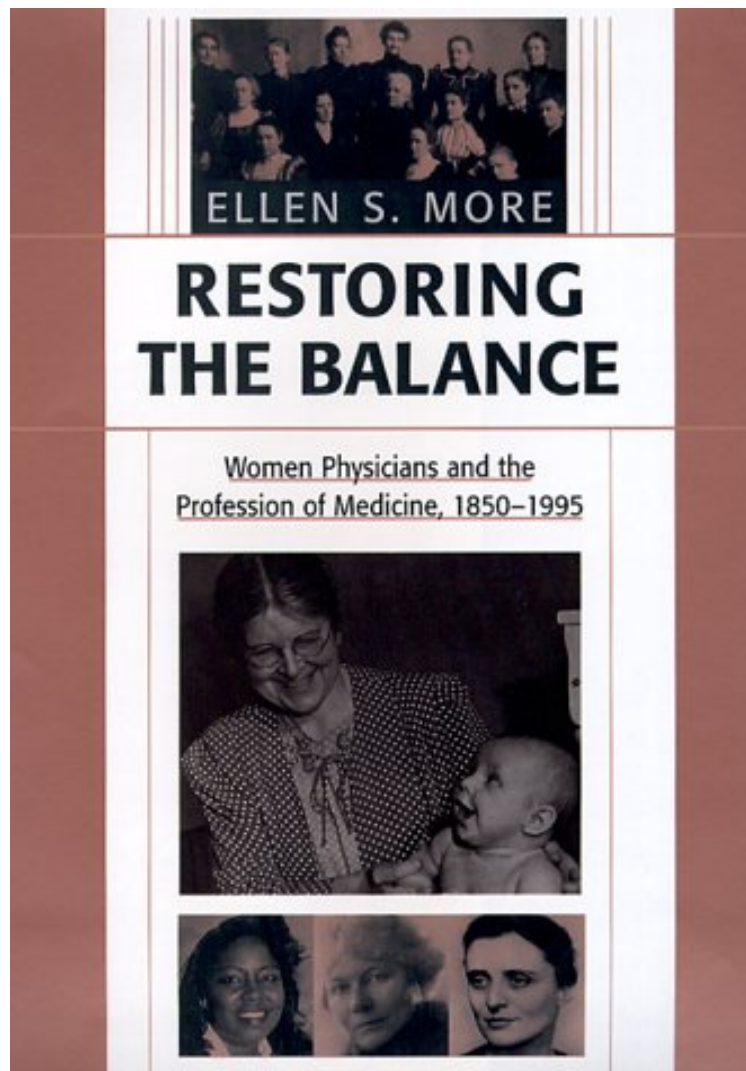


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Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995

Ellen S. More

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Ellen S. More : Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995 before purchasing it in order to gauge whether or not it would be worth my time, and all praised Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995:

2 of 2 people found the following review helpful. Should be required reading for doctors and medical students. By E. J. Quinn I am a medical student and with every additional page I read I realized how important this history is for medical students in the process of forming our professional identities. I only wish I had read it earlier in this process. Very

important for historians and physicians alike and very readable.

From about 1850, American women physicians won gradual acceptance from male colleagues and the general public, primarily as caregivers to women and children. By 1920, they represented approximately five percent of the profession. But within a decade, their niche in American medicine--women's medical schools and medical societies, dispensaries for women and children, women's hospitals, and settlement house clinics--had declined. The steady increase of women entering medical schools also halted, a trend not reversed until the 1960s. Yet, as women's traditional niche in the profession disappeared, a vanguard of women doctors slowly opened new paths to professional advancement and public health advocacy. Drawing on rich archival sources and her own extensive interviews with women physicians, Ellen More shows how the Victorian ideal of balance influenced the practice of healing for women doctors in America over the past 150 years. She argues that the history of women practitioners throughout the twentieth century fulfills the expectations constructed within the Victorian culture of professionalism. Restoring the Balance demonstrates that women doctors--collectively and individually--sought to balance the distinctive interests and culture of women against the claims of disinterestedness, scientific objectivity, and specialization of modern medical professionalism. That goal, More writes, reaffirmed by each generation, lies at the heart of her central question: what does it mean to be a woman physician?

