AMERICAN WOMEN IN HEALTH FIELDS: IDENTITY FORMATION AND CULTURAL POSITIONING IN AUTOBIOGRAPHICAL LITERATURE, 1847-1910

by

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Abstract

Introduction

> *Telling her story, [the autobiographer] negotiates—sometimes with little, sometimes with discerning self-consciousness—the cultures and subjectivity available to her, the discourses of identity circulating around her, and the narrative frames commonly used to tell stories. -Smith and Watson*

American Women in Health Fields: Identity Formation and Cultural Positioning in Autobiographical Literature, 1847-1910, examines how women in health fields used autobiographical writings to position themselves within the framework of shifting scientific and social norms. Drastic changes in the training, professionalization, and practices of medicine occurred during this period. By the time the dust settled in the early decades of the twentieth century, women engaged in healthcare professions found themselves pushed to the margins—except in the case of nursing—but during the transitional years women were able to take advantage of a slight loosening of social mores which had often kept them out of the public eye. The proliferation of medical sects also allowed, and sometimes even encouraged, women to practice medicine, to write, and to publish about their lives in new ways.[1] The writings studied here demonstrate women health care practitioners' conflicts with prevailing ideas about who could create, hold, and disseminate knowledge. Simply writing their lives for the public gave them power and allowed for the creation of a new framework for autobiographical literature, one that made it possible for women to write their lives in anti-hierarchical and anti-patriarchal ways and to envision more possibilities for women's personal and professional experiences. I argue that women across a variety of health fields chose to construct their identities through autobiographical literature using power gained

[1] Sect, along with sectarian medicine and irregular medicine, is a term that was used to cover a variety of medical practices that were not allopathic medicine.

from liminal moments in the social and medical discourses to claim agency and advocate for other women.[2] They demonstrated their importance to medicine and history by writing their lives for the public and, thereby, arguing that their stories mattered and deserved to be told. I look at multiple genres across several health fields over a span of more than sixty years in order to view the ways that women in these fields represented their lives for public consumption. Each chapter focuses on how these women employed autobiographical strategies and navigated social and medical discourses to illuminate their lives as health workers. The women employed different techniques and genres; however, despite their apparent departures they all grappled with normative cultural and health-related discourses in their self-representations as they managed and disrupted the expected boundaries of these discourses. I attend to the nuances of language in order to discern how the writers drew upon, positioned, questioned, and undercut cultural discourses in their pieces and to explore the gender and medical discourses within which these women lived, worked, and wrote. In particular, I analyze recurring experiences of being gendered (and reflections on these moments) and self-characterizations as professional women. I have discovered that, while the majority of the tactics these women used to write their self-representations are genre and

[2] I use the term literature here, despite the connotation it often has as a term reserved for highbrow fiction, for two reasons. One, the term can, by definition, cover a wide variety of written texts including all those I discuss in this project. See "literature," Oxford English Dictionary. Two is that to use another word, "writings" for example, and deliberately not call these works literature would be to not give them their proper weight as works with literary (as well as historical) merit.

situation specific, they did employ some similar strategies—including employing a unique genre called heart histories and relational identity building.

While some critical work has focused on how women of science grappled with marriage and attempted to balance domestic expectations with professional ones, and much work has been done to create theories of women's autobiography, none has delved deeply into the autobiographical writings of women across health fields. To this point, the combination of autobiographical literature and women in health fields has been under-examined. In fact, with the exception of Civil War nursing diaries, few have discussed the genre of autobiographical works of women in health at all. Bringing together autobiography and women in science in my analysis augments both fields by giving us insight into the ways this subgroup represented themselves and illuminating the social and medical discourses of the time. Despite the abundance of work and recovery which has allowed scholars across fields to recognize the important contributions of women of science in the nineteenth century, there is still work to be done, especially in the field of literary studies. Here, I look across health fields in order to see the relationships between them and to argue that medical field and training, along with gender and race, affected how women represented themselves in their autobiographical literature. For instance, I have found that, while all these women discuss their patients, the depth at which they do so is dependent on their medical sect. So, in this and other ways, we can see the influence of the medical training of these women coming through in their autobiographical literature, and I argue that to understand these texts fully we must be cognizant of the impact of their medical beliefs along with their gender on their self-representations.

In my first chapter I consider two of the most well-known white female physicians who wrote standard—by which I mean narrative, reflective, and chronological—autobiographies, Dr. Harriot Hunt and Dr. Elizabeth Blackwell. Analyzing *Glances and Glimpses; or 50 Years Social, Including 20 Years Professional Life* (1856) and *Pioneer Work in Opening the Medical Profession to Women* (1895) allows me to demonstrate the shifting cultural and medical norms and to argue that this liminal moment opened a space for them to write their lives for public viewing. My second chapter focuses on Mary Gove Nichols, who was a high-profile hydropathist, hygiene advocate, and marriage reformist in her time. Gove Nichols found her agency through her medical beliefs and employed that power to advocate for health and marriage reforms with her autobiographical novel *Mary Lyndon; or Revelations of a Life: An Autobiography* (1855). In the third chapter I deal with issues facing northern nurses in the Civil War era. Despite their separate locations, drastically different subject positions, and different reading publics, ex-slave laundress/nurse Susie King Taylor (*Reminiscences of My Life in Camp with the 33rd US Colored Troops, Late 1st South Carolina Volunteers*, 1902) and upper middle-class, white head of ward Adelaide Smith (*Reminiscences of An Army Nurse During the Civil War*, 1911) used some similar strategies to navigate their experiences of war time medicine and contributed to the changing landscape of the field of nursing. In my last chapter, I focus on Dr. Susan La Flesche Picotte, the first Native American woman to graduate from a Western medical school. Here, I examine some of her writings, including two of her published autobiographical speeches, titled "My Childhood and Womanhood," and "My Work As a Physician Among My People," along with her unpublished diary from 1910-1911. I argue that as a doctor and an Omaha woman at the turn of the century, La Flesche Picotte lived, wrote, and practiced medicine at many

intersections and each is reflected in how she talks about her patients as she constructs her life story.

Overall, I have chosen these women because each allows for a distinct look at the varied and shifting discourse matrices surrounding women in health fields of the period. In this project I discuss works by women in homeopathy, allopathy, hydrotherapy, and nursing who published standard autobiographies, autobiographical novels, and speeches from 1855 to 1911. Each of the fields had different timelines for their popularity and professionalization and different beliefs about diagnosis, treatment, and the doctor/patient relationship. Including women of different sects allows me to make claims about which aspects of their self-representations were shaped by their medical training and which were influenced more by gender. The range of genres of autobiographical literature I examine here fulfills two purposes. First, women wrote their lives in many different ways and focusing on any one genre would necessarily exclude many forms of self-representation. Second, studying the variety of autobiographical genres women used brings to light the multitude of autobiographical strategies they employed and illuminates the strategies used across different genres. By investigating texts across this range, I can more thoroughly analyze the ways that women in health fields crafted representations of their lives for public consumption.

Women have worked as amateurs in the field of health for centuries; however, their inclusion into the professional fields that developed between 1847 and 1910 was highly contested.[3] American women who worked in science and health fields in this period

[3] Throughout the nineteenth-century women began earning money and working outside the home in record numbers. See Laffrado and Muncy. Fields from medicine (see Morantz-Sanchez and Lewenson) to teaching (see Warren) to writing (See Enoch and Kelley) began to open more fully to women. The social shifts I discuss in this project, therefore, were not confined to the medical field, and broader changes in societal norms were in part responsible for the spaces into which the women studied here stepped.

disrupted the contemporary cultural norms that became more stratified with increasing professionalization in these fields. While the professional discourses that arose in this period enabled a host of women, and their male counterparts, to write in new ways, they simultaneously restricted who could write within them and how. In their autobiographical writings, these women grappled with expressing and changing cultural narratives about women in nineteenth-century America. They wrote not only to demonstrate their identity to others but also, as Hunt suggests, to "awak[en] attention to the medical profession[s]," and more specifically to women in these professions (x). An "autobiographical narrator is historically and culturally situated" and as such "is a product of his or her particular time and place" (Smith and Watson, *Reading* 78). In this dissertation, I argue that women healthcare workers' autobiographical writings demonstrate the contested position of being both female and professional, illustrate these educated women navigating complex identities as professionals, teachers, mothers, wives etc., and register specific cultural challenges and obstacles faced by women in health fields.

In order to explore the discourses into which these women intervened, I examine their autobiographical literature because, as Leigh Gilmore explains, "women use self-representation and its constitutive possibilities for agency and subjectivity to become no longer primarily subject to exchange but subjects who exchange the position of object for the subjectivity of self-representational agency" (12). For example, Gove Nichols's text was written in part to take back her story from her daughter's disgruntled ex-lover who had turned Gove Nichols into the villain in his novel. The women in my study fashioned their subjectivity by writing their self-representations; they not only wrote the stories of their lives but also, in the very act of writing, asserted to the profession, the male-dominated

community, and the public that their stories deserved consideration. Hunt, anticipating pushback on her writing, goes so far as to speak directly to critics in her introduction, "Critics, satirists! here is work for you; there are plenty of defects, plenty of rough granite for your hard natures to hammer upon," and the possibility of critique did not deter her from publishing her life story (xi). Though autobiography often does the ideological work of upholding and reifying constructions of gender, as Judith Wittenberg has argued in her discussion of the memoirs of Hunt, Blackwell, and Dr. Marie Zakreskwa, these works can also perform gender "as incoherence, contradiction, and challenge within the discursive nexus named 'autobiography'" (Gilmore 2). Gender is, of course, only one facet of self-representation, but Leigh Gilmore argues that as such it "attaches to a number of terms of value—identity, authority, and truth, among them—and these attachments are both resisted and inscribed in women's autobiography" (Gilmore 10-11). As Sidonie Smith and Julia Watson have explained, at each moment in history "there are heterogeneous identities culturally available to a narrator (identities marked through embodiment and through culture; gender, ethnicity, generation, family, sexuality, religion, among others)" (*Reading* 77). These identities make up, in part, the ideological "I", or the "concept of personhood culturally available to the narrator" when she tells her story (Smith and Watson 77). While the writers have the ability to choose which facets of their identity they forward and which they obscure, they are limited by their cultural moment. The individual text and the large-scale discourse can be mutually influencing; I argue this of the texts here. The narrators were influenced by the ideologies culturally available to them and in writing their texts for the public they worked to change the discourse about women in health fields. Therefore, in reading these self-representational works, we are able to gain insight into the women, analyze

the tactics they used to navigate the larger ideologies in which their lives were situated, and decipher how the discourses were influenced by their lives and writings.

My study is informed by theoretical frameworks of feminist analysis, including valuing women's lived experience, feminist autobiographical theory, and feminist recovery efforts. Having chosen women's autobiographical literature as a "place from which to start off [this] knowledge project," I work to highlight the everyday experiences of the writers in this study (Harding 61). In asking how women in health fields represented themselves and their gendered experiences given their social positioning, I seek to establish knowledge about a community with a "socially situated perspective, which represents epistemic privilege" (Doucet and Mauthner 37). The women I study held standpoints that others could not and in studying their autobiographical literature we are better able to understand the systems of knowledge they helped create. In reading autobiographical literature by women, I ask questions similar to those posed by Smith including: "how does she negotiate the gendered fictions of self-representation?" and I am also concerned, as are Smith and Watson, with "consider[ing] how gender intersects with other components that comprise identity" (*Reading* 12, 41). To do this I look specifically, as Gilmore does, at the ways in which women's self-representation occurs, and I am attuned to the discourses, other than gender, these women are bound up with, specifically those of health practices.

My analysis is shaped, as the texts were, by those discourses surrounding health practices. Therefore, I frame the historical span of my study with two crucial events that had far-reaching implications for women healers: the founding of the American Medical Association (AMA) in 1847 and the Flexner Report in 1910. The founding of the AMA was in part a response to the rise of alternative medical practices, embodied by women like Hunt

and Gove Nichols, that continued through the 1850s. I begin my chapters in the 1850s at this moment when a variety of medical sects were at their height in America,[4] and the percentage of women in healthcare was on the rise; over the decades covered in this project alternative medical sects hit their peak and then began to recede due to a variety of factors. One of these factors was the move toward professionalization in the medical field influenced by the AMA. The transition would take decades during which the training and evaluation of health care workers became more regulated. As the rules and regulations tightened, the percentage of women in the field was reduced as fewer were accepted to medical schools and they were kept from necessary training programs. However, after the Civil War nursing programs developed and flourished under these same regulations as they were allowable, in part, because of nurses' subordinance to doctors. My study ends in roughly 1910. In this year the Flexner Report, a book-length study on medical schools in America and Canada subsidized by the Carnegie Foundation, called for higher standards for admission and graduation of medical students. The effects of this report were drastic. Over the next twenty years over half of the medical schools in America merged or were shut down. These changes had immediate impacts on the medical education of women (many female-only schools were closed and the number of women accepted at co-educational schools was reduced), people of color (Flexner believed that black doctors should only serve black patients and should be subservient to white doctors), and alternative medicines (schools with these programs were forced to cut them or to lose accreditation). Because it was alternative medical sects that trained many women who wanted to enter healthcare, the closing of their training programs reduced the avenues open for women. Professionalized nursing, a still growing field at the turn of the

[4] These included Thomsonian medicine, hydropathy, homeopathy, allopathic medicine, and more.

century, remained open especially for white middle class women. My analysis in *American Women in Health Fields: Identity Formation and Cultural Positioning in Autobiographical Literature, 1847-1910* ends in this period of change. Any construction of clear time boundaries has its problems and so this endpoint is not strictly applied here. The report did not immediately affect all fields of health and some of the texts here fall slightly outside of this boundary. However, the report was a turning point in medical education and discourse with wide-reaching effects on regular and alternative medicine and corollary effects on nursing.

In this introduction I start with a brief history of Euro-American medicine in the United States to set the groundwork for the changes in medical discourse discussed throughout the project. Next, I delve into definitions of autobiography with a focus on the definition the women in my study would have been familiar with along with an explication of the terms I use in this study. I then move to a discussion of earlier forms of women's writing and the multiplicity of factors that affected the ways these women constructed their self-representations. Lastly, I outline the argument of each chapter and demonstrate the links between them before I end with an overview of the intervention this dissertation makes in the fields of health and autobiography.

I have chosen to focus on fields of health for a number of reasons. First, within these fields there is a wealth of texts that have been understudied, recently found, or neglected altogether. Second, in looking at workers across fields of health—from allopaths to homeopaths and from hydropaths to nurses—we gain a better sense of the interactions in discourse between these often seemingly disparate, but at this time deeply connected, practices that led to the use of similar strategies despite differences in rhetorical situation.

Third, as noted earlier, fields of science were becoming more professionalized as the century wore on. For the "hard" sciences, this often meant moving exclusively into the laboratory and thus away from the public sphere. The health fields, however, are always tied to interactions with the general population, and because of this connection, writings of women in health fields are the best fit for a study that examines the intersections of public discourse, medical discourse, and their combined effect.

A (Very) Brief History of Euro-American Medicine

The majority of *American Women in Health Fields: Identity Formation and Cultural Positioning in Autobiographical Literature, 1847-1910* focuses on analyzing the details of autobiographical literature; however, I must first set out the norms within which the women in my study were living, working, and writing.[5] Until the mid-nineteenth-century, Euro-American healers had little formal training and generally learned their craft as apprentices. This encompassed both regular/allopathic doctors who incorporated remedies such as bleeding, purging, and other invasive procedures as well as irregular healers who subscribed to a variety of methods including the water-cure, homeopathy, and even mesmerism. Both Hunt, a homeopath, and Gove Nichols, a hydropath, were trained in this way. As the century wore on, however, a larger percent of white male physicians began to be trained in programs whose rigor and standards continually increased. As Nina Baym has noted, men began receiving more intensive and competitive training, especially after 1860, but even as early as 1847, when the AMA was founded as a "gatekeeping" organization to protect the interests of allopathic male physicians (174). Women were rarely accepted into professional medical

[5] For the historical discussion that follows, I have relied on the works of Whorton, Baym, Cayleff, and Morantz-Sanchez.

societies until the end of the century. Since medical schools also mainly admitted men, most women were unable to gain formal training and accreditation. A few women, notably Elizabeth Blackwell, were accepted to male medical schools as "exceptions." In Blackwell's case it is well documented that the students agreed to her admittance thinking it was a joke.[6] In the 1850s, the Female Medical College of Pennsylvania (where La Flesche Picotte would be trained) and the New England Female Medical College were founded to train women doctors in allopathic medicine. However, there was strong backlash in the medical communities of Philadelphia and Boston, respectively, and in the former case the school was labeled irregular because of the practices of a few of the founders. In the 1860s three more female medical colleges opened. However, it was not until the 1870s that any schools became officially co-educational, accepting women in small numbers, and the practice did not become widespread until the end of the century.

