University of Massachusetts Medical School
eScholarship@UMMS

Library Publications and Presentations | Lamar Soutter Library

7-1-2006

Changing the Face of Medicine: One Historian's Experience as a Curator

Ellen S. More
University of Massachusetts Medical School

Follow this and additional works at: http://escholarship.umassmed.edu/lib_articles

Part of the History of Science, Technology, and Medicine Commons

Repository Citation
More, Ellen S., "Changing the Face of Medicine: One Historian's Experience as a Curator" (2006). University of Massachusetts Medical School. *Library Publications and Presentations.* Paper 30.
http://escholarship.umassmed.edu/lib_articles/30

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Library Publications and Presentations by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.

Changing the Face of Medicine: One Historian's Experience as a Curator

Ellen More, Ph.D.

In the spring of 2001 during a meeting of the American Association for the History of Medicine, Elizabeth Fee, Chief of the History of Medicine Division of the National Library of Medicine (NLM), invited me to become the Visiting Curator for a new exhibition they intended to present on the history of women physicians. It was the first full-scale exhibition ever devoted to that subject by the NLM. After more than two years' preparation, the exhibition, "Changing the Face of Medicine: Celebrating America's Women Physicians," opened in April 2003 and continued on display at the NLM for more than two years. A permanent web site displaying much of the original exhibition as well biographies and pertinent sources can be accessed at http://www.nlm.nih.gov/changingthefaceofmedicine/.[1] Recently I had published a history of women in American medicine, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850*-1995. After years of archival research and secondary source reading, I had arrived at a narrative structure and a set of unifying thematic ideas centered around the various ways women physicians relied on the concept of balance as a touchstone for their sense of purpose and identity. Although I possessed no curatorial experience whatever, I (mistakenly) thought I could foresee the narrative strategy our exhibition would employ.[2] *Archival Elements* has asked me to write about my experiences.[3]

The following discussion thus attempts to describe how historical narratives are shaped by the imperatives of museum presentation. There are two layers to my discussion, first an experiential tale about collaboration, and second, some thoughts about

the effects of collaboration on historical narrative. Naturally, the visual imperative of any exhibition will also shape its narrative. A good picture is indeed worth a thousand words. Enormous issues are at stake in the choice and acquisition of artifacts and images, in the choice of display technologies and in web-site design, and in hiring the most appropriate firms to undertake these specialized tasks. But one cannot address the crucial matter of display without having agreed on at least a tentative narrative framework. A viable, core narrative is essential to convey complex and frequently politically charged historical material across a field of diverse images and artifacts. For us, it was the glue that held the exhibition together.

In such a setting, determining that core narrative is a shared enterprise. I learned that the differences between writing a book and curating an exhibition are vast, and the most challenging differences revolve around the question of narrative control. I found myself in a setting which privileged collaboration over pride of authorship, a setting which gave equal weight to the visual *and* the textual, which gladly incorporated contemporary events into its purview, and which actively sought participation by its subjects in framing the exhibition's conceptual limits. The NLM's very decision to spend its time and money on the history of women physicians reflected a fundamental fact of its own political demography—many of its senior officials and advisory board members, past and present, are themselves women physicians of great distinction, such as Bernadine Healy, Ruth Kirschstein, Vivian Pinn, Tenley Albright, and Antonia Novello, to name a few. True, women have not yet reached a level of leadership in medicine commensurate with their proportion in the profession (just under 27 percent of practicing physicians and 47 percent of medical graduates today are women),[4] but women doctors

today often hold important positions in medical research, academia, publishing, and professional societies, to name only the most obvious. Moreover, the lesson of feminism—that women must organize for their voice to be heard—was taken up in earnest by medical women from the 1970s onward. Today there are many organizations of women physicians, beginning with the venerable American Medical Women's Association and extending to nearly every ethnic and specialty group.[5] The NLM itself was committed to being as representative as possible; its role as a public institution required it, rightly, in my opinion, to support all its constituencies. Ultimately it made sense that the struggle by women of all classes, races, and ethnicities to gain admission into the medical profession was a core theme of our exhibition.

My collaborators at the NLM's History of Medicine Division, including my co-curator, Dr. Manon Parry, and everyone else who worked on the exhibition team, were extraordinarily talented and dedicated professionals. They understood how to work with a large, politically diverse set of stakeholders, each with a robustly personal investment in how the exhibition would be conceptualized. Thus, they realized long before I did that we were not the only ones who would shape the narrative vision of this project. Once the NLM's internal exhibition steering committee decided to seek advice from women doctors themselves about contemporaries who should be considered for inclusion, the director of the NLM formed an Advisory Board representing women physicians from the many organizations now dedicated to ethnic or racial "minority" physicians as well as scholars in the field. In turn, once such organizations learned of our plans, they were fully committed to participating. The NLM convened the Advisory Board not only to help us identify appropriate individuals as subjects, but to enable organizations represented on it

to convey their opinions about the exhibition's thematic range and even its title. As a result, our "subjects" transformed themselves from passive objects of study to active subjects of a shared historical investigation.

