part by which women justified their ability and right to study medicine at this time in history.³⁰ As Regina Markell Morantz has said, women physicians "made Victorian ideology yield to them and used these notions to justify seeking medical education."³¹

How the transformation in medical thinking affected the practice of women physicians is not clear. There is some evidence that women physicians did differ from their male colleagues in their use of therapies.³² At the very least, women physicians were influenced by the therapeutic transformation just as men were influenced. By keeping current with the changes in knowledge and therapeutics, as well as responding to the moral and medical needs of those less fortunate, women physicians could validate their professional standing. For the women physicians in literature who choose to remain in the profession, it is this professional identity that gives them the strength to continue to practice medicine.

It is significant that for the women characters discussed

previously who left medicine, medical therapeutics was not really a major theme in the literary works. Although one of the women was a homeopath (for all we know, Dr. Sarah could have been, too), this fact is significant only because a high percentage of women physicians, especially in the northeast, were homeopaths.³³ We get no sense from the fiction about women who abandoned medicine that these women entered the dispute between allopathy and homeopathy with any vigor or that they chose their sect because of any particular passion about it. Instead, homeopathy for the authors was perhaps chosen to impart on their characters a higher social standing, for the wealthy, especially wealthy women, were the most ardent supporters and users of homeopathy.³⁴

The women characters who stay in medicine are much more articulate about their political and scientific stance within their profession. Even in the earliest work, science is looked upon as a positive force in its own right. These women characters gain support from the value of science, as well as from the social importance of their jobs. All four of the women characters who stay in medical practice seem to practice at the cutting edge of their profession.

The first work of fiction with a female physician as protagonist was "The Battle and Triumph of Dr. Susan," written by Fitz-Hugh Ludlow and published in 1863.³⁵ Dr. Susan is a masculine-appearing woman who practices hydropathy (treatment with water) and homeopathy (treatment with infinitesimal dosing) in a water-cure establishment in New York State. She

is respected by her colleagues as the best doctor among them for the management of complicated illnesses. She cures a young businessman, Mr. Remy, of typhus, and in the process falls in love with him. Unknown to Dr. Susan, Remy has fallen in love with Dr. Susan's beautiful and womanly friend, Helen Talfourd. When Dr. Susan attempts to tell Mr. Remy she loves him she inadvertently discovers his affection for Helen. Susan is angry, hurt, and utterly devastated. When Helen contracts typhus, Dr. Susan, still stinging from her rejection, must decide whether or not she wishes to, or is emotionally able to treat Helen. Here Dr. Susan's desire to find love conflicts with her commitment to heal the sick. In the end, Dr. Susan decides that despite the personal cost, she will care for Helen. At the end of the story, as her now healthy patients travel away to marital happiness, Dr. Susan is left alone with only her work for solace.

Mr. Remy and Helen Talfourd are cured, not by hydropathy or homeopathy, but through Dr. Susan's "patient skill and science."³⁶ Dr. Susan is "a masculine soul run by freak into the feminine mould," who possesses "an enslaving power" which she uses to heal.³⁷ To the narrator, it is the fact that Dr. Susan is so manly which gives her the ability to be an effective physician. Only a man, the narrator implies, could have the mental ability and sheer power of will that she possesses, and which is necessary for her to heal. Water cure and homeopathy place a distant second to Dr. Susan's mesmeric talents. "In hydropathic institutions cure of any thing more

serious than a toothache takes at the least several years."³⁸

"...Drops of water, homeopathically tinctured,... formed at Beech-Wold the only medical ally to water tinctureless (339)."³⁹ The irony in these descriptions makes it clear that the narrator holds less faith in the formal medical classification of his treatment than he does in Dr. Susan's innate ability to cure. When she finally agrees to treat Helen Talfourd, Susan "sat holding Helen's hand... Her will was working at its highest stretch, driving magnetic life from her powerful being into every vein of the woman...."⁴⁰

Through these superhuman powers, Susan is able to cure Remy and Helen. Susan was like "a hollow old ash, broad, gnarled, and blasted every where except one limb."⁴¹ Susan's one positive attribute, the one live limb, was the ability to heal.