At the same time that women were battling to be accepted into the professional realm of the regular doctor, sectarian medicine was flourishing. As James Whorton has shown, throughout the century practitioners of hydrotherapy (the water-cure), Thompsonian medicine, homeopathy, and more sought to convince the public that their remedies were more effective (and less harmful) than that of the regulars. Many people, turned off from the harsh treatments often doled out by the allopathic physicians, sought treatment from these alternative practitioners. Thompsonian medicine, introduced early in the century, was well received because it encouraged every household to be their own doctor, selling kits filled with medicine and detailed instructions for treatments. Samuel Hahnemann's homeopathic philosophy, first presented in 1825, was widespread by 1850. This sect required trained

[6] See Blackwell's *Pioneer Work* (Appendix).

practitioners (like Hunt) but minimized the use of drugs and encouraged pure food, water, and fresh air. In the 1830s Sylvester Graham began lecturing on hygiene and frequent bathing and his followers were quick to take to hydropathy, with its denial of drugs and focus on pure lifestyles along with varied water-based treatments, when it was introduced to Americans in the 1840s. These sects were often unregulated and had more progressive views about women's health and abilities, so women (like Gove Nichols) were able to enter them at much higher rates. Despite pushback from regular physicians, these sectarian practices were highly popular and were very real competition to practitioners of allopathic medicine. Susan Cayleff's work *Wash and Be Healed: The Water-Cure Movement and Women's Health* notes that the water-cure has now been sidelined as inferior both in current medicine and in the history of medicine despite "widespread acceptance among the American populace" in the mid-nineteenth century (3). This reduction of the popularity of alternative medicines extends to homeopathy and Thompsonian medicine as well. The idea that regular medicine was the only (or even most popular) option and that our modern practices progressed linearly from the dark ages to the present triumphing "over folkways" is a myth created in retrospect and upheld by the ever more professionalized medical community that benefited from it (Cayleff 3).

In this period of change, opinions of female health workers were divided among the professional set. Some male doctors, even some who were decidedly not feminists, claimed that for propriety's sake women should be trained to handle female medical care exclusively. Others argued that women did not have the mental or intellectual stamina for medical work at all while still others thought that women should be trained as (but perhaps not with) men.[7]

[7] See Morantz-Sanchez, *Sympathy and Science* and "Send Us a Lady Physician".

Public perception of female physicians is harder to tease out. The women in this study often had more patients than they could handle, but there were certainly people who did not believe women could ever really succeed in being physicians. Fiction portraying female doctors does give us a window into the conflicted public feelings of the time. Four novels of this type were written in the 1880s: *Dr. Breen's Practice* by William Dean Howells (1881), *Dr. Zay* by Elizabeth Stuart Phelps (1882), *A Country Doctor* by Sara Orne Jewett (1884), and *The Bostonians* by Henry James (1886). As has been well documented, these novels deal with issues of natural talent and callings, the issue of marriage for female physicians, the importance of role models/mentors, differences in allopathy and homeopathy, and other topics related to women physicians' work.[8] Each takes a different perspective on the possibilities for and roles of female physicians and together they form a picture of the complicated ideologies surrounding the profession. Their existence alone demonstrates that women were entering the field in larger numbers and causing discussions that extended even into the literary realm over their propriety, usefulness, and possibilities.

A corollary to the professionalization track of regular doctors and the decline of alternative sects at the end of the century was the standardization of education for nurses. Before the Civil War, there was no professional training regimen for nurses; instead, female relatives were the ones who cared for the ill at home. During the Civil War Dorthea Dix helped to convince the medical corps that women should be allowed to work in hospitals despite claims that it would be improper for women to be physically close to unrelated men. Over twenty thousand women served in hospitals across the country during the war; many worked on a volunteer basis while some were paid wages. All suffered the harsh realities of

[8] See Browner, Davis, Herndl, Wittenberg.

wartime medicine, and a large number of these women wrote, as Taylor and Smith did, of their experiences in army camps and hospitals. Nursing became a professionalized field rapidly after the end of the war. Hospitals began opening nursing schools and in 1873 the first trained (all female) nurses graduated from the New England Hospital for Women and Children. Female directors of the new nursing schools worked to raise nursing to a middle-class career instead of a position of low-class, low pay, and long hours. By the beginning of the First World War, clinical experience began to mean more than extensive book learning, the number of trained nurses multiplied, and the positions nurses could occupy continued to expand.[9]

Whether in nursing, allopathy, or another sect of medicine, women inclined to enter health fields in the nineteenth century faced questions surrounding whether women could/should be educated as men were, arguments that studying and practicing in these fields made them masculine or not women, and debates as to whether women generally (as opposed to special cases) were mentally and physically capable of handling the study and practice of medicine. While the issues above were faced by all the women studied here, women of color also dealt with racist ideas about who was capable of learning and fought to gain even basic formal education; only three African-American women were accepted to the female medical schools between 1861 and 1867 and the first Native American woman—La Flesche Picotte—was not accepted until 1886.

These issues, which affected women who studied science more generally as well as those in health fields, have been elucidated in much interdisciplinary scholarship in the last two decades and form a foundation upon which *American Women in Health Fields: Identity*

[9] See D'Antonio, *American Nursing* and Lewenson, *Taking Charge*.

Formation and Cultural Positioning in Autobiographical Literature, 1847-1910 builds. Scholars in fields including American studies, history, literature, and rhetoric have studied the reaction that lay women had to scientific conversations or figures of the time and the ways a single woman shaped specific scientific discussions of her time.[10] These works have enriched my understanding of the broad view of scientific discourses at the time and the way that women in science as well as those outside of it were discussing these issues. Literary scholars have examined the influence fiction about female physicians had in shaping and reflecting the ideas about the real women participating in this field and vice versa.[11] Stephanie Browner notes that "as both medicine and literature professionalized and laid claim to widespread authority and elite privilege, their trajectories into respectability sometimes paralleled one another, sometimes reinforced each other, and sometimes were in tension" (4). These works inform mine in how they analyze the complex ways texts mediate the relationship between history and fiction (Browner 8). My study, however, extends the purview of this work from fiction to autobiographical literature. Other scholars focus on a single field of science or medicine,[12] and while this approach certainly helps to identify pertinent issues within the fields and allows for in-depth discussion of the history of the subject, it also leads to a false stratification of women practitioners and inevitably obscures relationships between them and the fields in which they practiced. The professional writings

[10] For the reaction that lay women had to scientific conversations or figures of the time see Hamlin, Kowalski, and Hayden. For the ways a single woman shaped specific scientific discussions of her time see Scherer, Bittel, and Harris.
[11] These discuss the links between formal elements and scientific movements, the ways feminine illness was constructed in society and in novels, and the reflection of ideals about doctors in fiction and art. See Davis, Herndl, Browner, and Wittenberg.
[12] For example: only allopaths ("regular" doctors) are considered by Browner (literary studies), just nurses by Hilde (history), hydrotherapists by Cayleff (women's studies), and botanists are studied by Gianquitto (literary studies).

of scientific women, especially those in the medical field, have also been examined and have gone a long way to demonstrating the ways that women of medicine (especially allopaths) positioned themselves professionally.[13] These studies have increased my understanding of the types of writing women in health fields composed in their everyday lives "including articles in popular and professional periodicals, books written for a nonprofessional readership, and speeches at women's rights conventions … medical school theses, patient histories, [and] letters" (Skinner 3). However, studies of professional writings cannot give a complete picture of the complex ways these women represented themselves textually because the women I am considering were also choosing to write about their own lives. In this dissertation, then, I extend the work of the interdisciplinary scholars who have come before me by expanding my analysis across fields and by focusing on self-representations in autobiographical writings.

Life Writing Contexts

The nineteenth century was a period in which definitions of autobiography were in flux, and in what follows, I describe the shifting linguistics used in the definitions in order to demonstrate the notion of autobiography with which the women in my project would have been familiar. As often occurs, the word autobiography can be found in print long before it was included in a dictionary. The first written use of the word "autobiography" that the Oxford English Dictionary (OED) lists is in the London Monthly Review in 1797.[14] Related words such as autobiographical and autobiographical novel were seen in print in 1807 and 1832, respectively. None of these words appeared in dictionaries until 1828 when Webster

[13] For discussions of professional writings such as case notes, lectures, theses, articles, etc. see Skinner, Morantz-Sanchez, and Wells.
[14] "Autobiography," Oxford English Dictionary Online.

included a definition for autobiography: "biography or memoirs of one's life written by himself" ("autobiography"). However, in Webster's 1848 version the editor shifts the entry for autobiography slightly. Instead of mixing pronouns (one's life—by himself) the definition became "Biography or memoirs of one's life written by one's self" ("autobiography"). While this change could be the result of shifting grammatical rules, the seemingly simple difference opens the linguistic possibility of either gender writing their own life, and it is worth noting that all of the women in this study published their writings after 1848.

Definitions of autobiography have, of course, continued to shift, and so here I want to delineate the terms I use in this project. I follow the work of Rachael McLennan who privileges the term autobiography instead of life writing. She argues, and I agree, that life writing is a broad term and "autobiography is an example of life writing, a particular kind of life narrative" (McLennan 7). While life writing could easily mean biography and a host of other types of writing about a life, autobiography "marks the distinctiveness of autobiographical writing (the self writes about itself), and it is this distinct type of text" she (and I) examines (McLennan 7). Autobiography, according to McLennan, can still "apply to a wide range of texts," and in her book she mentions poetry, diaries, and journals along with more traditional autobiographical texts (7). Unlike more traditional definitions, retrospection is not a prerequisite for this definition of autobiography, and, while most of the texts I discuss here are reflective, not all of them are. Smith and Watson do note that the term autobiography "derives from the Greek autos (self), bios (life) and graphe (writing)" and therefore, McLennan argues, the study of autobiography "should be understood as comprising the relations between those parts" and these relations are different for every autobiography because the context of each is unique (*Reading* 1, 6). In this project I am looking at how the

self, the life, and the writing work together to construct a representation of the woman in health fields in nineteenth-century America, which makes the term autobiography the most appropriate.

In using this term broadly, McLennan does not obscure the historical exclusions and biases from its usage over the past two hundred and fifty years:

> the history of autobiography production in Western cultures is a history of exclusions and inclusions. In its valorisation of the white male subject and his history, autobiography has often excluded members of various identity groups (such as women, African-Americans) from consideration and value. But, [it] is also marked by the efforts of practitioners who belong to those excluded groups and who use autobiography to … make claims about their status as 'real persons'; about their abilities to tell the truth and their desire to tell certain truths; about their abilities to speak on behalf of others, to represent various others. The history of autobiography can, therefore, be understood as marked by a series of interventions on the part of individuals who seek to stretch the limits of how autobiography is conventionally understood. (McLennan 20)

The women in my study would have been well aware of the history and normative standards of the autobiography, and yet they wrote about their own lives anyway. It is in keeping with their use of the term and structure that here I use the term autobiographical literature to encompass standard autobiography as well as autobiographical fiction and daily writing such as diaries. This term, while broad enough to cover the generic differences among these works, still makes clear the distinction that in these texts "the self writes about itself" (7). McLennan argues that the writers in her work engage "in a political act of refusing the

privileging of the white, male subject, whose identity, privileges and narratives are thoroughly embedded within, and valorized throughout, much of the history of autobiography" (8). The women examined in *American Women in Health Fields: Identity Formation and Cultural Positioning in Autobiographical Literature, 1847-1910*, also refuse, in various ways, to privilege the dominant voices of the time, and in writing their stories form their subjectivities and identities within the matrices of discourse surrounding them.

How Women Construct(ed) Their Lives in Writing

Before the mid-nineteenth century, women often employed the genres of the letter and the diary to write their lives because, as Martha Watson points out, women were "often uncomfortable with the assertiveness necessary to write an autobiography for publication" (1). As such, there were few models of women's lives written for public viewing in the first half of the century. However, although letters and diaries were a more private and conventionally feminine means for telling a life story, they were still crafted for audiences. Not only did women write letters to friends, family, acquaintances, and colleagues—when they had them—but they kept diaries with the knowledge that they would be read aloud within the family. During this time, even women who did set out to publish their life stories often crafted edited versions of diaries or curated collections of letters because the forms were considered more feminine. These life and letters memoirs, especially those edited by the author herself—as opposed to those crafted by outside editors with or without permission from the original author—are related to standard autobiographies in that the author was reflecting upon her life from a retrospective vantage point, though that reflection was enacted more through the acts the compiling and editing of the contents than narrative prose.[15]

[15] See Jelinek, Gordon, and Gilmore for more on the history of women's life writings.

However, after the mid-nineteenth century many women, especially public figures, took advantage of the possibilities opened by shifting definitions of autobiography, writing both their public and private lives for public consumption. Margaret Fuller, Lydia Sigourney, Harriot Martineau, Elizabeth Cady Stanton, Catherine Maria Sedgewick and more wrote and published their autobiographies in the second half of the nineteenth century. Of course, some women continued to use the forms of letters and diaries, but others wrote standard autobiography. Nancy Walker argues "autobiography is the insertion of the self into historical narrative, a claim to be counted as significant in a particular time and place. For a woman to do this at all is to revise traditional concepts of who counts, who is worthy of a life story" (10). Each of the women listed above, no matter what genre of life writing they chose, revised notions of whose lives deserved a story by writing their own. The women in my study do the same. In writing their lives they claimed agency and power over their own stories and constructed versions of themselves for public consideration that were influenced by their race, gender, and medical beliefs and practices. This is part of what makes my study unique. Here, I view the autobiographical literature of these women to determine the ways their self-representations were shaped by medical discourses as well as the other social ones that surrounded them.

Scholars have often discussed gendered differences in autobiography but, I argue, sometimes ignore other factors that could be affecting the structure and content of women's autobiographies. Throughout this project, I argue that it is the interaction of multiple facets of their identities which cause the differences between men's and women's life writing—not their gender alone. I focus specifically on the medical training and beliefs of the women I study to explain many of the differences between their life writing and that of men doctors.

The most cited gender differences in autobiography include the fragmentation and discontinuity of women's writings versus the linear and coherent narratives of men, the personal subject matter of women as opposed to the public topics of men, and the relational identity construction by women against the individualized construction of men.[16] While these differences are sometimes relevant, T.L. Broughton notes that this thinking creates problems by erasing the differences between women's lives and "obscuring cultural specificities" ('Women's Autobiography" 77). For instance, within my project the last of these stated differences is the only one that holds up at all; the women here do, in part, employ relational identity construction but in complex ways. However, most write linear and coherent narratives and focus on the professional instead of the personal. Their gender is important and absolutely shaped the way they interacted with the world and, therefore, the way they constructed their identity for public scrutiny, but it is not the only factor that did so. Their races and professions also had a profound impact on their identity and cannot be ignored when discussing why and how their writings are different from men's.

The gendered difference which seems to me to be most true across many autobiographies is the idea that women create themselves in relation to others while men are more likely to create an "I" that stands alone. Of course, even this distinction does not hold up if you take a large sample of texts.[17] However, compared to men in the health field who wrote autobiography at this time the women in my study did employ relationality, "implying that one's story is bound up with that of another" or many others "through which an 'I' narrates the formation or modification of self-consciousness," at a much higher rate (Smith

[16] See Stanton, Mason, Broughton.
[17] For a more general discussion of what makes women's autobiographies different from men's see Smith and Watson, Stanton, Mason, and Broughton.

and Watson 86).[18] Domna Stanton argues that “the female ‘I’” was not just multiple selves but that “its threads, its life-lines, came from and extended to others” (15). In this way, that “‘I’ represented a denial of a notion essential to the phallogocentric [Western] order: the totalized self-contained subject present to itself” (15). The theorizing of relationality pushes back on the notion of the “introspective subject that is knowable to itself” and critics have used relationality to “decenter the concept of a unified, stable, autonomous individual prior to and outside connection to others” (Smith and Watson 218). Instead, recent scholars such as Paul John Eakin, Smith and Watson, and Micaela Maftei “speak of a subject that is in process, a subject in context (historical, social, geographical)” (Smith and Watson 218). It is in this way that I discuss the subjects here, and it is in this way that they construct their subjectivities. I argue throughout this project that the relationships through which these women write their identities do not weaken them; instead those bonds become the factor that allows women to distinguish themselves from the worldview that oppresses them. In reaching out they did not dilute their subjectivity or their position; instead, they built themselves a structure of support that strengthened them and their causes.

The texts discussed above are only a small number of the scholars who have theorized about autobiography in the last two decades. Eakin, Robert McGill, Max Saunders, Thomas Larson, and John Barbour have discussed truth in autobiography, which I use in Chapter two to help me think about how Gove Nichols portrays pieces of her story while omitting or obscuring others. The autobiographical ‘I’, which allows me to consider how the woman writing is related to the woman being written, especially in chapter three, has been detailed by Smith and Watson, Maftei, and Nicola King. Feminist theories of autobiography,

[18] For detailed evidence of this claim see especially chapters one and three of this project.

including the unique ways that women have crafted their lives for public consideration, have been forwarded by Gilmore, Peggy Prenshaw, Maria Cattell and Marjorie Schweitzer, Laura Laffrado, Tess Cosslett, Margo Culley, and Estelle Jelinek. These theories have given me a starting place when thinking about the ways that gender does, and does not, change the way that the women in this project write their lives, and the work done by those scholars has allowed me to see more clearly that medical and social discourses both affect the autobiographical literature I examine. When it comes to focusing on autobiographical works by medical women, very few scholarly studies exist.[19] Most of the mentions of autobiographical literature come in biographies written about women in health fields; they are often acknowledged and used to augment biographical details or back an author's claim but are rarely discussed in depth in their own right.[20] Some of the works discussed in this project, Taylor, Gove Nichols, and La Flesche Picotte for example, have been analyzed in depth by a handful of current scholars each, at most. For some, like Hunt, Blackwell, and Smith, that number is one or zero.[21] My project addresses this gap by drawing on work by scholars of medicine, feminism, and autobiography to advance an argument that analyzes points at which all three of those fields meet within the identity construction and social positioning of these women in health fields in the nineteenth century.