At the first meeting of our Advisory Board, for example, we discussed the exhibition's chronological boundaries, what themes we would privilege, and what criteria we would use for inclusion. Where a single historian-curator might decide all these issues on the basis of conceptual, aesthetic, and evidentiary factors, narrative-by-committee is responsive to the diverse experiences and value hierarchies of the committee's members. In our case, however, this occasioned almost no disagreement. Whereas my book afforded relatively little space to the stories of contemporary women physicians, and whereas most historians do not focus on contemporary events, the entire committee, including this author, agreed that our exhibition should devote considerable resources to contemporary issues and individuals. Changes in the role of women physicians had occurred with increasing velocity in the past two decades; we wanted to attract an audience of schoolgirls, college students, and young physicians; it was imperative not to end our story without bringing it into range with their own and their immediate predecessor generations' experiences. Moreover, one of the exciting features of recent American medical history is the increasing visibility of minority med students, residents, and practitioners.

These are, however, very recent trends and were barely represented in previously published work. Our need to be inclusive was a stroke of luck for the exhibition, as was the role of the Advisory Board. Its members sent us many nominations for inclusion in the exhibition. With the help of groups such as the National Medical Association, the

Association of Black Women Physicians, the National Hispanic Medical Association, the Association of American Indian Physicians, and others, we became knowledgeable about many more minority women doctors than we could possibly have found on our own.

We also took stock—collectively—of the tone we wanted to set. Did we wish to be uncritical celebrants, or battle-weary pessimists? We reminded ourselves of the exhibition's main purpose: to educate the current and rising generations of women about the achievements of past generations and the opportunities that lie ahead for women *because* of those past achievements. We wanted to educate and encourage, but never to make progress look easy or inevitable. Hence the first clause in our title, "*Changing the Face of Medicine*" alluded to the deep transformation that was required to bring a fair share of women into medicine; our last clause "*Celebrating America's Women Physicians*" hinted at the success stories which would people the exhibition. Once we had chosen representativeness, contemporaneity, and a balance between social critique, historical interpretation, and a touch of feminism, we addressed the fundamentals. Would we limit ourselves to the United States? Yes, it was decided, our expertise and the available resources and time all pointed to focusing on the United States, although we insisted that the introduction and list of suggested readings provide pointers to the centuries-long history of women physicians, surgeons, midwives, and healers in the western world. (We all felt too ignorant of the rich traditions of non-Western medicine to venture into its domains; it deserved an exhibit of its own. That was also true for the history of nursing, which should not be blended into the history of medicine when its own history and archival resources are so rich and distinctive.)

What would be our starting point? Not until the first quarter of the nineteenth century did women call themselves "doctors" and practice general medicine in the United States. We were aware that a handful of women, such as Dr. Harriot Hunt of Boston, practiced medicine (although, usually not surgery) successfully and independently for many years as apprentice-trained physicians without medical degrees. Should we begin with Dr. Hunt? Hunt challenged our classifications in a more profound way. She was an avowedly eclectic practitioner; she entirely rejected the "heroic" remedies of mainstream medicine—bleeding, purging, blistering, puking—in favor of botanical, hydropathic, and domestic therapeutics. Yet she desperately wanted to receive what she considered a scientific education in medicine. In fact, after practicing for many years, she applied for admission to Harvard Medical School. But, once she had been turned down for the third time (in 1847) solely on the basis of her sex, she gave up the dream of a "regular" medical degree and embraced the more encompassing cause of women's rights as a way to achieve for her successors what she had been unable to achieve herself.[6] Hunt's career truly presented us with a classificatory dilemma at the very start of the narrative. We arrived at a compromise. Dr. Hunt's achievement would be noted in our prologue, but the formal body of the exhibit would begin with Elizabeth Blackwell, the first woman medical graduate in the Anglo American world.