This story provides an excellent example of the transition in medical thinking described by Rosenberg. In 1863 traditional therapeutics were being questioned, and physicians were required to call upon other or additional powers in order to heal. That Dr. Susan is female, although not an "ideal" or "womanly" female, adds an interesting twist to this story. The male physician in the story is completely ineffective compared with Susan. Perhaps it is because her gender and abilities are mismatched that she has such an abundance of vital power to impart to her patients. She necessarily will be unhappy and unfulfilled in this world, and has found a way to channel the resulting tension and

frustration into productive medical work. When she finally resolves herself to the fact that she will never experience love as other women do, Susan says "I shall be useful, I shall be famous perhaps. There is something in this to live for."⁴² Still, it is not by coincidence that Susan is last seen standing outdoors in a thicket known only to her, called Susan's Solitude. Although she will continue to do excellent medical work, she will necessarily be forced to do it alone.

At the time Dr. Breen's Practice was published in 1881, Elizabeth Stuart Phelps was already at work on Doctor Zay, published in 1882.⁴³ Dr. Zaidee Atalanta Lloyd is a homeopathic physician in rural Maine. Although born and raised in Maine, she spends much of her early life in the society circles of large eastern and European cities. After her mother dies, Zaidee decides to study medicine and to practice in rural Maine, where she feels there is the greatest need of women physicians by women patients. Dr. Zay develops a very successful practice. She cares for most of the members of her community at all hours and in all weather. After Waldo Yorke, a young lawyer from Boston traveling in Maine, is seriously injured, she becomes his doctor. Over the course of many weeks, as he heals from his wounds, he falls in love with her. Dr. Zay resists his affections, for she feels that he has not the mettle to be married to a woman doctor, and she has no intention of abandoning her career in marriage. Contrary to her expectations, though, Mr. Yorke is a persistent suitor, and values Dr. Zay's medical work nearly as

much as she. He knows that she must practice medicine in order to be happy, and in order to be herself. He hopes to provide whatever support he can to her. Finally, like many rural physicians of her day, she is worn down from her exhausting work.⁴⁴ Despite the need for her in Maine, she ends up agreeing to marry Yorke, presumably to return with him to Boston and to establish a practice there. This retreat from rural practice was not uncommon in the late nineteenth century.⁴⁵

Dr. Zay is the consummate woman physician. She combines the qualities of the nineteenth century ideal woman with those of the ideal physician. She is as feminine as she is skilled. Like the ideal nineteenth century woman, she is cultured, attractive, poised, graceful, and proper. Her tastefully decorated rooms are scented with flowers. Unlike the ideal woman, though, her delicate hands are strong and possess the skill of the most careful of surgeons. Dr. Zay shines when her patients are well, and worries when they are ill. When the child of a poor family dies, she mourns it, although no one else, except its own mother will. When Mr. Yorke witnesses her grief he perceives that "he had found the woman in the doctor."⁴⁶ She is like a mother to the women and children of her community. And, like children, they depend on her to help them through their most difficult times.

As a homeopath, Dr. Zay believes that every emotion, as well as every physical sensation, is a symptom of physiological imbalance, and therefore is amenable to medical

treatment. She researches these symptoms carefully; her office is lined with bookcases. She discourses intelligently on a number of scientific subjects. Like the most cultured of women, though, she also converses on art and opera.

Her presence and authority are well respected in her town. She is greeted respectfully by men and women alike, and has a soothing effect on them. For instance, the stagecoach driver's "pet oath stuck halfway in his throat, and gurgled away into 'Evenin', Doctor!' as he yielded the narrow road to the pony, and struggled on with unprecedented meekness into the silent, frozen village street."⁴⁷ This ability to heal and soothe is an intrinsic part of Dr. Zay. Mr. Yorke perceives that she would be less of a woman if she were not a doctor, and less of a doctor if she were any less feminine.

For the first time, we see the ideal woman and the ideal physician united. Although Dr. Zay prefers not to treat men because it is more difficult to maintain professional decorum with them, she proves herself competent to do so, and frequently treats entire families as a matter of routine. She is a complete physician, able to manage physical as well as emotional wounds. As she cares for the poor, the ignorant, and the disadvantaged without complaint and at all times of day and night, we witness an ethic that is uncommon in nineteenth century writings about the proper medical practice for women (or men) physicians.