Heart Histories

Although the women studied here have differences in their historical moments, subject positions, racial identities, fields, training, and genres, their use of heart histories in

[19] This is aside from texts about Civil War nursing diaries, of which there are many, although not about Adelaide Smith. See chapter three for details about those works.

[20] For texts that discuss women's autobiographies in relation to other texts or to augment biographical details see Danielson, Keetley, Martell, Myerson, and Lesiak.

[21] Blackwell and Hunt are both discussed in Wittenberg.

their autobiographical literature is one of the main similarities I found across the texts I examined. The genre of heart histories is, therefore, an important element in the discussion of gendered medical practice and construction of the self. The writing of heart histories—a term used in the nineteenth century to describe short, often sad narratives of (usually) women's lives—were one way that women in health fields demonstrated their connections with their patients, and the inclusion of these heart histories in their autobiographies was a main difference—along with relational identity construction—between them and men in the field. These tales gave them a way to introduce other women's life stories and voices into their own autobiographies and therefore to broaden their cultural observations and analysis. However, before the term heart history began to be used in the specific context of a female physician's interaction with her patients around mid-century, it usually referred to the story of a life: particularly the history of relationships (familial and romantic) and the often-tragic circumstances of people's lives. While they were usually told as oral histories, the stories were then often written down and published. My research in American periodicals between 1847 and 1910 suggests over three hundred heart histories were published.[22] They were written as fiction and non-fiction, by and about famous and non-famous women, in well-known sources such as *Godey's Lady Book* and the *National ERA*, in series and one-off stories. While heart history could be, and was, used to describe a man's tragic story, it was more often applied to women's lives.

In the field of nineteenth-century medicine, patient histories were the main source of information; this was true for both male and female doctors. However, because of social norms concerning modesty, women physicians could have intimate conversations with

[22] This number is an estimate created by a search for the term "heart history" in article titles in the American Periodical database during the aforementioned time frame.

female patients more easily, and they often made note of these conversations. These notes, and the conversations themselves, came to be called heart histories. Susan Wells says it is a term for "a woman physician's intervention into her patient's personal life" and backs up Regina Morantz-Sanchez's claim that, while women doctors' treatments aligned with those of men in the same field, they spoke with their patients differently (13). As such, heart histories were a large part of what really differentiated male and female doctors in the mid- to late-nineteenth century. Wells argues that heart histories performed two contradictory actions. First, they allowed patients to have more say in their diagnosis and treatment because they were able to give a more complete picture of their lives to their doctor. At the same time, the act of confiding allowed the physician more control over the patient and women physicians were more likely to give advice (from financial to religious) outside of their medical expertise. Without the guidelines of current medical practices which keep physicians from stepping into moral and ethical issues unrelated to medical care, these women acted well within the medical expectations of their day (Wells 28-56).

Despite their differences, all of the women in my study employ heart histories in their autobiographical literature to some degree. This genre of writing demonstrates a key gendered difference in the way physicians constructed their relationships with their patients at this time. The women studied here all devote space in their own life stories to tell the stories of other women and, thereby, illustrate their desire to showcase and support other women as well as their beliefs about their patients. In each chapter following this introduction, I detail how each woman employed these tales depending on her medical training and the genre of her writings. Wells points out that heart histories, unlike the fairly standardized format found in current patient histories, were written differently depending on

the doctor, her experience, and her goals. These differences make it impossible to delineate what a heart history should look like; it is not their form which defines them but their overall purpose. Within the texts considered here, the purpose of the heart history is to demonstrate, to varying degrees, the type of work these women did on a daily basis and to illuminate their practices of treating the whole patient.

Identity Construction in Autobiographical Literature Across Time, Health Field, and Race

In the first chapter, "Social Transition and Liminality: The Standard Autobiographies of Dr. Harriot Hunt and Dr. Elizabeth Blackwell," I discuss Hunt's *Glances and Glimpses; or 50 Years Social, Including 20 Years Professional Life* (1856), and Blackwell's *Pioneer Work in Opening the Medical Profession to Women* (1895). I take up these texts first because they most closely resemble what we think of today as autobiography; examining Hunt's story and Blackwell's relation to it gives us a cultural framework with which to read the lives of other women healthcare practitioners. I argue Hunt and Blackwell gained the agency to write their lives because of the moment in which they practiced medicine. The shifting norms of the health field and women's place in it in the middle- to late-nineteenth century allowed Hunt to write her new life. Forty years later, Blackwell navigated a different space, one in which her influences were more masculine but her dilemma of constructing a professional woman's life narrative was similar. Both women construct their identities by portraying their theories of medical practice, and the ways they balance their personal and professional lives in writing are directly linked to their medical training and the moment in which they were writing their lives.

In chapter two, "Agency and Reform in Mary Gove Nichols's *Mary Lyndon; or Revelations of a Life: An Autobiography*," I argue that a contemporary of Hunt, Gove

Nichols, found her agency through her medical beliefs and employed that power to advocate for health and marriage reforms with her autobiographical novel, *Mary Lyndon; or Revelations of a Life: An Autobiography* (1855). Here I focus on this singular text with two different lenses—fiction and autobiography. With her portrayal of a woman hydropath in *Mary Lyndon*, written as an autobiography of the fictional Lyndon which intersects Gove Nichols's own autobiographical experiences, Gove Nichols presents one of the earliest portraits of a woman healthcare professional in fiction. Gove Nichols both envisioned and wrote toward a new kind of life for woman, one in which a woman rejected her husband's mastery, made her own educated decisions about her body, sustained herself with her work, created and implemented health reforms, and stood up for the education and health of other women.

Chapter three, "Temporality and Identity Formation in Susie King Taylor's and Adelaide Smith's Nursing Narratives," extends my arguments that the space created in the nineteenth century by shifts in the social landscape and health fields allowed women the agency to write their lives as professional health care givers by focusing on Taylor (*Reminiscences of My Life in Camp with the 33rd US Colored Troops, Late 1st South Carolina Volunteers*, 1902) and Smith (*Reminiscences of An Army Nurse During the Civil War,* 1911). I argue that their narratives demonstrate a different relationship with the temporal distance from the events they discuss than other works in this dissertation. Unlike the women in chapters one and two, these nursing narratives focus on a piece of their life, the period of wartime. The transitory nature of this profession for Taylor and Smith affected their representations both of themselves—as nurses and as authors—as well as of their historical positioning. The focused way the two women discuss the war period, often to

the exclusion of other biographical details, and the self-consciousness with which they position themselves temporally are both consequences of the nearly fifty years which intervened between the events and the writing.

In chapter four, “Doctor, Woman, Omaha: Dr. Susan La Flesche Picotte’s Intersectional Identity Creation,” I examine writings by La Flesche Picotte, including two of her published autobiographical speeches, titled “My Childhood and Womanhood,” and “My Work As a Physician Among My People,” along with her diary from 1910-1911, to argue that as a doctor and an Omaha woman at the turn of the century, her autobiographical writing continuously demonstrates her navigation of the various forms of oppression that marginalized her and illustrates her struggle to find a path for a Native woman doctor in this moment and to write that path for herself and for an audience. At a time when white allopathic doctors were moving toward a detached professionalism with their patients, La Flesche Picotte was immersed in the public and private, medical and social lives of her patients. I argue that in her writings we can see her medical beliefs articulated as she crafts her self-representation. Her story comes last because she lived and wrote later than the other women I have discussed, but more importantly, La Flesche Picotte pulls together threads which weave through this project. Not only does she construct her life, practice her medicine, and interact with those around her in ways similar to the women who have come before her, but she also found herself in multiple liminal spaces, appropriated and employed agency in her life and her writings, and demonstrated in her writings her adept navigation of her intersectional identity.

In sum, my study intercedes into multiple fields—including studies of autobiography and women in science—to expand our knowledge of how women navigated the shifting

social and medical discourses of the nineteenth century and how they chose to represent themselves to the reading public. This project is methodologically important for the larger fields because it starts earlier than many other studies and therefore takes the Civil War's impact into consideration. Instead of being bound by traditional time restraints, I have centered the work between two events that set parameters for the discourses surrounding health fields. This allows me to see how the effects of those discourse shifts are represented in the writings of the women who experienced them. Unlike most scholarship about women in science, my work looks across health fields and across race in order to draw comparisons that could otherwise be missed. I argue throughout that liminal transitions within these discourses opened space for the women I study to claim agency over their lives and to use their power to advocate for other women. In constructing their identities for public consumption through autobiographical literature, they insisted on their importance to medicine and history and argued that their lives mattered. In writing this dissertation I have tried to uphold this claim, arguing that the autobiographical literature of these women has much to tell us about the world they inhabited and deserves sustained and focused study.

Chapter 1

Social Transition and Liminality: The Standard Autobiographies of Dr. Harriot Hunt and Dr. Elizabeth Blackwell

Autobiographical Strategies and the Potentiality of Transition

In this first chapter, I turn my attention to a genre of autobiographical narrative I refer to as "standard" autobiography to distinguish it from the other autobiographical forms I examine in this dissertation. The hallmarks of this genre include being written explicitly for publication, presented as non-fiction using the name of the author, written reflectively near the end of a life or career, and telling a generally linear and chronological story of the author's life. In this chapter, I discuss the standard autobiographies of Dr. Harriot Hunt, *Glances and Glimpses; or 50 Years Social, Including 20 Years Professional Life* (1856), and Dr. Elizabeth Blackwell, *Pioneer Work in Opening the Medical Profession to Women* (1895). Because of the retrospective nature of this genre, Hunt, who practiced medicine before medical schools opened for women, was writing her autobiography as Blackwell, the first American woman trained in a male medical school, was in the thick of her career. Thus, their experiences, friendships, and colleagues were sometimes similar and overlapping. These two women faced many comparable struggles and, therefore, use some parallel strategies in their texts. However, by the time Blackwell published her autobiography, nearly forty years after Hunt published hers, large scale shifts had taken place in both the health field as a whole and for female doctors specifically. I have chosen to analyze these autobiographies in part because of Hunt's and Blackwell's statures in the nineteenth century and their historical importance as pioneering figures in medicine. Reading these two texts together allows scholars to see the ways medical training, as well as gender, influenced the medical practice and life writing of women physicians in the nineteenth century. I take up these texts first

because they most closely resemble what we think of today as autobiography; examining Hunt's story and Blackwell's relation to it gives us a cultural framework with which to read the lives of other women healthcare practitioners which fell between them and are the subjects of subsequent chapters of this dissertation.

The cultural moment of America in the 1850s, a time of shifting ideas about medical practice and women in health fields, allowed Hunt to write her life in a new way; she was a professional woman, different from most women who had written their lives before. Her public and private lives were inextricable from one another, and her autobiography demonstrates this connection. Before this moment, women wrote their private selves in diaries and letters but their professional lives, when they had them at all, were not recorded in book length autobiographies like Hunt's.[23] Later, women would struggle in their life writing to balance personal concerns with public ones, as Ann Gordon details in her description of how suffragists'

> individualities, indeed their identities, are tied up with how they worked both sides of the divide between politics and family … lying between but combining traditional roles of women and men: mothers as lobbyists … housewives as authors, or perhaps more accurately, lobbyists as mothers, and so forth. (124)

Gordon's treatment of how these women combined traditional gender roles in their lives and did the same in their life writings provides a model for my consideration of Hunt's and Blackwell's construction of self in their autobiographies. Going further, I argue that Hunt did not struggle in these ways and that Blackwell, in the last decade of the nineteenth century,

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[23] Gove Nichols, who was a near contemporary of Hunt's and whom I discuss in the next chapter, chose a very different way of telling her life.

blends not only content but traditionally masculine forms of writing with traditionally feminine ones in order to fit into newly created social spaces.

The liminal space created in the middle- to late-nineteenth century by the shifting norms of the health field and women's place in it allowed Hunt to write her new life. Forty years later, when some of the fluidity of the earlier period had solidified into gendered medical roles, Blackwell navigated a different space, one in which her influences were more masculine but her dilemma of constructing a professional woman's life narrative was similar. Both women construct their identities as individuals by portraying their theories of medical practice in the texts and, at the same time, build their autobiographical personae in relation to the women around them. I argue that Hunt's relationship with her patients demonstrates her ideals about the importance of the whole person in diagnosis and treatment, while Blackwell's more distanced descriptions of patients aligns with allopathic (regular) practices of treating only the problem at hand. Hunt claims to forward the personal, but in reality cannot separate aspects of her identity and, therefore, consistently intertwines the professional with the personal. Blackwell works to foreground her professional life, and while she generally succeeds, there are moments when she too cannot textually divide her identity into discreet parts.

Anthropologist Victor Turner's concept of liminality becomes a useful means for analyzing the cultural shifts occurring in the mid-century, these two women's identities, and the autobiographical forms within which they construct them. For Turner, liminality is "*transition*; more important, it is '*potentiality*, not only going to be but also what may be'" (qtd in Alexander 18). In other words, liminality is not just a transformational space between two states but suggests that occupying this space can present opportunities for power and

potential. Although Turner uses this term within the context of rituals, I argue that we can usefully employ the term to consider longer periods of social and cultural transition that also contain liminal characteristics. The shift in health fields from around 1840 to 1910 was a long period of change in which new ideas about medicine, gender, health, and training were introduced to the cultural discourse. The texts I examine fall into this period, a transformative era that allowed for the potentiality inherent in liminality to be operant for female doctors. Drawing on Turner's work Bobby Alexander argues:

> Transition from an old social identity to a new one necessarily creates ambiguous social status … because the old social category no longer holds, and the new one is not yet applicable, participants fall between the niches of social categorization … Liminality is crucial to assigning or innovating new social status and identity. (17)

As the health field moved slowly from chaos to professionalism, from unrestricted to highly regulated, the shift created a liminal space between the old category of apprentice-trained, white, male physicians and the new category of accredited school-trained, white, male physicians in which some white women found new opportunities open to them.

Hunt's autobiography exists within the unique fluidity of this moment in the history of health professions, and it is this transition and potentiality that allowed Hunt to ignore strictures for women and to instead live and narrate her life as a professional woman. For Hunt, there was power in the ability to put aside traditional forms of women's autobiographical writing, explore new avenues of social identity, and tell the story of a life that had not been written before. In this chapter, I argue that Hunt integrated her professional and private selves through strategies including employing a metaphor of marriage in her autobiography, actually marrying her professional self, engaging in relational identity

formation, and representing her patients through heart histories. Hunt took advantage of the framework created by liminality to "experiment with the familiar elements of normative social life, reconfiguring them in novel ways" and to "scrutinize everyday social structure as well as assess and criticize" what she saw as its weaknesses (Alexander 18).

Blackwell, on the other hand, published her text as the liminal period began to close. Because of her historical position and medical training, she engaged with elements of social normativity in different ways than Hunt. In Blackwell's autobiography, I argue, we can feel the influence of the transitional period's resolution as the tightening of healthcare strictures affected her ability to write her life. Blackwell employs relational identity construction and intertwines the personal and professional in the genres she uses, but she also works to forward her professional self as most important and illustrates her relationships with patients in traditionally masculine ways. Though she adds some traditionally female forms such as letters and diary entries to her text, she combines these with her own editorial commentary. In doing so, Blackwell demonstrates that the "new social status" allowed her to control how her private texts were read even as she worked to balance her gendered experiences with her medical practice (Alexander 15). My analysis of Blackwell's text demonstrates how influential temporal positioning is; the nearly forty years between the two texts was responsible for large differences in them despite the similar subject positions of their authors.

Hunt and Blackwell were both educated, Northern, white women who faced struggles because of their gender and lifestyle choices, but they differed in training and experience in the health field due to the changing landscape of that field. Both women entered into the public eye, Hunt with her writing and lecture tours, and Blackwell with her graduation from medical school. In doing so, they impacted how those around them thought about women

physicians by demonstrating that they could be good doctors and good women simultaneously. While all of these factors influenced their self-representations, the means by which they chose to represent their lives reflected, undermined, and helped create the discourse surrounding women physicians in their time.