From Library Journal A number of books about women physicians are available, but most focus on the lives of women doctors during the 19th and early 20th centuries. More's book covers these eras, but its real strength lies in its examination of the obstacles women physicians faced in the mid- to late 20th century. More (medical humanities, Univ. of Texas Medical Branch at Galveston) concentrates on the concerns and difficulties these women encountered as they attempted to find a balance between their personal and professional lives. She also surveys the evolution of women's medical societies and looks at women physicians' efforts during the world wars. Perhaps most interesting is her analysis of how these women reconciled the conflicts between traditional values and career goals as they began to gain some level of prestige during the baby boom era. Very scholarly in its approach and somewhat pricey, this volume is recommended for larger medical history collections.-Tina Neville, Univ. of South Florida at St. Petersburg Lib. Copyright 2000 Reed Business Information, Inc. From The New England Journal of Medicine The question of balance between work and home is much on my mind as I return to work from a second maternity leave. Attending medical school during the mid-1980s, I expected that my career would be challenging, meaningful, and the focus of my days. I anticipated that any professional barriers I encountered would be due to my abilities, not my sex. As a student, I attended the alumni society's annual women-in-medicine dinner more for the chance to eat a good meal with friends than for the opportunity to network or identify role models. I joined but was not active in the Elizabeth Blackwell Society. When questioned about that membership during an interview for a position in a prestigious residency program, I was told by one of the five men sitting in a semicircle facing me, "We don't think there are any issues left for women in medicine to be concerned about." I took note then that of the 39 members of the residency's selection committee, 3 were women. Over the ensuing decade and a half, I have had numerous complicated discussions with classmates, colleagues, and students about being a woman in medicine. I often heard a yearning to see women who have found a way to balance the complex and compelling demands of medicine and family in positions of leadership. Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995 is not the sort of book I usually read. It is a history book, and I usually turn to fiction and memoir to better understand myself and my communities. But the title of this book stirred a desire to learn more about where we women in medicine have come from. The book's first chapter is a portrayal of Sarah Adamson Dolley, the third woman to graduate from a medical school in the United States. In telling her story, More asks questions that are relevant today: Why become a doctor? What about marriage and career? How do we attend to the moral and emotional needs of ourselves and our patients while mastering the science of medicine? How can femininity, feminism, and professionalism be reconciled? Subsequent chapters take the reader on a circuitous journey past landmarks scarcely noted today. The single-sex institutions that were so important a century ago -- medical schools, hospitals, wards -- gave women a chance to learn and to practice medicine. Women of my generation have been able to take much for granted. Although I knew that until recently it was difficult for women to build careers in medicine, I had little understanding of how substantial the barriers were. Women were first denied admission to medical school and later denied places in the residencies that became necessary to establish and sustain a career. Hospital staff privileges were routinely withheld, regardless of a woman's experience and expertise. Against a background of institutions and events, More uses case histories to let us glimpse something of what motivated women to endure repeated frustrations and disappointments. The necessity of organizing to confront the barriers placed before them becomes clear, and after reading the book, I came away with a more informed gratitude for organizations that seemed dated and unnecessary during my professional coming of age but that made much possible for women in medicine today. In the patchwork of case histories, patterns emerge. Women practicing medicine between 1850 and 1950 envisioned and then created a special place for women within the profession. They were often drawn to caring for women and children, particularly those who were poor and had

nowhere else to turn. More describes "maternalist" medicine as a part of the maternalist reform of the Progressive era -- a bringing of maternal qualities to the public domain. The attention paid to women's health in recent decades, both in research and in practice, seems a natural continuation of these legacies. The discrimination faced by women a century ago is difficult to imagine, but issues articulated 40 years ago resonate powerfully today. In 1962, women physicians spoke of the difficulty in combining medicine and a successful marriage and of guilt about not spending enough time with their children. In 1967, finding good household help was described as a serious problem for women physicians. Today, we echo these sentiments in our ambivalence when we shorten our hours and miss early and late meetings because of the needs of our children. We resent the personal sacrifices made for work, but we also have the sense that we are not doing enough professionally, that we have not fulfilled our promise. The balance referred to in the title has several meanings throughout the book. Sarah Adamson Dolley states that restoring health of body, mind, and spirit requires regaining balance. More contemporary women speak of restoring the balance between personal lives and professional lives. This book offers no protocols, no seven easy steps. It does outline some of what is necessary: the necessary or usual differences between women physicians and men physicians (most notably, the responsibility for childbearing, child rearing, homemaking), must be destigmatized; careers in academia and private practice must become more flexible; and men physicians and women physicians must work together in restoring a healthy balance to their profession and their lives. The stories of women physicians over a century and a half offer perspective, some guideposts, and a timeless reframing of questions that can help a woman to create a mosaic as a template for professional and personal development and to forge ahead. Lorna Anne Lynn, M.D. Copyright 2000 Massachusetts Medical Society. All rights reserved. The New England Journal of Medicine is a registered trademark of the MMS. In her probing and meticulous study, Ellen S. More weaves profiles of unsung female doctors into a history that ranges from the 'maternalist' health care initiatives that grew out of the pioneering efforts of Victorian women doctors such as Sarah Adamson Dolley (1829-1909) to the impact of the civil rights and women's movement on the medical profession. (Publishers Weekly) A number of books about women physicians are available, but most focus on the lives of women doctors during the 19th and early 20th centuries. More's book covers these eras, but its real strength lies in its examination of the obstacles women physicians faced in the mid- to late 20th century. More concentrates on the concerns and difficulties these women encountered as they attempted to find a balance between their personal and professional lives. She also surveys the evolution of women's medical societies and looks at women physicians' efforts during the world wars. Perhaps most interesting is her analysis of how these women reconciled the conflicts between traditional values and career goals as they began to gain some level of prestige during the baby boom era. (Tina Neville Library Journal) This scholarly yet accessible work traces the struggle of women physicians to achieve a balance between personal and professional obligations. It also exposes the barriers encountered by these women, who were often excluded from hospital staffs, specialty training programs, and medical societies. The book is well researched and reverberates with the voices and experiences of remarkable women physicians. The last two chapters are especially relevant to the concerns of women physicians today. (Rebecca J. Kurth)