Probably the most well known novel about a woman physician is A Country Doctor by Sarah Orne Jewett, published

in 1884.⁴⁸ Nan Prince is an orphaned girl raised in rural Maine by a well respected widowed physician, Dr. John Leslie. Dr. Leslie allows Nan to grow up as naturally as possible without forcing her into any predetermined mold. After spending her early childhood largely outdoors, Nan becomes interested in books, including her guardian's medical textbooks. At age twenty Nan decides to study medicine and follow in Dr. Leslie's footsteps. She works for two years as Dr. Leslie's apprentice then attends a women's medical school in Boston. After her studies, but before her work begins, Nan opens relations with her long-estranged aunt who lives in a bustling coastal town. During this visit Nan is pursued by a young man, George Gerry, who proposes marriage to her. Although she is tempted by the offer, she ultimately decides that she is best suited to be a doctor, not a wife. Despite offers to study in Europe and to work in prominent city hospitals in the United states, she finally returns to rural Maine to work with Dr. Leslie.

Like Naomi Thorp in "A Doctor Spoiled," and like Dr. Zay, Nan Prince is a well-respected and learned physician. She is also feminine, cultured, and "well-bred." Unlike Naomi or Dr. Zay, though, Nan is not particularly concerned about her appearance nor about the seemliness of treating male patients. Nan lets the patients choose to see her or not; Dr. Leslie, by assigning Nan to certain patients' cases, ensures that she will ultimately be accepted in her community. And unlike Grace Breen, Nan Prince is very comfortable in her role as

physician. She and Dr. Leslie spend many hours conversing about the various idiosyncrasies of local families: how they react to illness, how they respond to treatments, and how to handle their cases. The two doctors are secure in their own judgements about these patients; they use and trust their intuition and knowledge to make the proper diagnoses. Nan becomes a woman who "was anything but self-asserting, and she had no noisy fashion of thrusting herself before the public gaze, but everybody trusted her who knew her; she had the rare and noble faculty of inspiring confidence."⁴⁹ It is this very sort of confidence which the nineteenth century physician relied upon to effect healing.

Nan learns that "it is resource, and bravery, and being able to think for one's self, that make a physician worth anything."⁵⁰ She borrows from both the new developments in medical science as well as from old, standard therapies, to find the best approach for each patient. To be this comfortable with the vagaries and changes in medical practice, to be able to sort through old remedies and new claims, Nan requires a confidence and intuition that is rare, indeed, among the other fictional women physicians we have seen. Even Dr. Zay, who is competent in her practice, relies heavily on her books of homeopathic testings to determine proper treatment. Nan Prince, a regular practitioner, chooses among a number of diagnoses and treatment options. She becomes a well rounded and competent physician on a par with the best male physicians.

The narrator of A Country Doctor makes it clear that this ability to doctor is not a particularly male or female attribute. A colleague of Dr. Leslie's suggests that his medical intuition may be related to female intuition and that "the feminine intellect is the higher, and that the great geniuses of the world have possessed it." In response Dr. Leslie replies that this gift is neither male nor female, but "the higher powers of our common humanity."⁵¹ It is a gift which Nan shares with him, and likewise feels is related only to her personal makeup, not to her gender. Although Nan feels that medicine is a "most womanly and respectable calling,"⁵² it is so because she, like a few select other women, has a particular fitness for the work. She believes that whatever talents a person is born with should be allowed to grow and flourish, whether they be tending a home or working in a career.

The one time Nan's confidence in the rightness of her career choice is shaken is when George Gerry, a young law clerk who is a favorite of her aunt's, proposes marriage to her. Both George and Nan see a power struggle in their relationship. George feels uncomfortable with the power that emanates from Nan's medical competence and composure. For instance, when on an outing together they encounter a farmer with a dislocated shoulder. Nan relocates the shoulder quickly and with great composure but George becomes queasy when he hears the bone clunk into place. While Nan does not feel that her role of physician personally threatens her

femininity, George feels that her career is a threat to him. As the narrator says, because "it is in human nature to respect power...all his manliness was at stake, and his natural rights would be degraded and lost, if he could not show his power to be greater than her own."⁵³ Clearly George Gerry doesn't feel the way Nan does about the rightness of her career.

Nan in turn is caught off guard by her relationship with George. While she does feel love for him, marriage would completely disrupt her career plans. For Nan, marriage and work are not compatible. She doesn't feel she would be able to commit herself fully enough to either, for "the two cannot be taken together in a woman's life as in a man's."⁵⁴ The relationship with George threatens to take away from her the career which had become her very nature. It was "an enemy, a strange power," which made her feel entirely defenseless.⁵⁵ For Nan, the power of the relationship is a power over her. In contrast her power as a healer is a means to do good in the world, to treat the ill and to "be a tonic to the mind and soul."⁵⁶ Having her power to do good diminished by anything, including marriage, would be to ignore not only the talent she has as a physician, but also the responsibility this talent carries with it.