Hunt's and Blackwell's prominence in their time and field makes it easy to find biographical information for both; though scholars frequently refer to their autobiographies, few literary critics have examined them.[24] Texts that do have more in depth studies of *Glances and Glimpses* and *Pioneer Work* describe their authors' gendered positions but overlook the complex nature of a professional woman's life at this time. Two of these are Nina Baym's 2002 book, *American Women of Letters and the Nineteenth-Century Sciences*, and Judith Wittenberg's 1998 essay, "Challenge and Compliance: Textual Strategies in *A Country Doctor* and Nineteenth-Century American Women's Medical Autobiographies." Baym states that the accounts of the women she studies, including Hunt and Blackwell, are "redundantly gendered; from the inception of medical ambition to the achievement of medical practice ... Gender is both motive and impediment" (177). Given her broad scope in the book, Baym allots only five pages to Hunt and Blackwell. Nonetheless, Baym opens the door for studies that, as this one does, assume one cannot escape gender when writing one's life. Wittenberg, along with Baym, claims that these women's texts "succeed in doing a certain amount of ideological work on behalf of the prevailing culture even as they contest many of the gender prescriptions" (135). While Wittenberg rightly points out that the autobiographies are products of the culture in which their authors lived, I want to view these

[24] Carolyn Skinner's 2014 text, *Studies in Rhetorics and Feminisms: Women Physicians and Professional Ethos in Nineteenth-Century America*, has brief discussions of Hunt's and Blackwell's rhetorical moves, but focuses on speeches and other public writings, not their autobiographies.

texts with a different lens. While conceding to normative gender roles may seem a type of failure to earlier generations of feminists like Baym and Wittenberg, I argue that these markers demonstrate the complex navigations necessary to autobiographically render a professional woman's complicated life and identity at this moment in time. In addition, I maintain that the markers can in part be attributed to their authors' beliefs about patient care. Laura Laffrado notes, in her study of nineteenth-century middle-class white women's autobiographies, that they align "themselves with prevailing gendered assumptions" even as they "violate a presumptive normativity in their lives, writings, and self-representations"; however, she pushes further to argue that these "texts complicate notions of self-writing and female agency" and that the women who wrote them anticipated "conventional reaction to their disruptive discourses" (2, 3). I take a similar tack in this chapter. I argue that the moments Baym and Wittenberg point to—when the authors demonstrate an exemplary nature, embody a natural calling to their field of choice, and emphasize their connection to culturally allowed femininity—are not capitulations to dominant culture. Instead, they are used alongside clearly dissenting strategies, including reworking normative tropes and demonstrating and disseminating their female knowledge in professional practices to represent their lives. Both Hunt and Blackwell lived in a time of transition and occupied positions between majority culture and marginalized positions, and their texts demonstrate being caught between professional and conventionally female. I maintain that the moments which seem to bow to patriarchal culture are in fact "conflicted female discourses of identity and independence," that arise from the historical position of these female physicians (Laffrado 15).

My analysis of these autobiographies demonstrates how women doctors employed writing styles, conventions, and content in order to create a representation of a life that had rarely been seen before. In addition, my argument illuminates how Hunt and Blackwell navigated the treacherous line between woman and doctor and how they worked to embrace the former while becoming successful as the latter. My examination of the positioning and self-representations of these two women establishes a framework with which to understand the socio-cultural moments in which they wrote before moving to an analysis of their writings. In this chapter, I first explicate shifts in the health field by focusing on Harriot Hunt's experiences in order to demonstrate the transitional and liminal nature of the period. Then I move to an overview of male doctor's autobiographies at this time to demonstrate the genre conventions before I shift to a closer look at how Hunt navigated her textual life in this liminal period. Last, I transition to argue that Elizabeth Blackwell's autobiography was affected by the tightening of control of the health field, and how, like Hunt, her training and experience shaped the form and content of her writing.

A Period of Transition Emerges

The dominant historical narrative of medicine in the nineteenth century centers on the professionalization and regulation of the field. This long transitional period, dating from approximately 1840 to 1910, allowed for the liminal potentialities Hunt and Blackwell demonstrate. Until the mid-nineteenth century in America even male doctors had little formal training and generally learned from apprentice-type positions; they practiced medicine without medical degrees and often even without university degrees.[25] As the century wore on, however, larger numbers of male physicians began to be trained in medical programs

[25] The information in the following section is taken from Hunt, Walsh, Wells, and Morantz-Sanchez.

whose rigor and standards continually increased.[26] As scientific methods became important to the field of medicine after the Civil War, male doctors, especially in urban centers, were more likely to complete medical school. These schools, which mostly taught allopathic medicine, consisted of two years of lectures with the occasional practical experience.[27] Allopathic doctors used harsh treatments, often making the patient weaker, until late in the century, and many began practicing medicine with little or no hands-on experience with patients.

Except for the fluke of Blackwell's acceptance to Geneva Medical College in 1847, male dominated institutions did not begin to accept women into their ranks until Johns Hopkins opened their medical school in 1893. However, women who wanted more than apprenticeship training took advantage of this time of transition to open medical schools for themselves, including New England Female Medical College in 1848 and Female Medical College of Pennsylvania in 1850. These institutions taught homeopathic medical practices, enrolled between twelve and twenty women in each class, and gave out around five degrees each year. Of course, women were invested in healthcare long before 1848 and had been practicing medicine without degrees for centuries. As Mary Roth Walsh points out:

> The fact that Elizabeth Blackwell is usually credited with being America's first woman doctor reflects a historical double standard. Blackwell's status results from having been the first woman to have received a medical degree, a standard which, if applied to her male colleagues, would have sharply reduced the number of male

[26] The Flexner Report of 1910 was a turning point in how professional medical school, and therefore medicine, was regulated. However other medical sects still practiced until at least the 1920's. See the introduction to this dissertation, Cayleff, and Whorton.
[27] For more information on the training of doctors of alternative medical sects see the introduction to this dissertation.

> doctors in the country. Historians have scrutinized the credentials of female physicians more carefully than those of male physicians, many of whom practiced with no medical degree whatsoever. (1)

The issue Walsh describes becomes clear when we realize that both Hunt and Mary Gove Nichols, and many other women not examined in this dissertation, were practicing medicine long before Blackwell graduated from Geneva Medical School.

Women, who had often worked within families as midwives and healers, were slowly denied these positions as professional doctors (degreed and trained or not) moved in. Women's labor was co-opted by men who then excluded women from any formal education in the schools created for and by men. After the founding of the American Medical Association in 1847, a gap was created between professional and apprentice-taught doctors. Women, excluded from formal education and from professional organizations, fell into this space. They were, in some ways, left behind to defend themselves and their practices without support from male-created and supported institutions. However, for a good portion of the century these institutions did not have full control over the practitioners of health across the country because patients did not expect their doctors to have medical degrees, and sectarian medicine was highly competitive until late in the century. This meant that there were more opportunities for women in this shifting timeframe before the turn of the century when patients' expectations rose, and regulations tightened.

During this period of fluctuation, the liminal situation created potential within a field that had not yet formalized, and Hunt lived her professional life within this potential. Hunt was born in 1805 Boston to parents deeply involved in liberal religious and reform movements. Her parents' belief in education for women saw Hunt educated in private

schools through her teenage years and teaching school in 1827, soon after she completed her own education. One formative experience on Hunt's journey to her life's work and her attitudes toward medical care was her sister's illness in the early 1830s, which she recounts in detail in her autobiography. Hunt relates that none of the regular doctors Sarah saw could help her, and the awful processes these allopaths prescribed—bleeding, applying mercurials, and administering blisters—did nothing to alleviate the unknown disease.[28] Hunt decided then that there must be a way to prevent these diseases from occurring in the first place, and it was here that her focus on preventative care was initiated. Finally, Hunt consulted homeopaths Elizabeth Mott and her husband despite the criticism she received for employing "quacks." The Motts ran a joint practice in which Elizabeth treated women and children and Richard cared for men. They employed vegetable-based medicines and had a questionable reputation when Hunt consulted them. However, the Motts diagnosed Sarah with consumption and soon healed her of the three-year illness. Hunt credits this event with making her aware of the existence of female doctors, and she and Sarah both decided they would train under the Motts. They joined the Motts's practice when their training was complete and helped continue it after the death of Richard Mott in 1835. Despite disagreements later about the scientific basis for their treatments, Hunt gained many of her ideas about patient care from the Motts, including that remedies should be natural, women were more likely to confide in other women, and that patients should be listened to and the whole person treated. Elizabeth Mott left the practice in 1836 and Sarah Hunt got married and retired in 1840, leaving Harriot to carry on solo. She did so with much success mainly by championing good nutrition, exercise, and physical and mental hygiene.

[28] Blistering raised a blister on the skin that was thought to let out impure fluids when it became infected. Mercurials were used to induce vomiting. See Waller for more details on treatments.

While Hunt was certainly not the only woman practicing medicine at this time, she is often considered to be "the mother of the American woman physician" because of her work with movements for reform of education and voting rights (Jacobs 2). In 1843, she formed the Ladies Physiological Society as a forum to promote ideas about health and reform; she lectured often and developed a large following. Later, inspired by Blackwell's acceptance to and graduation from Geneva Medical College, Hunt applied to, and was denied admittance from, Harvard medical school in 1847 and again in 1850. In 1853, she was granted an honorary degree from the Women's Medical College of Philadelphia for her pioneering work for women in medicine. From 1850 onward, Hunt was active in reform movements outside of medicine as well. She was a strong supporter of abolition, suffrage, and education for women. Hunt attended conventions, wrote letters to local publications, gave speeches, joined committees, and even did a national lecture tour which she touches upon in her text. Newspapers of the time mark these accomplishments in a variety of ways. She was included in a myriad of articles describing women's rights conventions both as a speaker and as a participant.[29] Articles written on women and professionalism and making the case for women as doctors included her religiously, citing her work and her life as an example of success and womanly virtue.[30] Her ongoing protest of being taxed without representation—she wrote a letter denying the legality every year when she paid her taxes—was published annually in more than one newspaper.[31] Her autobiography was also continually mentioned after its publication in advertisements/notices, in excerpts copied from paper to paper, and in reviews.

[29] Examples include Chadwick and Drouillard.
[30] Including but not limited to: "WOMAN'S RIGHTS MEETING," "NATIONAL WOMAN'S NIGHTS CONVENTION AT SYRACUSE", and "WOMAN'S RIGHTS CONVENTION."
[31] See "TAXATION WITHOUT REPRESENTATION" in 1862 and 1864.

At the time of its publication, *Glances and Glimpses* received mixed reviews which seem, both because of the gender norms of the nineteenth century and because of Hunt's strategies in the text, almost inevitable in both their praise and criticism. The *North American Review* endorses her "domestic sketches" and is careful to point out that Hunt did not seek out the circumstances which led to her becoming a physician ("Glances and Glimpses" 577). The reviewer is also quick to distance himself from her reform work while admiring her "honesty and … her kindly temper and gentle spirit" ("Glances and Glimpses" 578). Here, any piece of her autobiography that fits into the normative model of womanhood, the "moral beauty" of her sketches of childhood, meekness, honesty, can be praised ("Glances and Glimpses" 577). Her involvement in reform work, on the other hand, is contested: "in a few details we might question her judgment" ("Glances and Glimpses" 577). The *Saturday Review*, a British periodical, comes to similar conclusions. Although Hunt is "not a wise woman" in the eyes of the (almost certainly male) reviewer, she is "bold and successful" ("Female Physicians" 87). The reviewer sees no major problems with the autobiography but is unconvinced of the need for female physicians at all. As with the *North American Review*'s piece, the *Saturday Review* article vacillates between praise and hesitancy (or even distaste), sometimes within the same sentence. The reviewer comments that "Like most women who do an unusual thing, she does it with her whole heart, and with a sort of obtrusive completeness which is grating to English notions of feminine delicacy" ("Female Physicians" 88). Sentences like this demonstrate the unstable nature of opinion on gender issues at this time on both sides of the Atlantic. While tone is difficult to decipher, the reviewer praises and rebukes Hunt nearly simultaneously. He seems unable to decide whether she is to be rewarded or disparaged for her work. The indecision shown throughout the reviews points to

an uneasy relationship with the growing number of women doctors; the reviewers cannot write a cohesive review of a woman doctor's autobiography because they are living in a climate of conflict about the fitness of women to be doctors at all.

Autobiographies of Men Doctors

In order to illustrate how Hunt and Blackwell wrote their lives differently than male doctors of this time, we must first quickly examine the ways the latter wrote. Male doctors of this time were writing in many of the same genres as female doctors, including professional texts such as lectures, letters to journals, case notes, and valedictory addresses.[32] In some cases, they also wrote autobiographies. At least four men doctors published what I am calling standard autobiographies from 1855 to 1905, although there may be more that have not yet come to light. Charles Caldwell, Samuel Gross, J. Marion Sims and Benjamin Rush all wrote their lives for public consumption in this period. Some were published posthumously, and these begin with editors' prefaces that describe their level of involvement in the texts; most claim that the editors changed little about the writing and that the writers meant for the work to be read by the public.

As for the autobiographies themselves, all four are generally linear and cohesive consisting of reflective prose. Unlike Blackwell, none consistently insert other genres and, unlike Hunt, they rarely speak directly to their readers as they focus on themselves and their memories. They generally begin with childhood and family connections but quickly move past these relational identity builders to discuss their personal development. While men physicians often mention wives or children as part of their story, they rarely focus on the

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[32] Morantz-Sanchez discusses male doctors' writings. Most texts on the history of medicine discuss men. Few scholars discuss male doctors' writings, including their autobiographies, in detail.

personal aspects of their lives. For instance, Gross spends about half a page on his marriage and while he speaks with fervor saying, "We were greatly in love with each other, and as we could not brook separation any longer we con-summated an engagement which had existed upwards of a year," he spends most of the half page discussing their financial troubles (48). He spends seven pages near the end discussing the death of his wife, extolling her virtues, and proudly discussing their eight children, but his wife is unnamed and this is the first mention of the children. Unlike the women's texts I examine throughout this project, these men's writings illustrate Thomas Larson's claim that "rendering the public life means leaving the private life either underdeveloped or ignored" (19).

They do not dwell on their personal lives, nor do they give much personal information about their patients. Overall, these physicians give very little space to patients in these works. Rarely is the reader able to hear much more personal information than their occupation unless the patient was well-known at the time. In this case, the reader may hear about their public lives. However, they almost never reveal personal information about the people they treated. Caldwell, for instance, barely mentions patients at all (only eighteen times in over five hundred pages), and Gross mostly discusses the patients of others. These male physicians, while demonstrating the need for others in their lives, focus mainly on how they acted or reacted to the patients and their ailments. When Caldwell discusses his post as a medical assistant, he describes the poor conditions of the hospital and the patients. However, he does not give any details of the patients or their illnesses, focusing instead on their effect on him:

> not only did I sleep in the same rooms with my patients, but also at times on the same bed … when exhausted by fatigue and want of rest, I … slept an hour or two, on

awaking, I found him a corpse. At other times … I have received from a patient, on some part of my apparel, a portion of the matter of "black vomit." (181)

We do not hear who the patients are or feel his concern for them in this moment; we only get his feelings about his situation. This focus on scientific details and his own feelings at the expense of patients' voices or even mediated speech occurs throughout the male autobiographies.

Men physicians also describe their paths into the profession quite differently than women. While the majority of women doctors describe a moment in their lives in which they decided to be a doctor because someone close to them was ill or denied treatment and they could not do anything but go on to make sure that didn't happen again, these men do not describe anything similar. Gross says that if he "was not born a doctor, [he] was determined from [his] earliest boyhood to study medicine" by way of explanation (26). The other three men all have variations on the fact that they did not want to go into law or the church so medicine was the choice left to them. Only Rush describes any pushback on his decision as his friends thought he should be a lawyer and one "reminded [him] of the credit [he] had acquired at the College as a public speaker" (18-19). Other than this there is no mention of them being discouraged from the profession. They do not write as if they are justifying their decision and in most cases the choice comes from within themselves not from outside forces or circumstances. This aligns with the traditionally male ideal of self-sufficiency instead of relational identity and demonstrates that men could simply make the choice while women often did not think of health care as an option until something dramatic happened to them. Overall, men doctors focus their stories on the professional "I," turning away from or

brushing over their personal relationships and their patients and looking carefully at their own feelings and actions as they tell their life stories.

One Life: The Public and the Private

Unlike these male physicians, Hunt's medical practice, and her autobiography, display the merging of the personal with the professional. Broughton argues, "Autobiography, in its modern, introspective form at least, situates itself at the very juncture of the public world of announcement and the private world of self-analysis and meditation" ("Women's Autobiography" 77). This is true of both men's and women's autobiographies, but Broughton goes on to demonstrate that the "public/private distinction … has determined the shape of much thinking about women for at least two centuries" ("Women's Autobiography" 77). Our assumptions of what makes up women's lives and, therefore, our expectations of what we will see in their autobiographical writings have been built around ideas of separate spheres. I would argue that the divide between public life and private is surely seen in the autobiographies discussed above as much as in writings by women which focus on their private lives or make use of genres deemed more private, including diaries and letters. However, in the case of Hunt, the liminality of this transitional time allows her to "experiment with the familiar elements of normative social life, reconfiguring them in novel ways" (Alexander 18). Unlike Jelinek's study of women's writings in which she found "them omitting their work life, referring obliquely to their careers, or camouflaging them behind the personal aspects of their lives," Hunt speaks consistently and directly about her public work (8). However, she does not slip into traditionally masculine ways of ignoring or distancing herself from her private life. Instead, readers can see in both her medical practice and in her autobiography a merging of both the private and public parts of her life.