That left us with the really hard questions: what themes to privilege; who, of the many nominees, to include; the ratio of text to graphics and artifacts; in short, the narrative strategies and priorities which lie at the heart of any exposition. For the purposes of this brief discussion, I will focus on only one aspect of these issues—the relationship of women physicians throughout their history to the development and

clinical use of the medical sciences. The early studies of women in American medicine, helpful as they were, construed their feminine subjects as students and clinicians, not as scientists. The primary concern of a work such as Mary Roth Walsh's *Doctors Wanted: No Women Need Apply* (1976), written during the heyday of feminist medical activism, was the struggle by pioneer women physicians—including Hunt—to overcome the barriers preventing them from acquiring a medical education. Most of the first generation of women medical graduates took as their mission expanding educational opportunities for women seeking a medical degree, gaining admission into all-male medical societies, and improving health care for women and children. Their successors' struggles to acquire the specialized and increasingly science-minded training offered at the better medical schools, in internships and residencies, and on the faculties of medical schools were not described a fully by the first histories of women in medicine. Women physicians, however, were as devoted to new developments in medical science (e.g., laboratory analysis of blood and urine, x-rays, microscopy, and so forth) as their male colleagues. They did not reject scientific research, nor believe that laboratory medicine was incompatible with good clinical practice. Rather, their efforts to keep up were routinely thwarted by their exclusion from the better residencies and laboratory fellowships. (Ironically, the one prominent example of a successful woman medical graduate who was skeptical about the benefits of some aspects of bench research was Elizabeth Blackwell.)

Happily, our exhibition did include a large sampling of women medical researchers, ranging from early scientific stars such as Florence Sabin and the Nobelist Gerti Cori to contemporaries noted for work in areas such as chromosomal transformations in leukemia, the relationship of the central nervous system to the immune

system, or the epidemiology of heart disease and diabetes (Drs. Janet Rowley Davidson, Esther M. Sternberg, and Katherine M. Detre, respectively).[7] We learned about many of the contemporary women scientists, interestingly, from our Advisory Board.

Future researchers working in the archives will place such developments in a more complex or, surely, different context. The struggles for admission to prestigious programs, to elite professional societies, for fairness in the award of grants, prizes, honors, salaries, and rank, are certainly important. The question of balancing work with private (read, *family*) life—for example through adequate day care—is an equally crucial measure of women's place in medicine. But, in reference to my discussion here, I urge today's archivists to also document the laboratories of this important generation of women physicians, to underscore their emergence as scientists as well as clinicians and educators. I owe that piece of narrative re-framing to our large group of Advisors and to the work of my collaborators at the NLM.

---

[1] After its initial run, my NLM co-curator, Manon Parry, reconfigured it as a more compact traveling exhibition, which became part of the American Library Association's traveling exhibit series. It is now completing a seven-year tour.

[2] Ellen S. More, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995* (Cambridge, MA: Harvard University Press), 1999; 2001.

[3] Ellen S. More, "Re-Writing Medical History: New Perspectives on the History of Women and American Medicine," paper presented at Countway Library, Harvard Medical School, Boston, MA, April 20, 2006.

[4] More, *Restoring the Balance*, pp. 97, 98, 221, 225; Diane Magrane, Jonathan Lang, and Hershel Alexander, *Women in U.S. Academic Medicine: Statistics and Medical Benchmarking, 2004-2005* (Washington, DC: AAMC, 2005), Table 1, p. 11; *Physician Characteristics and Distribution in the US, 2006,* "Physicians by Gender," accessed on February 14, 2006 at AMA Women Physicians Congress, http://www.ama-assn.org/ama/pub/category/12912.html.

[5] Even the rather staid American Medical Association now has a Congress of Women Physicians; the first woman to be Editor in-Chief of the *Journal of the American Medical Association* was Dr. Catherine DeAngelis who held that post from 2000 to 2011.

[6] Mary Roth Walsh, *'Doctors Wanted: No Women Need Apply': Sexual Barriers in the Medical Profession, 1835-1975* (New Haven, CT: Yale University Press, 1976), pp. 22-34. For a richer account, see Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (New York: Oxford University Press, 1985).

[7] See "Changing the Face of Medicine: Celebrating America's Women Physicians," at http://www.nlm.nih.gov/changingthefaceofmedicine/.

Ellen More, Ph.D., a historian of medicine, is head of the Office of Medical History and Archives of the Lamar Soutter Library and a Professor of Psychiatry at the University of Massachusetts Medical School, Worcester. She is the author of *Restoring the Balance: Women Physicians and the Profession of Medicine* (Harvard University Press, 1999), winner of the Rossiter Prize from the History of Science Society in 2003; and co-editor with Elizabeth Fee and Manon Parry of *Women Physicians and the Cultures of Medicine* (Johns Hopkins, 2009), winner of the 2012 "best print publication" award from the Archivists and Librarians of the History of the Health Sciences. She is currently completing a history of the University of Massachusetts Medical School titled *Integrating Primary Care and Biomedical Research: The University of Massachusetts Medical School*.