A very different novel than the others we have discussed is The Bostonians, by Henry James, published in 1886.⁵⁷ This is a novel about the women's movement in Boston, Massachusetts in the late nineteenth century. The characters portray various

types of people involved in a community of women reformers. They include an elderly activist, Miss Birdseye; a wealthy, rigid, humorless reformer, Olive Chancellor; a beautiful, feminine, malleable public speaker, Verena Tarrant; and Basil Ransome, a handsome southerner, who loves Verena and strongly opposes the women's movement.

Dr. Prance, possibly a takeoff on Jewett's Dr. Prince, is a minor character in The Bostonians. Dr. Prance is "spare, dry, hard, without a curve, an inflection or a grace" who "looked like a boy."⁵⁸ She is a homeopath who is extremely scientifically oriented. She is suspected of conducting scientific research, including dissection, in her living quarters. She is ambitious, and is motivated to pursue her studies because "I don't want the gentlemen-doctors to get ahead of me."⁵⁹ The scientific side of medicine is clearly a priority for Dr. Prance.

She is impatient with the women's movement, for she feels that if women didn't waste their time talking, and did more working, they might already have their rights. She is interested in her patients' physiology, but not necessarily their politics. In the novel she is directly contrasted with the beautiful, but light weight, Verena, and the idle, frustrated, idealistic Olive. Instead of valuing material possessions, supporting the women's movement, or currying the favor of men, Dr. Prance has thrown herself into a medical career with as much commitment as any man. Her skepticism of the women's movement comes from a personal satisfaction with

her own choices in life. She seems to believe that if women are truly committed to equality, they should be willing to disregard appearance, public approval, and social standing to pursue a career. While Dr. Prance is very comfortable with her role in life, the other women characters either lack the ability, dedication, or desire to pursue similar careers.

Although we see very little interaction between Dr. Prance and her patients, she is attentive to the medical implications of the physical appearance and emotional state of people around her. Instead of remarking on Verena's beauty, she notices that "there was a certain indication of anemia."⁶⁰ As for Dr. Zay, every complaint or aspect of one's physical appearance may indicate underlying disease. For Dr. Prance, the only important things in the world are related to the practice of medicine.

Dr. Prance feels she has given up nothing to practice medicine. Her manly appearance and lack of social graces free her to pursue a career without the distractions inherent in conventional social intercourse. We may imply that if the nineteenth century woman truly wanted equality, she should not be afraid of becoming just like Dr. Prance.

For Dr. Prance, as for the other practicing women physicians in fiction, conformity with public expectations was less an issue than personal and professional fulfillment. Clearly, these women, in contrast to the warnings of opponents to women's education, are not hampered by physical or emotional weakness, inability to master their profession,

immorality, embarrassment about bodily functions, or impulsiveness. In this respect, they are like twentieth century women physicians, for whom these issues only occasionally surface. And unlike the women in fiction who choose to leave their medical careers, these women physicians are not overly obsessed with their public appearance or with fitting societal norms. That is not to say that their careers are easy or that the choices they must make in their lives are without pain.

It is remarkable that these women are very much their own persons, as different from each other as they are from the societal norm for the "ideal woman." In this manner, these authors question the norms of society, and the values inherent in them. The two most masculine women, Dr. Susan and Dr. Prance, in the earliest and latest of our works, may not fit societal norms, but that doesn't mean that they don't have worth to society. Dr. Susan is such a misfit that her work is ultimately the only place she can feel at home. Ludlow suggests that only a very masculine woman can have the mental powers and control necessary to practice medicine. Although Helen Talfourd is the model woman here, not Dr. Susan, still Ludlow allows Susan a measure of dignity in the midst of her loneliness. If she cannot succeed as a real woman, at least she is allowed to succeed as a masterful physician.

Henry James uses Dr. Prance as a foil for his other women characters. While they are all talk and theory, she is all action, carrying out their theories in very concrete ways.

While he seems to say to these women reformers, "Watch out that you may get what you ask for, and what you ask for is Dr. Prance," still Dr. Prance is not at all unhappy, just as a man who is wrapped up in very important work is not unhappy. The idea that women who work might become just like the men whom they emulate would not bother Dr. Prance at all. Still, that was not a notion attractive to women of the nineteenth century, just as it is not attractive to many women physicians today. Two authors, Phelps and Jewett, explored how women could enter professional work without being masculinized.