Holistic Medical Practices

The liminal space in which Hunt practiced medicine and wrote her life story allowed her to illustrate her personal relationship with her patients even as she described her professional work in treating them. The way Hunt discusses her patients demonstrates her ideas about the intimate relationship between the health and private life of her patients, and by extension between her own private and public life. Unlike the male physicians I discussed previously, Hunt consistently represents a close relationship with her patients. As I noted earlier, Morantz-Sanchez discovered through a study of patient records that male and female physicians did not use drastically different methods of treating patients. What the "records did reveal were" that "women physicians had more contact with their charges, they exhibited a greater concern for patients' moral and emotional well-being" and they were "slower to respond to the emerging 'modern' professional ethos which discarded traditional holistic methods of care in favor of more technocratic approaches" (Morantz-Sanchez 6). Hunt illustrates these differences as she represents her consultations with her patients. She worked as a physician for over twenty years so it is unlikely that she did not use curative treatments and perform at least minor surgeries, but in her text we get only hints of this work. "I prescribed for her" is a common refrain, but past that the reader sees little evidence of the treatments she gives (Hunt 394).[33] This omission could be seen as a nod to conservative values, similar to the arguments Baym and Wittenberg make, in that she is obscuring more traditionally masculine medical practices and demonstrating feminine advice giving. However, I argue the audience finds here not a cession to the normative role expected of her but a carefully constructed point at which Hunt demonstrates her major form of medical

[33] There are around 8 variations of this phrase used in the text.

philosophy. Hunt believed that a physician must see the whole patient in order to diagnose and treat illness. Hunt's idea of how a physician should relate to patients is encapsulated when she says: "It is a great thing to understand a diagnosis; it implies that the patient is somewhat comprehended- physically, spiritually, morally, religiously" (175). In Hunt's view, the doctor must have a full picture of the patient's life and history as well as their physical ailments if they are to form a proper diagnoses and treatment.

In order to illustrate this whole person care, Hunt eschews listing a myriad of details about the treatments she used to cure her patients' physical maladies, in favor of what she terms heart histories. As I discussed in the introduction, heart histories were a genre that revealed a short, personal, and often sad story of a person other than the author which originated outside of the health field but came to be a facet of what we now think of as the patient history. In her text, Hunt employs narratives of this type when discussing her patients, and while other women in health fields wrote in this genre of the "woman physician's intervention into her patient's personal life," Hunt is the only woman analyzed in this project who employs the term heart histories (Wells 13). The conventional linear progress of her life story is often interrupted by her insertion of this genre which re-centers the narrative's focus onto the patient. Readers feel a connection with the patient as they move through these pieces and draw closer to Hunt's medical ideology with each instance of the genre within a genre. Her position within the liminal space of transition in health fields allowed her to employ this term before any standardization in patient histories was established. These short descriptions may sound more like records of counseling sessions than doctor's notes to present-day readers. Hunt details issues of sleep-deprivation, nervousness caused by lack of fresh air, and other diagnoses that required a listening ear and prescriptions of advice. Hunt notes that she

advised patients to change clothing types, to get more fresh air, to teach their children about hygiene etc. In one instance she "prescribed bathing, a course of diet, a course of reading for one week, with a record faithfully kept" and says she received wonderful results (Hunt 401). Along with these notes, Hunt includes the voices and personal information of patients. While Hunt rarely goes so far as to reveal the names of her patients, the reader is consistently privy to details about the larger person before Hunt explains the treatment she suggests. In another case, she records the patient actually saying that she wants advice from Hunt "not as a physician, but as a woman" (372). The patient, a widow who had been swindled out of her money by a man who promised to invest it in business for her, bemoans her lack of education in business matters and needs advice on whether to open a boarding house to support her children. Hunt first details the sad tale and then notes that she affected to "console and strengthen her" by advising that "her physical strength was quite unequal to the task" of running a boarding house but that she could return to her parents, easing the burden on herself and them (374).

Here, Hunt employs both medical and personal knowledge in order to assist her patient, and it is clear in the text that the two are inextricable. She could not have properly guided the patient without full knowledge of the situation, including her physical state as well as her personal familial history. It follows from Morantz-Sanchez's conclusions that, while the heart histories may seem to toe the gender line and make Hunt's work more acceptable to the public by leaving out details of diagnoses and medications, they also serve to demonstrate her life and ideals as a homeopathic woman physician. While our current medical practices may consider ideas about holistic medicine less scientific, in the mid-nineteenth century there was no one way to treat patients. Instead, these differences came

from the sect the doctor belonged to as well as their gendered experience. The way Hunt discusses her patients is not different from the way men do solely because she is trying to be feminine or conforming to dominant ideologies as some have suggested; instead, her beliefs about medical practice and her training led to her use of heart histories here.

Holistic Self-Representation

As we have seen, Hunt's medical beliefs, affected in large part by her orientation within a shifting cultural landscape, are demonstrated in the ways she discusses her patients in *Glances and Glimpses*. I argue that these ideas do not end with her patient interactions but carry over to her autobiography at large. Although she does conform to the generally chronological organization of standard autobiographies, Hunt's life is not split between the domestic and the public as can be seen in male doctors' autobiographies of the time, nor is it "less public in its concerns" as some women's autobiographies of this time are (Broughton, "Women's Autobiography" 77). Instead, she ties together personal and the professional throughout the narrative. Chronology requires that the first part of her narrative focus on her parents and sister, the next her life as teacher and doctor, and the last her life in woman's reform movements. However, she also links these pieces of herself together. Her sister's illness is what led to her doctoring and her experience with patients is what encouraged her that reform was necessary. In titling her autobiography *Glances and Glimpses; or 50 Years Social, Including 20 Years Professional Life*, Hunt claims that the text is her social/private life with a bit of the professional thrown in. Estelle Jelinek has noted that women reformers later in the century who wrote autobiographies employed "various means of putting their careers in the background" including titles and introductions which set up a focus on the personal (*Tradition* 98). However, as sometimes seen in those texts published forty years

later, Hunt consistently uses her private life as a springboard from which to discuss her professional life and her public works to strengthen her personal ideals and relationships. These links demonstrate her belief in a holistic view of life stories. The text begins with dedications "to [her] only sister" and to Sarah M. Grimke both of whom she has personal relationships with but who also helped her to discover and sustain her professional career. A metaphor of marriage and offspring, on which I will elaborate later, begins in the preface which sets out her intentions for the work. Hunt starts the autobiography proper with her parents' lives, marriage, and love for their children and segues into her own golden childhood and early education. As Larson notes, the autobiographer thinks of "life as a series of causative events: childhood begets adolescence, adolescence begets youth, and so on. The author thus organizes the work in strict chronology, usually dabbing in enough of the parents' past to bring about his birth" (18). However, while this is generally true of Hunt, she only makes it to page twenty before she begins giving advice to parents, taken no doubt from problems she saw during her years of medical practice. Hunt begins chapter three by recounting the joy she found in dance as a child and the happiness of that time, but before she has written a whole page, she inserts a case from her practice that demonstrates the importance of exercise for children. This happens on repeat. A chapter which begins as her own going out into the world becomes a treatise on how to train women for life and not marriage and then comes back to her first school; a long description of the hardship and sadness of her father's death leads to the unfairness of Massachusetts law "with regard to women's property" (Hunt 72). Hunt cannot tell one part of her life without detailing the other; they are as inseparable for her as they are for her patients. As she moves chronologically through her life, Hunt often digresses to give short speeches, to women on

their health, to society on education for girls and women, to fathers on their duty, etc. Toward the end of the work, Hunt focuses more and more on her professional self. She describes her lecture tours, work with reform groups, struggles to get accepted to medical school, and her medical practice. She concludes the autobiography by summing up her life in list form, suggesting that she has discussed more personal moments than professional: her childhood, teaching, the death of her father, her sister's illness, starting a medical practice with her sister, her sister's marriage, and her mother's death. But, despite the summary's focus on the personal, Hunt has given more details about her professional life than her personal one; however, the two are clearly intertwined in her identity formation.

This connection between the two facets of her life was solidified when she took the opportunity of her twenty-fifth year of medical practice to tie the knot between them. She had written four years earlier in her autobiography that she "had been in love with [her] profession" and that the feeling only deepened over time; now, she was taking the twenty-fifth anniversary of her practice to officially celebrate this love (Hunt 165). On June 27th, 1860, Hunt was the bride in a wedding ceremony that was covered in more than four columns in the Boston *Liberator's* broadside newspaper ("Silver Wedding" 112). The ceremony, performed in front of a large crowd, consisted of a procession, the giving of rings, multiple readings, poems, a benediction, flowers and even cake. The only set piece missing from this image of the traditional wedding was the groom; for on "this day the 25th anniversary of the union of Miss HARRIOT K. HUNT and HARRIOT K. HUNT, M.D" was celebrated ("Silver Wedding" 112). This was no ordinary celebration but a recognition of Hunt's dedication to her career in the form of a wedding ceremony. The event was "called the Silver Wedding of Miss Harriot K. Hunt and Harriot K. Hunt, M.D." suggesting, as

Carolyn Skinner has noted, "that Miss Hunt, the woman, and Dr. Hunt, the physician, were like two different people united in marriage" (7).[34]

The newspaper articles—it was also covered in the *Chicago Press and Tribune*—detail the two-day ceremony with nothing but the highest praise for Hunt and the festivities, describing the guests as "the many personal friends of the bride, and the more numerous friends and admirers of the worthy Doctor of Medicine and of Grace" ("Silver Wedding" 112). Many colleagues were in attendance, and those who could not be there, including Lucretia Mott and Dr. Elizabeth Blackwell, sent letters demonstrating the support system that female doctors created for themselves during this period. Lucretia Mott points out that this ceremony is an "interesting celebration of a union so rare for woman," and Blackwell sends her "hearty sympathy and good wishes" to a "respected fellow-laborer in the field of Medicine" ("Silver Wedding" 112). While the reader does not hear Hunt's voice in the newspaper article, her hand can be felt everywhere in the ceremony from the poems that were read to the guests she invited.

While Hunt put on this event four years after the publication of her autobiography to mark her professional anniversary, she was also upholding the domestic tropes she worked within that text. Hunt employs a metaphor of marriage and offspring in the preface of her autobiography and uses this traditional state to smooth over the anomaly that was her life in the middle of the nineteenth century. Hunt explains in her text that "the home and professional life will be married, and from this union, it is to be hoped, will arise an offspring healthy and useful" (IX). Skinner argues that within the context of the criticism many female

[34] To begin her book, Skinner discusses the *Chicago Press* and *Tribune* version of this story and discusses how the domestic nature of this wedding smoothed over her anomalous life, but she does not look at the more detailed *Liberator* version nor does she link the story to her autobiography.

physicians received for being too masculine "Hunt's anniversary celebration might be viewed as a rhetorical act intended to 'domesticate' her professional career, just as many other nineteenth-century women activists had domesticated their public roles" (8). Hunt's "anniversary celebration framed her own career in conventional terms, making her devotion to her career comprehensible to others by likening it to the devotion of a wife who has been married for twenty-five years," says Skinner (7). However, I argue, despite this nod to the lifestyle she was expected to follow, Hunt twists the ideal of marriage in fascinating ways. First, in the quote above she is not talking about a marriage to a man who would allow her to mother and raise children. Instead, she is using the traditional state of motherhood as a metaphor for her own creation of the mind. She discusses both home and professional lives in her text; for this work to be born she needed both of those aspects of her life. However, she never married a man, and while her home life with her parents and sister was clearly formative, her professional life (including her medical practice, teaching, traveling, and speaking) was the driving purpose for her autobiography. As in her autobiography, the wedding celebration is a moment in which she performs both traditional and radical ideals simultaneously. In holding a wedding celebration, she conforms to the idea that marriage is the proper way to bind two people together. However, she concurrently defies all notions of conservativism by marrying, not a man, but her professional self. Hunt both reifies and undermines marriage in a single act. This act is a continuation of the personal/professional links in her text as well as a demonstration of the ways Hunt employs normative ideals to support her non-normative lifestyle.

Relational Identity Construction

Although that marriage ceremony did not lead to the traditional state it represents, Hunt never positions the lack of marital connections as a weakness. Instead, she forwards her professional and personal connections with other women as strength. Relational identity construction is generally thought of in terms of "personal relationships as daughter, sister, loved one, wife, and mother" (Cott 165). Most male doctor autobiographers do not focus on these connections after the first few chapters of their life stories, and while Hunt binds her early identity to her parents and sister, she does not have a mate or children through which to build her identity in later life. As Carol Holly notes "culture's expectation that women define themselves in relation to others" carries a "painfully exploitative dimension" which can divorce women from the ability to craft an individual subjectivity for themselves (218).[35] In the texts discussed in this project, the authors often construct their identity through relations—patients, female friends, reform movements—however, they forward these connections as assets. Hunt employs relational identity construction outside of the domestic sphere thereby intertwining the personal and the professional once more. Hunt relied on other women for support, boosts to her career, places to stay, introductions, and intellectual stimulation. In using these connections to forward her career, Hunt is able to craft her own subjectivity even while she models female relationships.

The personal and professional overlapping relationships between female doctors and reformers demonstrate a circle of support within like-minded female communities during the mid- to late-nineteenth century. In her autobiography, Hunt demonstrates that it is her relationships with other women that have shaped her. The arc of the life she writes here

[35] Holly discusses "affiliation" and its construction in literary women's autobiographies later in the century.

displays this. It is her sister who becomes ill and leads her to Lucretia Mott, and it is Mott who allows her to see a path into medicine and who helps to train her for it. Once she begins practicing medicine, Hunt sees women who are ill because of their ignorance and because of unhealthy social norms, and it is these women who push her to speak out on education for girls, dress reform, and hygiene and exercise practices. In 1838, Hunt took rooms at the house of Mary Gove Nichols a “day or two every month” when she visited patients in the country town of Lynn (Hunt 139). Later in life they disagreed on many things both medical and social; however, Hunt praises her skills as a lecturer and says that it was Gove Nichols’s “deep interest in anatomy and physiology” that drew her in. Hunt would also become close with Dr. Zackrzweska after the latter left New York for Boston. In the Shaker community she visited after the death of her mother, Hunt found many kindred spirits whom she kept in contact with for most of her life. She went for rest, but Hunt assisted the “sister who officiated as nurse and doctor . . . and was so happy to find [herself] useful” (Hunt 228). She took heart histories throughout her visit, and she details meeting woman after exemplary woman. Of these women she states: “Here were three women united by great principles; my intercourse with them awakened a desire for further development, more womanhood, more recognition of the responsibilities of life, a deeper determination to investigate the condition of our sex” (Hunt 237). They encouraged her to push forward and helped her to handle the loss of her mother. Clearly, without these women Hunt would not have become the person, healer, and educator that she did. In regards to her reform activism, 1850 was a turning point for Hunt. In this year she spent time at the home of the Grimke sisters who “paved the way for woman as public speaker” and to whom “every lover of freedom owes much” (Hunt 248). The stay was “productive of much thought” for Hunt and it put her “very near them in

connection with reform" (Hunt 248). These relationships, along with her profession which put her "in contact with various minds" gave her a window to the troubles in the country and led to speaking roles at multiple Women's Rights conventions (Hunt 249). Hunt does list men who are in sympathy with the women's movement and men whom she admires. However, Hunt often dealt with men who found her profession unsuitable, at best, for a woman, and these encounters made her relationships with other women that much more important.

Navigating these complicated circumstances within a time of shifting social and cultural ideas about who could professionally practice medicine and whose life mattered enough to be written opened up a liminal space for Hunt in which she gained the power to construct, for public consumption, her life in a way that was new. She wrote her standard autobiography in a way that was not like the models of male lives she may have read. Her life was not lived as theirs were and so she created a model for herself, following her beliefs about healing the whole person, in which her personal and professional life were intertwined and in which she demonstrated her belief in the worthiness of her story by writing and publishing it.

The Transition Begins to Resolve

As the century went on, medical professionalism became the norm; while it would not fully solidify until the early twentieth century, rules and restrictions began to tighten at the end of the nineteenth century. Analyzing Dr. Elizabeth Blackwell's *Pioneer Work in Opening the Medical Profession to Women* (1895) in light of her temporal relationship to Hunt illuminates the importance of the shifting cultural moment of the nineteenth century. Shaped as Blackwell's life was by her training and experiences, her autobiography, while new in

form in some ways, also hearkens to the tradition of autobiography written by male physicians. While she lived a portion of her life in the same liminal space that allowed Hunt to craft her narrative, the cultural shifts in ideas about women doctors by the time her autobiography was published affected the way she told her story. The transitional period that opened this space had not ended by 1895 though, and Blackwell's text is written to best illustrate her own life, not Hunt's and not male doctors'. Although her autobiography carries hallmarks seen in the writings of men in her field, Blackwell's text also contains content and form that deviate from any script and demonstrates her own power within the liminality of the end of this period of transition.

The content of Blackwell's autobiography focuses, even more than Hunt's, on her professional life from the title page and throughout the text. Readers learn that she was born in Britain in 1821, and moved, with her family, to America when she was nine. Less than ten pages in she begins discussing the fact that after the death of her father in 1838, the three oldest sisters, Elizabeth included, worked as teachers to pay the bills. While her personal life can often be seen because of the genres she employs, which I will discuss later, Blackwell moves, as do the men doctors, quickly past her childhood and into her working adult life. Her medical life began when a female friend of hers suggested she study medicine. Blackwell initially balked at the suggestion; however, the idea slowly grew on her and the advice she received that, while a great idea, it was impossible to achieve made her take it up as a "great moral struggle" (23). She began to save money for her medical education and to study under any physician who would train her. Beginning in 1844, Blackwell spent three years applying to medical schools before being accepted to Geneva Medical College in 1847. In her autobiography she relates the difficulties she had in deciding to go to medical school and in

being denied many times before she was admitted to Geneva. Once she attained entrance to Geneva, she faced the men of the college who, she reports, acted as "true Christian gentlemen" toward her throughout her schooling (59). The people in town, however, were not so welcoming. As she walked to and from school "the ladies stopped to stare … as at a curious animal"; she felt "the unfriendliness of the people … [she] never walked abroad, but hasten[ed] daily to [her] college as to a sure refuge" (56). She had very little socialization during this period because the townspeople were wary of her reputation and, although Blackwell was treated well by the male students, she could never really be one of them and received only "curious glimpses into the escapades of student life" (60). Despite this isolation, she graduated at the head of her class in 1849 and set sail for Europe as opportunities for further study for women in America were still limited. Blackwell spent time in London and in a maternity ward in France before returning to New York in 1851. There, she set up multiple infirmaries and hospitals for women and children, encouraged her sister to study medicine, and adopted a child. Although many expected she would treat only women and children, her practice expanded, and she was relied on as a regular family physician. She visited England a few more times during her career to do medical and social work before settling there for good in 1869. In England, she ran a private practice and gave lectures at the London School of Medicine for Women. Dr. Elizabeth Blackwell passed away in May of 1910.

As she began her career, the view of women professionals in the public and in the media, on both sides of the ocean, was mixed at best; however, by the time her book was published in 1895 it was praised by those in line with Blackwell's ideals and lifestyle and, it would seem, ignored by those in disagreement. This shift illustrates, in part, a "new social

status and identity" for women doctors at the end of the century (Alexander 17). Blackwell's *Pioneer Work* demonstrates her position as a professionally trained medical doctor and as a woman working in a field that rarely opened easily for her. The text, both in content and in form, simultaneously conforms to traditional male autobiographical tropes with her treatment of patients and organization of information and illustrates her place as a gendered figure within her field through her use of relational identity construction and inclusion of letters and diary entries.

Cultural Moment Revealed: Reviews and Reactions to Blackwell and *Pioneer Works*

A review of the periodicals of the time, both professional and general-audience, reveals the cultural moments in which Blackwell lived her life and published her autobiography. Her life as a professionally-trained woman doctor garnered a surprisingly high percentage of support in America but fairly negative sentiments in England. Long before her autobiography was published, periodicals discussed Blackwell as the first woman to be educated at a previously all-male medical school. The *London Journal of Medicine* takes her admission to medical school as one of the many reasons "the medical profession [in America] was in a chaotic state" in 1852 ("State of Medical Science" 27). An opinion piece in the London *Critic* strongly disapproves of her "unwomanly" lifestyle and admonishes those who were kind to her on her visit to London (Celsus 45). On a slightly more positive note *The Saturday Review* says, in 1859, that "there is no good reason why the experiment of women regularly educating themselves for the medical profession should not be fairly tried in England" but also that there is greater need for "lady-doctors in America than in England" and that the public should watch out for "sham science" and learn from Blackwell's "follies and extravagances" ("Lady-Doctors" 650). However, not every news source in London was

against women physicians, and both *Sharpe's London Magazine* and *Chamber's Journal*, written for general audiences, praise Blackwell for her leadership and self-denial and note that she is a model example of a woman and doctor. In America, the few articles written soon after her graduation bemoan the likelihood that other women will follow in her footsteps; these express sentiments such as "we have no doubt that Miss Blackwell was richly entitled to her diploma" but what now is to keep others "from unsexing themselves" ("Part Fifth" 371). They are fine with one instance of a woman being professionally trained in medicine but are concerned with the precedent, which is the reason Blackwell wrote this autobiography at all. The majority of articles which discuss her in America, however, are neutral or praise her tenacity and intelligence. So, in the 1850s we can see, as we did with Hunt, inconsistencies which demonstrate the social and medical discussion being had about women as doctors.

In the 1890s when *Pioneer Work* was published, there are many notices and advertisements; however, there are far fewer reviews on either side of the Atlantic than I was expecting given the fascination the public seemed to have with Blackwell when she first graduated from Geneva Medical College. While the book was announced from Chicago to Florida to Boston to England, I have found only a handful of reviews of any length. This suggests that by 1895 Blackwell had become less of an oddity; her autobiography was still one of only a few written by medical women, but women in health fields were no longer shocking. The tone of the reviews reveals this shift. Two, repeated in multiple papers, simply state a few facts about her life; the first after noting that the story is "well told" and the second with no value judgments at all ("Miscellaneous" 4).[36] *The Atlanta Constitution* is one

[36] For an example of the second see "PERSONALS."

of three periodicals which published more than a paragraph on the subject. It does not give a judgment on the text itself; however, the tone of the piece is clearly in favor of Dr. Blackwell's work. *The Saturday Review*, which had mixed feelings about Hunt's text and as mentioned earlier was harsh on Blackwell's lectures in 1859, does not give much detail but does praise the "eminently readable" "extracts from diaries and contemporary letters" as the "most interesting portion of the book" (695). These portions are, as I discuss later, the most traditionally feminine genres included here, but even to a current reader this review holds water. It is clear in her diary entries that she struggled to attain her goals, but in the reflective pieces she realizes how important her work was for women doctors and the tone reflects this. One review, in *The Medical and Surgical Reporter,* is very flattering, but the most intriguing piece of this review is what it is has to say not about *Pioneer Work* but about women in medicine generally. It points out that women in 1897 who are benefiting from Blackwell's breakthroughs can "scarcely realize a condition of affairs like that described in this little volume" and ends by noting that although the "narrative of opposition has not yet become a matter of ancient history," and there is still much to be done for female physicians, "it is interesting to trace the steps by which progress has been made from those early days to the present" ("Review 1" 220). According to this periodical, then, the shift in tone between the articles addressing Blackwell's lifestyle in the 1850s and those discussing her autobiography in the 1890s can be accounted for by the changing cultural landscape surrounding ideas about women as doctors. Clearly, the cultural moment in which Blackwell began her career and the one in which she published her autobiography held different views of women doctors. This shift, and the corresponding movement out of the liminal space, can be seen in the way Blackwell represents her relationship with patients and in how she represents herself.

Public versus Private

While Hunt's position allows for constant integration of the public and the private, Blackwell's text demonstrates more clearly the "juncture of the public world of announcement and the private world of self-analysis and meditation" (Broughton 77). In Blackwell's text we can see her struggles to portray her life as a woman trained in a field dominated by men. She certainly does not shy away from discussing her public and professional life as most of the text is spent on these topics, and many of her medical practices align with those seen in the autobiographies of men doctors. However, she also includes her own journal entries and her reflections on them. The inclusion of these genres which were usually "circulated within a vibrant private circuit of exchange among sisters and friends, rather than the marketplace" into her published work illustrates Blackwell's attempt to portray her gendered position even as she focuses on representing her professional life (*Before They Could Vote* 9). As I have demonstrated above, the "cultures of subjectivity available to" Blackwell and "the discourses of identity circulating around her" were different from those of Hunt (*Before They Could Vote* 5). My analysis of Blackwell's text illustrates the effect these shifts had on Blackwell's representation of her medical practices and of herself.

Medical Practices

Like Hunt's, Blackwell's ideas about patients can be seen in her autobiography but her relationship with her patients is described very differently. As I discussed earlier in this chapter, male physicians give very little space to their patients in their autobiographies. Blackwell fits much more closely with this model of portraying patient interactions. Trained as she was in allopathic medicine, in which students rarely saw actual patients during their

schooling, she often focuses on her reactions and her colleagues rather than her patients. She consistently speaks of her patients in vague terms, telling the reader what she did to treat them instead of giving information about the patient. We hear that she has "been handling leeches for the first time (disgusting little things)" and a few weeks later that she spends the day in the delivery room and was disgusted by the treatment of a woman giving birth for the first time (or more specifically the interference of the midwife) although she does not give details (Blackwell 105). Blackwell describes her morning rounds; she inquires "carefully their condition, wash[es] them, and see[s] that the beds have been properly arranged" and when the Matron comes around gives "a short report of the patients in her care" (106). The reader does not hear the patients or see a picture of their lives as in Hunt's text; instead, they see the actions Blackwell took in caring for the patients just as in the texts by Caldwell and Gross.

Most of her text discusses patients as cases to be solved. Blackwell does not use the term heart histories, nor does she portray any. This is not to say that she never practiced medicine by taking heart histories from her patients, only that she does not describe those interactions in her autobiography. However, there are a few moments where Blackwell portrays a holistic idea of how to relate to patients as she alludes to a closer relationship with them as people instead of problems to solve. Her first "complete patient gave [her] a little prie-dieu which she had made" and Blackwell kept it in her Bible (Blackwell 117). Perhaps because this was the first patient that was under mainly her care, Blackwell feels close enough to her to keep her gift. Later in the text she says:

> The family of Mr. Stacey B. Collins, a highly respected member of the Society of Friends, will always be affectionately remembered. They first engaged me as the

family physician. The granddaughter, now Dr. Mary B. Hussey, was my ‘first baby’; and a warm friendship continues in to the third generation. (Blackwell 157)

So, although she mainly describes patients at a distance, focusing on her own actions and not on their lives or issues outside of the medical field, descriptions like this one point to a more personal connection with families under her care. Blackwell demonstrates her medical training and her gendered approach here and illuminates a gap between the two in her case. The space between her sometimes traditionally female interaction with patients and her allopathic training in the mid-century can be seen in the text. She keeps most of the descriptions clinical and removed, a clear link to the autobiographies of men doctors written before hers, but she also includes these more personal moments, which are rarely seen in the men's texts.[37]

Self-Representation

In keeping with her training alongside male physicians, Blackwell’s autobiography fits the traditionally defined male model much more closely than Hunt’s. Her work was first published in 1895 giving her the benefit of Hunt’s text as well as multiple works by male doctors to emulate; however, she created a work different from both. Blackwell claims to divide her text more clearly between private and public—or at least the table of contents claims this by labeling the first chapter “Early Years” and then focusing on either “study” or “work” in every other chapter. She titled the text *Pioneer Work in Opening the Medical Profession to Women* and in doing so makes it clear that she will be focusing on her public life. Despite the focus on professionalism, Blackwell does intertwine the personal and professional to some extent. As with Hunt, this is a sign of her situation at the end of the

[37] "traditionally female interaction" as documented by Morantz-Sanchez.

liminal period as training for doctors became more regulated and as women doctors became more prevalent. Blackwell begins *Pioneer Work* with "Early Years" but soon begins to describe how she and her sisters taught school to earn money before shifting to medical practice and her work with moral causes. Each chapter, after the first, speaks to both personal and professional life, although chapter titles such as "Earning Money for Medical Study," "Study in America," and "Practical Work in America" suggest a professional focus. Unlike the male texts I have seen, which use reflective prose almost exclusively, Blackwell employs excerpts from her correspondence and journal as well as reflective pieces, integrating these into the body of her text with only minimum explanation of their origin. These genres, as discussed in the introduction, were often linked to femininity and "such genres were understood as properly feminine forms of the autobiographical for literate women" in the nineteenth century (*Before They Could Vote* 9). We are constantly reminded of her familial connections by the letters she includes, especially those to her mother throughout most of the text. As one might expect, Blackwell often moves from social to professional news and back within the letters. For example, in a letter to her sister Blackwell describes a meeting with Florence Nightingale. She first describes her old friend's health, moves to a discussion of their nursing plan, and ends with her fear for Nightingale's well-being (218). Her personal and professional connections are intertwined and her letters to this sister, Emily (also a medical doctor), give her the ability to address both sides of her life simultaneously. Not only did Blackwell make decisions about which letters she put on display and how she would comment on each part of her past she also takes on the task of editor by choosing when to reflect on or clarify the letters and diary entries and when to allow them to stand for themselves. She still struggles to portray the life of a professional woman and her toggling

between genres illustrates this. Despite the intervening years and progress between her text and Hunt's, Blackwell is also having to create her own form of autobiography, because, while letters and diary may be longstanding traditional forms of women's writing, the act of curating, editing, and commenting on them oneself was not.

Relational Identity Construction

Like Hunt, Blackwell employs relational identity construction through her parents and siblings but later in life spends more time building her identity through non-biological relationships, especially female friends and colleagues. In Blackwell's case, the form of her text serves in this capacity as well as the content. Early on, providing letters written to her family, especially her sisters and mother, allows her to construct her identity through traditional bonds. However, as her career progressed, Blackwell begins employing letters written to professional contacts. These recipients, including Dr. Emily Blackwell, begin to outline her work as a woman linked to other women on a professional level. Lady Bryon becomes a frequent contact, and their correspondence "extended over some years … for the scientific tastes of this admirable woman, as well as her large benevolence, led her to take a steady interest in the study of medicine by women" (Blackwell 154). Blackwell discusses in detail her interaction with the Countess de Noailles about starting a sanatorium in the English countryside and notes her friendship with Florence Nightingale. Blackwell represents these relationships as a "positive strength" which Patricia Waugh sees as a possible outcome of relational identity construction for women (Cosslett et al 6).

While Blackwell had many more male advisors and role models then Hunt, given her instruction by all male professors at Geneva and connections with male physicians in Europe, she developed "lifelong friendships" with "ladies filled with a noble enthusiasm for the

responsible and practical work of women in the various duties of life" who "warmly sympathized in [her] medical effort" (142). After her first stint in Europe, Blackwell credits the women who attended her lectures with giving her the "first start in practical medicine" owing to their social and professional connections and their "warm and permanent interest" (157). It was the wife of a doctor who encouraged Blackwell to publish the well received *The Laws of Life in reference to the Physical Education of Girls* in 1852. In 1854 she "found a student in whom [she could] tale a great deal of interest—Marie Zakrzeskwa, a German about twenty-six" who was sent to Blackwell after Zakrezeskwa's advisor died. "There is true stuff in her, and I shall do my best to bring it out" Blackwell wrote to her sister, "She must obtain a medical degree" (163). And, with the help of the Blackwells, she did. In 1856, Dr. Emily Blackwell returned from her training to become a "partner and able co-worker" and Dr. Zakrzeskwa joined them "and became for some years … [their] active and valued assistant in the New York work" (Blackwell 168). In this text women are the ones who reappear, making things happen for Blackwell with funds or housing or connections, pulling her up when she is afraid the struggle is too much. Both Blackwell and Hunt were initiated into the community of women physicians in the mid to late nineteenth century, and both attribute these relationships with furthering their career and supporting them through the obstacles of living an unorthodox life. And, because women were important in their lives, they are important in their autobiographies. While they could have written about themselves and left these relationships out, they did not. As professional women they demonstrate the ways their connections to other women allowed them to grow in their own subjectivity and "subvert patriarchal prescriptions by presenting a distinct sense of female priority" (Holly 226). Including the ways that other women helped them to build their identity is true to the

lives Hunt and Blackwell lived and potentially an intentional way to appreciate the support and acknowledge these systems to the larger public.

Despite the appearance of these systems of support in Blackwell's text, she does seem to struggle to portray the relationship between herself and her adopted daughter. It is possible that, in the tradition of male autobiographies, Blackwell felt it unnecessary to relate personal relationships after her career had taken off. Unlike Hunt, whose take on marriage and motherhood and how they played out in her own life is clear (albeit non-normative) in her text, Blackwell speaks only briefly about her reluctance to tie herself in marriage and spends just a page on her motherhood. I argue that this is a sign of Blackwell's construction of her text in a more traditionally masculine way because of her medical background, her historical time, and her training alongside men. In her text, Blackwell mentions her adopted orphan child, Kitty, in a section titled "Social Trials." She says that "the utter loneliness of life became intolerable" and so she adopted Kitty; this turned out to be a boon for Blackwell as Kitty gave her "hope and strength for the future" (160).[38] Kitty was a "restorative support" to Blackwell and gave her someone to test out her *Laws of Life* theories on (160).

While the act of mothering is normative, the adoption of a child as a single woman at this time is not. And, neither is Blackwell's representation of her motherhood in this text. Tess Cosslett notes that many modern writers feel uncomfortable speaking for their daughters because they "represent unknown potential, the unshaped future—it would be intrusive and limiting to try to write her thoughts, to inhabit her consciousness" (141). Perhaps this was the case for Blackwell, but whatever the reason she does not attempt to represent the thoughts or words of her child here. Not only is Kitty barely present in the editorial commentary but

[38] Kitty is the only name given her in the text. Her full name was Katherine Barry.