Phelps' Dr. Zay sees herself as mother to her community. She embodies both the ideal woman, as she is cultured, feminine, graceful; and the ideal late-nineteenth century physician in her science and scholarship. Her scientific books and rigorous use of data on homeopathic testings provide her work with structure and validity. She is not hampered by Dr. Breen's uncertainty about the effectiveness of her medicine. Instead, Dr. Zay is freed to avoid taking too much responsibility for the welfare of her patients, for she knows that she is eminent in her field, and practices medicine among the best in the country. Dr. Zay's femininity seems inherent to her. Her ability to maintain a certain level of culture and decorum makes her medical treatment more effective; her social class, above that of her patients, lends her therapeutics a level of authority that would be lacking if recommended by anyone less trustworthy and honorable than herself. How she is able to maintain her femininity,

sensitivity, and culture in the Maine wilderness, surrounded by people quite unlike herself, is not entirely clear. Apparently she was born with a solid sense of herself, both in terms of her intelligence and abilities, and in terms of her female nature. The behavior that she maintains, by being valued by the society in which she lives, allows Dr. Zay to have confidence in the rightness of her identity and behavior. She is nurturing and mothering in her medical practice, because women were supposed to be that way. She is scientific because good doctors are supposed to be that way. That these components of this woman physician can coexist so easily in this character is a tribute to Phelps' understanding of the virtues of both the private and public aspects of female Victorian life. Instead of rejecting all aspects of the Ideal Woman, Phelps identifies those aspects which give nineteenth century women stature in society, and which would help women move ahead as they enter the work place. The qualities of morality and nurturance used in a professional capacity lead women physicians not only to be more accepted by society, but also make them more successful as physicians.

Sarah Orne Jewett, in contrast, feels that the womanly ideal, and societal strictures against women entering the work place, should have nothing to do with her main character. She feels, instead, that persons are born with innate personalities and abilities that education or societal expectations cannot affect without great difficulty. She feels, instead, that all children should grow up "naturally,"

to develop along whatever lines they were destined to. Girls most often will end up marrying and having families, probably because that is what they are best at. But some girls, like Nan Prince, after being allowed to grow up with minimal fetters, will be destined for other work than motherhood. Nan investigates the possibilities of love and marriage, but feels she would have to give up too much of her own nature and talents, to take this course.

Perhaps the most striking thing about the women physicians in nineteenth century literature who stay in medicine, is how strong and uncompromising they are about the practice of their profession. They never apologize or feel guilty for practicing the way they do. Dr. Susan knows she is the best physician of the water cure facility. She never questions why she treats people the way she does; she has enough clinical skill and knowledge to know it is the best way. When Dr. Zay treats a woman who is pregnant out of wedlock, then forces her nearly-drowned lover to marry her, she knows she is absolutely right in what she does. Medicine, for Dr. Zay, encompasses social, as well as physical, ills. She may be sad when she rejects Mr. Yorke's marriage proposal, choosing her career instead, but she never is guilty or apologetic. She knows that what she does is more important than marriage. It is only when she is so worn out from her exhausting practice that she agrees to marry him. In part, his support will help her to continue to practice.

Nan Prince is adroit and skillful at her work. When she

relocates the farmer's shoulder the last thing she feels is apologetic. That George Gerry should be discomfited by her treatment of her patient never enters her mind. She does not tell anyone about her act mainly because she is modest, not because she is embarrassed.

And Dr. Prance is frankly and forthrightly proud of her medical work. She puts it ahead of her patients, in that it is medicine, not their personalities or relationships, that interests her the most. Social intercourse, for Dr. Prance, is valid only if it has a medical context. By maintaining her distance from others, both physically and emotionally, Dr. Prance feels no pressure to become the kind of woman she is not.

These women characters manifest a sense of professionalism at a time when the medical community in the United States was defining itself as a clear profession. Even though women were excluded from the AMA and didn't necessarily gain acceptance in other formal medical societies, their sense of profession was no less strong. By achieving a high level of medical competence, these women separated themselves from average citizens as well as average doctors. Nan Prince was esteemed amongst the medical establishment, and was recruited to practice and study abroad. Dr. Zay was mentored by one of the most prominent physicians in Maine. And Dr. Prance competes for recognition with the top male physicians in the country and abroad. Even if excluded from formal medical establishments, these women had formed their own elite, though

private, associations.

These women characters also called upon altruistic motives to qualify for entrance into the profession. They, perhaps more than their male colleagues, are willing to practice amongst women and the poor, and to address social as well as physical problems. We have seen Dr. Zay's philosophy in action, as she addresses social and public health issues. And Nan Prince desires to educate her patients to prevent disease, to a degree that Dr. Leslie does not reach. And their altruism reaches to the kinds of practices and locales that they choose. These women are challenged to treat difficult cases that their colleagues can't handle, like Dr. Susan and Dr. Zay, or to work with only women patients, like Dr. Prance, in order that these women not avoid treatment or get lesser care because of modesty or distrust. And Dr. Zay and Dr. Prince choose rural Maine for their practices, more because of medical needs there, rather than because they will become rich or famous.

These women achieve a kind of social status, because of their financial independence, because of their innate culture, as with Dr. Zay and Dr. Prince, and because of exceptional medical skill. This social status sets them apart from the other women around them. Dr. Susan is clearly unlike the whining men and women patients of the water cure establishment. Drs. Zay and Prince achieve status in their communities because of their modesty, femininity and skill, and Dr. Prance because of her scientific and medical prowess.

The professionalism of these women physicians supports them and gives them a mission to which they can devote their lives. They develop identities based on their profession rather than on their gender. The ideals of professionalism, rather than of society, gave these women physicians direction and strength.

CONCLUSION

The nineteenth century American novels and short stories about women physicians depict a broad range of women physicians, from the stereotypically masculine to the eminently feminine; from the intellectual to the political radical, to the ideal mother. All of these women are in search of the proper place for themselves in a changing society. Some of them find that their place includes the practice of medicine.

These works suggest that social pressure may cause women physicians to lose faith in their original desires to practice medicine. They also suggest that a woman's professional identity may help her to overcome these social pressures and define herself in different terms than what society normally accepts for women. Only two physicians, Dr. Zay and Nan Prince, seem able to satisfy both societal norms and professional goals. Their practices flourish not only because of their professional competence, but also because of their ability to be like the feminine, modest, pure woman idealized in the nineteenth century.

These fictional works are important to read today because they address concerns that are still current for women physicians. While the pressures for current physicians may be a bit different, and while society's acceptance of women physicians is at an all time high, much of a woman physician's support still comes from her professional identity. And, like

the nineteenth century women in these stories, the background of a changing medical world makes the parallels even stronger. While the nineteenth century fictional women physicians placed great faith in the developing scientific knowledge base, current women physicians depend as well on their expanding psychological and social knowledge base. They must master the latest medical advances as well as possess psychosocial competence in order to find credibility within the medical profession.

Finally, these works challenge women physicians to make hard decisions in their lives. Perhaps women should not be afraid to endorse work as the center of their lives. If medical work entails the same kind of close relationships with patients and community that women enjoy within their family life, then current practice perhaps could take on the kind of interpersonal intimacy that the nineteenth century fictional women physicians enjoyed. Twentieth century women physicians are also challenged to rethink where the responsibility for family lies. Dr. Zay feels that she must find a "new man" if she is to marry. She is uncompromising in what this man must be like and the responsibilities he must take on at home in order to support her emotionally. The failure of women to uniformly take on this stance despite ever increasing opportunities and competence within the work place, suggests either that the power of men to prevent women's independence (and men's dependence) is truly great, and/or that our socialization to be "ideal women" is still very strong.

While the stories show that opposition to women physicians existed, it was not this opposition per se that deterred some of the women physician characters from practicing medicine. Instead, for the fictional women, it is the desire to conform with society's norms of proper behavior and occupation for women that most prevent women's success in the workplace. Today, with increasing demand for women physicians, and with documented expertise of women physicians in the psychosocial aspects of medical care, we see that some conformity with social norms helps women obtain professional validity and develop standards of patient care. While Nan Prince and Atalanta Zay may have lived difficult lives within their fictional worlds, they still provide valid models for women physicians today.

Future research and study about the portrayal of women physicians in literature would be helpful to better understand why we have so few modern literary role models for twentieth century women physicians. And, as diversity in race, sexual orientation, and background of women physicians increases, it would be interesting and helpful for the general understanding of the role of women in the medical profession, to investigate the history and development of these women's medical careers as well. Looking at a wide variety of ways of balancing life and work is essential in order for us to evaluate and revise the choices all of us have made in our lives.

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