Blackwell never mentions her in the letters placed in the autobiography either, despite the fact that Blackwell brought Kitty into her home fairly early on in her professional life, and Kitty moved from place to place along with her. The most information about the child actually comes from the supplementary chapter to the autobiography written by Robert Cochrane after 1914. According to his information, Kitty was the one who originally pressed Blackwell to write this text and was dedicated to Blackwell throughout her life. While adopting a child may be a sign of motherly ambition, Kitty is not portrayed as Blackwell's purpose in life.

Blackwell was not alone in this. Although some women included their motherhood as an important piece of their autobiographies, others like Stanton did so, as Jelinek argues, to "soften [their] political message" (9). Blackwell, though, does not use Kitty to make her message easier to swallow. She does not work in her text to forward the child as an important player in her life after Kitty pulls her from her moment of despair in 1854. In her moment of loneliness, she became a mother, but no matter how she actually felt toward or treated Kitty, Blackwell does not allow herself as "mother" to take up any real space in the story of her life. Like the life stories of men doctors, this text often brushes over the personal and focuses on the professional actions of the author instead.

Many Ways to Write a Life

Blackwell, then, wrote an autobiography that demonstrated her position between woman and professionally trained doctor just as Hunt wrote one that illustrated her position of writing a life that had not been written before. In 1856, the *Saturday Review* looked to *Glances and Glimpses* for a reason women should be physicians and found that "women did actually take advantage of a woman's offer to give them medical advice; and therefore we

hesitate to say that her [Hunt's] life has been a mistake" (1). However, this "hesitation" did not stop the reviewer from noting the "one great evil likely to arise from the institution of female physicians as a regular branch of the profession—it might soon be thought indelicate for a women [sic] to consult a man, and thus a ridiculous and dangerous prudery would be fostered" ("Female Physicians" 2). At best, the writer was unsure of the usefulness of women physicians and at worst he thought that a large number of them in the profession might cause women to stop confiding in men. Forty years later, in 1896, the *People's Health Journal of Chicago* called *Pioneer Work* "a monument to this brave, deserving woman," Blackwell, and noted "women physicians are so numerous today that we are not likely to recall the fact that there was a time when a woman physician was an object of curiosity bordering on a monstrosity" ("Books" 4). These periodicals are evidence of the shifting ideals I have described in this chapter. While Hunt wrote in a period of liminality in which old ideas were being called into question and new social structures had not yet solidified, Blackwell's text was written as the new role and identity of the woman physician was becoming a more acceptable part of the medical field. The differences in their cultural moments shaped the ways the two women represented themselves as women and as physicians.

Blackwell and Hunt were by no means the only women in health fields at this time. However, most did not write their life stories for publication and standard autobiographies were even less common—even after Hunt published hers. Studying *Glances and Glimpses* and *Pioneer Work*, as I have done here, allows us a framework for reading the other texts analyzed in this project. Examining these two texts side by side illuminates the ways in which the self-representation of these women changed in lieu of their moment in time and their medical training. Without the other, each text would seem to be the only way women

doctors wrote their lives in standard autobiographies in the nineteenth century. Having established how the quickly changing medical, social, and cultural moment affected the ways Blackwell and Hunt chose to represent themselves in these standard autobiographies, I can now illustrate the ways other women in health fields gained agency for themselves and fought for other women through other forms of autobiographical literature. Mary Gove Nichols, a hydropathic healer and reformist, wrote her life story in a very different way than Hunt and Blackwell. She used her autobiographical novel to demonstrate and gain agency over her life story, to push for marriage reform, and to write a life for a new kind of woman; it is to this text that I turn in the next chapter.

Chapter Two

Agency and Reform in Mary Gove Nichols's

Mary Lyndon; or Revelations of a Life: An Autobiography

In chapter one I argued that Hunt and Blackwell gained the agency to write their lives because of the liminal moment in which they practiced medicine. Here, I argue that a contemporary of theirs, Mary Sargeant Gove Nichols, found her agency through her medical beliefs and employed that power to advocate for health and marriage reforms with her autobiographical novel. Gove Nichols, a mid-nineteenth century water-cure advocate and reformer, was praised by Harriot Hunt for her skill as a lecturer. The two were friends when Gove Nichols began lecturing in 1838, and although they later disagreed on both medical and social issues, Hunt says that it was Gove Nichols's "deep interest in anatomy and physiology" that drew them together and they both took holistic views of their patients' health (9). Gove Nichols was at the forefront of a range of health reforms and was one of the first women to give anatomy lectures on tour. Her early lectures dealt mainly with women's health, anatomy and physiology, and with the triple evils of corsets, lack of fresh air, and allopathic medicines. These topics would be discussed by health reformers for decades to come and, although her subject matter was reformist, it was not especially radical. Her ideas about marriage, however, were extremely radical—she considered marriage without love an abomination and advocated for a woman's right to refuse sex with her husband. While these ideas about marriage were important to her autobiographical novel, *Mary Lyndon; or Revelations of a Life: An Autobiography* (1855), and were discussed by a few contemporary critics, her more lasting contribution is in her work with hydropathy and health reform. Unlike chapters one and three, this chapter does not compare two works because as far as I

know there are no other texts like this from this time; instead, it looks at one text with two different lenses—fiction and autobiography. With her portrayal of a woman hydropath in *Mary Lyndon*, written as an autobiography of the fictional Lyndon which intersects Gove Nichols's own autobiographical experiences, Gove Nichols presents one of the earliest portraits of a woman healthcare professional in fiction while probing relationships between personal life and professionalism: marriage, motherhood, and health—all recurrent concerns examined in my dissertation. In composing *Mary Lyndon*, Gove Nichols was at the forefront of writing fiction about professional women in the health field. In the latter half of the century, authors from Sarah Orne Jewett and Henry James to Frances Harper and Elizabeth Stuart Phelps would create female characters who practiced medicine professionally. However, Gove Nichols wrote *Mary Lyndon* nearly thirty years before the earliest of these, creating a character who uses a variety of genres to describe her life and health practices in ways similar to the women in chapters one and three of my project. Gove Nichols both envisioned and wrote toward a new kind of life for woman, in which her husband was not her master, she made her own educated decisions about her body, she could sustain herself with her work, she was capable of creating and implementing health reforms, and she stood up for the education and health of other women.

I begin my discussion with a history of hydropathy to illustrate how Gove Nichols impacted that movement and, by extension, our current ideas about health and wellness. I then move to a reading of *Mary Lyndon* as a novel, albeit autobiographical in form, to argue that the protagonist must discover her own autonomy and make use of her own agency before she is able to help other women do the same through lectures, practice, and the novel itself. Finally, I take another look at *Mary Lyndon*, as the autobiographical novel it is, arguing that

while Gove Nichols took pains to tell her story in a way that would convince readers of the merits of marriage reform, she also struggled to tell a medical professional's radical life story.

Born in New Hampshire in 1810, Mary Sargeant Neal was an extremely curious child; she taught herself to write at age six despite her father's objections. After her years of dedicated schooling ended when she was twelve, Mary had to cobble together lessons from physicians in town, ministers, neighbors, and book borrowing (with and without permission). At eighteen, Neal converted to Quakerism and in 1831 she married Hiram Gove who was recommended by her friends, and who, at first, seemed to favor her medical studies but later opposed her in everything. She suffered through multiple miscarriages and a stillbirth after she had a daughter early in this marriage. Mary started lecturing, but soon Hiram—dogmatic, jealous, and controlling—began objecting to her work despite it being their only income. She took her daughter and moved to New York where she supported them with her writing and teaching. She became a hydropathic practitioner and in 1848, finally divorced from Gove, she married another hydropathic physician, Thomas Low Nichols. Their companionship marriage was also a partnership in which they practiced and published about hydropathy in New York.

The hydropathic movement, in which water was used in a variety of ways to cure and prevent illnesses, was relatively short lived but had a major impact on the way Americans cared for themselves. Hydropathy eventually led to larger concerns, which we still discuss today, about living a healthy lifestyle and preventing disease by keeping the whole body healthy. Gove Nichols was an integral contributor to the hydropathic movement in America; she founded the first school of hydropathy in New York City and ran a water-cure institute

along with her second husband. Gove Nichols linked health reforms with women's rights issues in her lectures, in her life, and in her autobiographical writings—including through her protagonist in *Mary Lyndon*. She describes her poor health being exacerbated by her marital relations, especially when they led to miscarriages, and rails against a system in which married women had no right to their body or to their children. She consistently addressed issues that directly affected women's health and those that created social mores which stripped women of their rights and their ability to make and keep themselves well. She was ahead of her time with her focus on the idea that women were not naturally weak or sickly but rather that social structures positioned them so that they were unable to be healthy. I argue that in examining her work we can see connections between social structures, power, and wellness that are still present today.

These ideas can especially be seen in Gove Nichols's *Mary Lyndon,* which is formatted as an autobiography with Mary Lyndon as its stated author. Gove Nichols created Lyndon and then wrote her own fictionalized autobiography through the voice of Lyndon. *Mary Lyndon*'s specific blend of fiction and autobiography was the means Gove Nichols employed to achieve her reform goals. The novel, with a few key differences, follows Gove Nichols's life quite closely, but was not determined to be definitively written by Gove Nichols until about a year after its publication. Mary Lyndon begins her autobiography with a childhood that quickly turns lonely. She does not get along with her mother, her father only wants her to be useful to him, her older sister dies, and her brother leaves for college. Her loneliness aggravates her general ill health, and she is seen by a variety of doctors. At eighteen, having converted to Quakerism, Mary is pressured into marrying Albert Hervey, a much older Quaker, whom she never loves. The birth of her daughter Eva is her only

consolation as Hervey is jealous and dogmatic and keeps the money Mary makes. After eight years of marriage, Mary asks for a separation, but he refuses and threatens to take Eva. Mary's father protects them, but when he dies Hervey kidnaps Eva. Mary tries legal action to no avail, and then her friends help her steal Eva back. The two move to New York City and Mary struggles to provide for them until she begins selling stories to *Harpers* and *Godey's Lady's Book*. She has been imbibing ideas from reformers in Boston and Baltimore, and when a friend sets her up at the head of his boardinghouse, Lyndon runs it on principles of pure diet, the water-cure, and exercise. She runs classes, writes, and gives lectures on women's health. She meets Mr. Vincent, and they fall in love. Thankfully, Hervey has found a new spouse and files for divorce. Vincent and Lyndon are soon married, but Lyndon is clear that she will keep her name and independence. The two have another child at the end of the story and, with Eva, are a happy family. Throughout her autobiography, Lyndon links women's rights and education to their health and wellness. Not only does her story argue that for women to be healthy and happy they must be educated and allowed to have control over their bodies and lives but it also serves as a way for Lyndon to take control of her past and story.

Liminality, Agency, and Purpose in the Writing of *Mary Lyndon*

Since the late 1980s there have been fewer than ten pieces of scholarship focused on *Mary Lyndon,* and these texts have often covered overlapping themes that leave a space I work to fill. Some of the pieces are strictly biography of Mary Gove Nichols.[39] Those which

[39] Silver-Isenstadt wrote a biography of Gove Nichols. Cohen's stated project in "The 'Anti-Marriage Theory' of Thomas and Mary Gove Nichols: A Radical Critique of Monogamy in the 1850s" is to take "the biographical approach in order to answer the question of how an antebellum woman could arrive at these radical ideas, and proclaim them, at the considerable risk of becoming a martyr" (2). She concludes that Gove Nichols's real life is what led her to her ideals.

are not make claims about the ways in which the cultural moment affected her ideas and intersect with this novel.[40] Critics have discussed why she wrote this novel and what pieces of her real life she left out but have not looked closely at why she would have written a fictionalized autobiography instead of signing her name to her own story. They have rarely discussed Mary Lyndon as a fictional protagonist or delved into the ways that Gove Nichols used her to do what she could not; instead, they often elide the identities of two women assuming because of the autobiographical nature of the text that Lyndon is simply a stand-in for Gove Nichols. Scholars have discussed how the events of Gove Nichols's early life led to the views she espouses in the novel and how her training in water-cure practices led to the content/style of the text. What they have not discussed is how writing this text created a liminal space of agency and informed Nichols's identity. They have pointed out genres she was influenced by, but they have not addressed how the genres she used tell us something about her struggle to write a radical, professional, woman's life in fictional form. The authors I discuss in this project often work within multiple genres. It seems clear that in trying to craft written representations of lives which had not been lived before, let alone published for public consumption, these women often found that no traditional genre allowed for them to properly construct their lives. While scholars to this point have argued that *Mary Lyndon* is

[40] In the early 1990s Susan Danielson argues that the "structure and themes of *Mary Lyndon* emphasize the parallels between writing and the water-cure in a woman's quest for physical, emotional, and spiritual health" (247). She makes a compelling argument that the actual structure of the novel follows the healing process wherein part one includes Lyndon diagnosing the problems of women, part two sees the prescription in ideologies counter to the traditional, and part three demonstrates Lyndon adjusting to and flourishing in her new (healthy) role as single physician and writer. Nearly ten years later, Dawn Keetley argued that the discourse of reform gave Nichols a language with which she could speak against the dominant model of embodied womanhood. Unlike Danielson, however, Keetley discusses the conception of the female body by regular physicians versus that of health reformers and makes clear Gove Nichols's connection between marriage and women's health issues.

an autobiography, a conversion narrative, and a reform novel, none of them have noted that the text actually contains pieces of all these genres and each was necessary for Gove Nichols to represent her new type of life.[41] Reading Gove Nichols's text with an eye toward her use of multiple genres gives us another example of the ways in which women in health professions wrote their life stories. Examining this text in particular is important for the larger field as it helps us to understand how issues of agency and power relations between genders differed at this time amongst the medical sects.

In this chapter, I argue Gove Nichols created a protagonist who claims agency over her life and positions herself as the everywoman who advocates for the rights of others even while she defends her own. The writing of this novel opens a liminal space in which Gove Nichols can construct a version of selfhood that is crafted for a singular purpose—marriage reform. Gove Nichols lived, worked, and wrote within the same transitional period as Hunt; however, for Gove Nichols it is both her medical practices and the writing itself that creates space for her to gain and demonstrate agency. Gove Nichols's medical practices allowed this as, more than allopathy or homeopathy, hydropathy encouraged women to be practitioners and to claim knowledge and power over their own bodies and wellness. The action of writing itself makes the liminal space in which she has the power to claim agency over her story. As Alexander states, "liminality is crucial to assigning or innovating new social status and identity" and it is in the writing of this novel that Gove Nichols claims agency by deliberately using the events of her life, as constructed by her, to make her argument about marriage reform (17). The woman who exists after the writing of her life story is not the same as the one who was before because as, Eakin argues, writing your life story is "an intricate process

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[41] See P. Cohen, Martell, and Myerson.

of self-discovery and self-creation" through which the author "invent[s] the self in language" (*Fictions* 3, 276). And in the liminal moment of writing itself Gove Nichols's social identity is in flux. The act of culling her life, of deciding what is included and what is left out, requires agency. In writing her life she is claiming that it is worthy of being told. The liminal state allows her to write a life that is new in ways that had not yet been tried. The genres Gove Nichols employs allow her to tell her story of radical reform, hydropathy, and devotion to women's health. The agency she gains through the writing of this text and through her medical practice gives her the ability to advocate for women's health and marriage rights. I look closely at the text to show that both women claim agency in their lives; Lyndon's agency can be seen in the text while Gove Nichols's agency comes both from writing the story and, because of the genre, from the agency she attributes to Lyndon. I also demonstrate the ways in which this novel intertwines Gove Nichols's beliefs about marriage reform with the development of her ideas about health reform and her professional life through the story of Mary Lyndon.

History and Description of Hydropathy (AKA the Water-Cure)

Water-cure treatments began in Austria decades before the movement made its way to America and the Nichols.[42] In the first decades of the nineteenth century, farm boy Vincent Priessnitz learned of the curative powers of water through childhood self-treatments and then by experimenting on farm animals and family members. By 1829, when Priessnitz was thirty, he had created a system of treatment with water which he called hydropathy. He established a hydropathic institution in his hometown, and over the next ten years it became celebrated in

[42] The major works documenting the history of hydropathy I draw on in this section are Whorton and Cayleff.

the Western world as the home of the cold-water-cure. In this establishment the hundreds that came each year were treated for everything from gout to consumption with wet-sheets; the patient was wrapped in a soaked sheet and then in blankets and left to perspire for thirty to sixty minutes. They were then plunged fully into a cold-water bath and encouraged to walk and drink as much water as their "strength would allow" (Whorton 80). Patients also took douche baths, which was an outdoor shower of mountain water from a large pipe that poured down from several feet above the patient's head. Every patient was also required to take sitz baths–the patient sat in a washtub with their feet out—and foot baths. Specific places of injury or pain were given cold water treatment, including massages while wrapped in wet sheets.[43] Priessnitz, having no medical training, made claims about cold water relieving inflammation and stimulating and toning body systems; however, he relied mainly on the idea that if errant matter made a person ill then dissolving that matter with water could heal them.[44]

By 1842 hydropathy had spread across Europe and become established in England, where the likes of Charles Dickens, Thomas Carlisle, and Charles Darwin all partook of these cures. America's first hydropathic institution opened in 1843 and another came the next year, both in New York City. Over the next half century more than two hundred water-cures were opened across the country and many well-known people, including Harriet Beecher Stowe, took these treatments (Cayleff). Most of these centers were situated in rural areas and were equipped for patients to be in residence for the term of their treatment. The cost usually ranged from five to fifteen dollars a week and so only the middle and upper classes could

[43] For more in-depth discussion of the wide variety of treatments used by hydropathic physicians see Cayleff, Whorton, Weiss, Donegan, and Nichols's *Women's Work*.
[44] For the complete story of Priessnitz's history and medical ideas see Bynum and Porter's "Unorthodox Medical Theories."

afford to stay for any length of time; although charity cases were sometimes accepted. Unlike in Europe, American hydropaths were innovators who quickly branched out into a wider range of water applications, including introducing the wave bath and varying the temperature from cold to warm depending on the age and condition of the patient. Because many of the hydropaths in America were converts from allopathic medicine (which used treatments such as bleeding, purging, and harsh chemicals), they often had medical training and used this to theorize why the water-cure worked. Impurities could invade the body from without, they claimed, as well as be created by processes within the body. Water treatments dissolved and eradicated these impurities while stimulating the nerves and drawing blood to places where there was a shortage and therefore a disability. At American water-cure establishments the treatments began to be tailored specifically for the ailment and condition of the patient. More and more, these treatments were encouraged even for those who could not afford to stay in an establishment.[45] These treatments gained a following in part because of the opposition to the harsh remedies of the allopaths and the often-unpleasant side effects of those cures. The focus on preventative care gave patients the feeling of more control over their health and, as we are now aware, bathing, exercise, and drinking more water are all beneficial to one's health. The change in diet helped with diseases of the stomach, loose clothing allowed for more exercise, massages would have sped muscle healing, and keeping clean and hydrated would have reduced patients' risk of being infected with a variety of diseases and ailments.

Mary Gove's work in sanitary education for the public began in 1838 with an invitation to give a course of lectures on anatomy and physiology to the Boston Ladies' Physiological Society; this led to other lecture series around Boston. As with most lecturers

[45] In "Democratic Medicine" Breslaw discusses the obstacles to hydropathic treatments experienced by the lower classes, especially in the cities.

at the time, Gove was self-taught, with some encouragement from physicians she interacted with over the years. Some newspapers railed against her teaching, but many physicians of her acquaintance gave her glowing letters of introduction to the locations where she proposed lecture series. During this time, she became a vegetarian and became familiar with a variety of the health reforms of the day, including those of Swedenborg, Vincent Priessnitz, and Sylvester Graham. In the 1840s, after Gove left her first husband, she began to expand on her personal experience with hydropathy; as it became more and more popular in America she enhanced her knowledge and skill with hands-on training and informal education. She began treating patients at the end of that decade, and in 1850 she wrote *Experience in Water-Cure*, in which "she described the use and application of water in various ailments" (Cayleff 36). This text, demonstrative of many manuals at the time, gave both general advice to those who wanted to use hydropathy in their homes and personal accounts of specific cases that the author had cured with hydropathic methods. She and Thomas Nichols also wrote for the *Water-Cure Journal*, the most popular of its kind which ran from 1844 to 1913, and they founded the New York City Water-Cure College in 1851. Many women who wanted to work in health fields at this time chose hydropathy, Susan Cayleff argues, because of "bad experiences as patients, a reformist nature … and the positive gender consciousness" of the movement (69). Gove Nichols had negative experiences with allopathic cures herself, and she also saw both of her siblings die of consumption despite harsh treatments. The philosophy of hydropathy would have been especially appealing to Gove Nichols because "the tenents of hydropathy offered the opportunity to redefine [women's] physiological processes, control [women's] medical care, and, ultimately, expand [women's] social roles and opportunities" (Cayleff 16). Because the sect regarded menstruation, gestation, and

parturition as natural processes at a time when allopathic doctors were marking these functions as a "series of repeated medical crises," women treated by them were not regarded as naturally weak or sickly (Cayleff 53). The emphasis on prevention and self-care allowed women to take their health into their own hands and empowered them with the ability to keep themselves well. And, many of the practitioners of hydropathy believed that women were necessary as physicians. Gove Nichols states that this is because of the "prevalence of those diseases peculiar to women," the modesty of women patients, and the fact that "woman has great quickness in understanding principles" (Nichols, *Woman's Work* 8, 7). Thomas Nichols agreed and claimed that no institution was complete without a woman physician; this attitude across the field gave women the opportunity to become leaders in the hydropathic community.[46]

Many hydropaths, including Gove Nichols, were also influenced by an earlier health movement introduced by Sylvester Graham. He began in the 1830s as an anti-alcohol advocate and soon realized that drinking alcohol was as bad for the health as for the soul. He then expanded these thoughts to other habits that were harmful to body and soul because they were too stimulating. He was a proponent of the Laws of Life, an idea that God meant us to be well and we would be if we obeyed the laws, and kept good hygiene by the nineteenth-century definition. At this time hygiene meant the habits of life from food and exercise to dress and sleep; the modern definition of hygiene was not adopted until after germ theory had taken hold in the 1890s. In Grahamism, the list of stimulants was long and detailed; not only were alcohol and tobacco off limits but all beverages except for water, spices, white flour, medicines, sex (even within marriage should be strictly regulated), and animal products.

[46] For more on how women were involved in the hydropathic movement see Cayleff, Breslaw "Democratic Medicine," and Donegan.

While this strict regimen never gained large numbers of converts, it did contain much practical good as it decried "gluttony, slothfulness, neglect of bathing, and women's wearing of tight-laced corsets" (Whorton 89). Although originally Grahamism claimed not to need any therapeutics, it was a good fit for hydropathists and as hydropathy became popular in America the two merged.[47] Eventually, diet and exercise became more important than the water treatments and hydropathy shifted to hygeiotherapy—holistic medicine before the word holistic existed.

As the century progressed, animosity between allopaths and hydropaths grew; journals and cartoons were used on both sides to demonize (in the latter case) and ridicule (in the former) their opponents. Toward the end of the century, however, hygeiotherapy and other reform sects became less popular for a variety of reasons. Patients preferred their doctor make them well rather than counsel them on how to do it themselves, and the Civil War had made the optimism of reformers seem out of place. However, it was not simply a decline in the popularity of these cures that led to our current medical climate. The very real threat of the reform sects to the pockets and egos of allopathic practitioners led to a moderation of their most intense treatments and to adoption of some reform ideas—exercise and no corsets for example. These changes, along with the eventual strides towards practices with better outcomes and less pain as anesthetic was invented, germ theory was accepted, and technologies such as x-ray became more common, served to culminate in today's medical practices.[48]

[47] Bynum and Porter also discuss the reciprocal relationship between Grahamism and hydropathy in "Unorthodox Medical Theories."
[48] Whorton, Shprintzen, and Jonas all discuss the ways in which hydropathy was influenced by earlier movements and how it led to more recent health practices.

However, before these shifts, at the height of the hydropathic movement, Mary Gove Nichols published her autobiographical novel, *Mary Lyndon*, the self-portrait of a woman hydropath. As I discussed above, this novel is one of the earliest depictions in fiction of a woman health practitioner. Gove Nichols wrote this text nearly twenty years after she first got involved in the hydropathic movement and after she had published two texts describing her work in the field; it came out just after the peak of hydropathy's popularity in the United States. Her strong negative opinions about allopathic medicine and her faith in hydropathy are made clear throughout the story as her protagonist struggles with medical issues and multiple doctors. Near the end of the book the reader encounters a clear layout of a hydropath's beliefs as Lyndon strongly advocates for the use of the water-cure in a wide variety of situations and praises a healthy lifestyle including vegetarianism and drinking only water. Her belief in hydropathy makes sense not only because she saw it help many patients but also because the practice allowed her, and other women, to take charge of their wellness. Practitioners like Hunt and, as we will see later La Flesche Picotte, encouraged patients to use preventative techniques, but hydropathy was the first system that empowered women specifically. Despite hydropathy's embrace of women within the sect, Gove Nichols faced gendered issues saying, "a woman setting herself up as its [hydropathy's] apostle, and as a physician, seemed [to other physicians] the culmination of assumption and quackery" (Gove Nichols 318). So, although she carried authority amongst her group, agency and authority over her life and story as a professional woman in the mid-nineteenth century could not be taken for granted. In this tale, Gove Nichols uses a variety of strategies to craft a believable autobiography and, I argue, creates a protagonist who claims agency over her life, body, and story over the course of this fictional autobiography.

Constructing a Fictional Autobiography

Mary Lyndon is a fictional tale written from the point of view of its titular character; it is Lyndon's autobiography. However, Mary Gove Nichols drew on the outline of her own life story as she constructed Mary Lyndon's autobiography. Through the autobiographical structure of this novel, Gove Nichols creates a character who traverses a difficult road from sickly child to healthy adult with the help of hydropathy and from abused wife to equal partner with a belief in her own strength, rights, and autonomy. In order to compose a fictional autobiography that convincingly mimics a non-fiction text, Gove Nichols creates a character who, like the women in chapters one and three of my project, uses a variety of genres to describe her life and the health practices in which she was involved. Lyndon takes from her doctor's notes about her, includes excerpts from letters and poems she has written, and sometimes digresses into short speeches of advice or warning to the audience.

The strategy of combining genres within a fictionalized autobiography is a way to incorporate Lyndon's multitude of roles and interests into her story and to make her a well-rounded, sympathetic, everywoman character. The roles of patient, wife, writer, and lecturer are all demonstrated here through the addition of these genres outside of the main prose of the story line. For example, Lyndon demonstrates her Christian identity through verses from Scripture throughout the text; the verses show a conservative public that she is educated in religion and that, while she may not be making decisions that her readers would make, she has made them with the help of God and Scripture. She also includes a genre of writing which would have resounded with nineteenth century readers: letters. Her attachment to her letters—she is devastated when her husband, Hervey, burns them out of jealousy—and her inclusion of some in the text would have resonated with readers who communicated with

loved ones through letter writing. Both of these genres would also have linked her to traditional womanhood at this time.

Lyndon's identity as sympathetic patient is most compelling in excerpts from her doctor's notes, recorded during an illness just before she leaves Hervey. Lyndon includes them after stating that they demonstrate what was happening in a moment when she was in and out of consciousness and could not recall the events clearly. These notes also document the reaction of an outsider to Hervey's actions toward her and therefore serve to win the audience's sympathy. When Dr. Hall notes that "horror seemed to freeze her every sense when she saw" her husband and states that Hervey "could not possess her love. There was nothing in him that she could respect," the reader sees an outside perspective on the horrors of the marriage which aligns with the picture they have seen from Lyndon (Gove Nichols 142, 143).

Lastly there are digressions from the story line made to give advice to the reader. This genre functions to put the reader in mind of the teacher and lecturer role Lyndon holds through a large portion of her life. These digressions, which read like very short lectures, are sometimes addressed to parents or readers and focus on topics from the effect of examples on children, the problem of leaving women in ignorance, slavery and marriage, and a variety of health topics. She rails against a multitude of mid-nineteenth-century issues including lack of schoolhouse ventilation, corsets and other fashion risks, allopathic medicine especially bloodletting, and marriage. Most of the novel lays out the negative effects of these but gives few suggestions for improvement. As Mary Lyndon learns more about health reforms, however, she begins to give more advice to the reader. Digressions like these can also be seen in the later works of Harriot Hunt, Elizabeth Blackwell, and Susie King Taylor which I

discuss in chapters one and three and serve, in Lyndon's case, to show her development as a health professional. This development is the second way in which Gove Nichols crafts a convincing fictional autobiography. Lyndon is able to claim agency by creating a professional and autonomous identity for herself over the course of the novel, an identity that rests upon her ability to make choices about her own life and to help other women do the same.

Telling the Story and Claiming Agency

Mary Lyndon begins her autobiography questioning truth and wondering whether she can write this life and how she will do it. "Who dares to tell the truth?" Mary queries the reader, "What Life was ever written? Am I brave enough to write mine? Questions these of weightiest import. Some of them I may yet answer worthfully. Surely I think I may, else I would not make the endeavor" (Gove Nichols 5-6). Ideas about truth in autobiography have been taken up by many scholars in the last twenty-five years.[49] For this text, I believe John Barbour's argument that "truthfulness must be distinguished from truth" is especially pertinent (26). He claims that while "the autobiographer may err" she may still "demonstrate truthfulness, which is an active search for the most exact and insightful understanding of past experience" (26). This search is what distinguishes the truthful autobiographer. Macaela Maftei takes up Barbour's argument and succinctly summarizes the "important distinction" between truthfulness and truth (22). To her "truthfulness describes an action or kind of behaviour, whereas truth is a state of affairs (of course, an unstable and not universally acknowledged state of affairs)" (Maftei 22). So, it is not any strict adherence to the idea of Truth which makes an autobiographer truthful; it is instead the very act of searching for and

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[49] See Yagoda, Eakin, *Living Autobiographically* and *Fictions*, McGill, and Saunders.

shaping past experiences which lends truthfulness to the text. Barbour also argues that "truth telling in autobiography is not only a matter of honesty in communication with others, for it concerns also honesty with oneself" (19). This act of truthfulness is important to the reader but is also necessary for the author; in order to take control of her life Lyndon must place her life before the public and tell a truthful story despite her unpopular decisions. And, in taking up the project she has already decided that she "dares to tell the truth." As she continues, Lyndon says that she is trying to reveal her life and not cover it. She reports that she "had no spiritual relationship" to her mother and that while she could "disguise the fact, and speak of [her] mother's many merits" she is "not about to write a book to conceal, but to reveal" her life (Gove Nichols 19-20). Her autobiography will be about "personal truths" and the ways her experiences have shaped her truth and life as a woman (*Women in Anthropology* 20). Later she again points out: "That I record all these unpleasant particulars may seem matter of marvel to some; but I have set myself to write the revelations of my life truly, believing that all things have a meaning and a use, from childhood to age" (Gove Nichols 69). This stated truthfulness is perhaps a way to present her veracity to the reader early on. If she would not hide negative aspects of her early life, then she is more likely to be telling the truth about her later life. A push for truth-telling also aligns Lyndon early on with a resistance to the era's expectations for women to be meek, restrained, and deferent to men and those with more age and authority. Lyndon will not leave out the bad about her mother here, and she will not disguise the terror that her husband was later. She refuses to hide or cover their flaws or to defer to the authority of men or doctors simply because she is expected to. Instead, she tells "the truths of [her] lived experience"; from the beginning, she sets out instead to embrace telling a truthful story because, even though she understands her decisions may be unpopular,

she must reveal her life if she is to accomplish her goals and gain power over her own story (Personal Narratives Group 46).

While she reveals her life from early on, Lyndon does not claim agency over it until she decides to leave Hervey. The beginning of her life as a lecturer and her first espousal of beliefs about the rights of women occur at the same moment at the Lyceum after she has moved away from Hervey and back to her parents' home.[50] She notes that it is the Quaker influence that allows women to speak at the Lyceum but reminds the reader that this is only the "semblance of more liberty to the sex … for no true freedom can be assured to women in any sect that makes marriage indissoluble" (Gove Nichols 163). For Lyndon, these lectures mark her transition from victim to agent. Once out from under her husband she demonstrates strength and resolve in the retrieval of her daughter, her success in New York, and her life as physician, reformer, and teacher. She has some help from friends, but in many ways, Lyndon lives up to the normatively male ideal of using your own wits and labor to get ahead. She teaches and writes to make a life for herself and Eva and eventually makes a home for them as well as for other writers and artists. Lyndon must first make the decision to leave Hervey before she is able to detail other acts of agency. The second part of the novel demonstrates that Lyndon is capable of supporting herself and of being a professional physician and writer; however, she must first escape from the burden of her marriage if she is to live up to her God-given potential. This situation makes a strong case for Lyndon's—and Gove Nichols's—marriage reform ideas.

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[50] The Lyceum in the novel is described as a social event with refreshments and speeches by a handful of people in the group, both men and women but mostly the former.

Her potential is quashed by Hervey during their marriage, but long before that Lyndon wanted to be an author. The writing of her life story is another step—along with the stories she published—toward that dream. Early in the novel, Lyndon states,

> The highest ambition of my heart and soul, and my deepest aspiration; was to write a book. I thought of it, dreamed of it, and lived, moved, and had my being, in this idea, long enough before I could write my name … I should have seemed to myself to be clad in tasteful and beautiful garments, instead of the ill-shaped hangings of ugliness with which my worthy but utilitarian mother saw fit to invest me, if I could have seen, by an eye of faith or prophecy, in the far future, the books that I have since written. (44)

Being an author was a dream Lyndon held before she moved into health reform and teaching, but the books she refers to in this quote surely include those she wrote on women's health and marriage. If only she could have seen what she would become she could have transformed herself; she would have felt as if she was wearing "beautiful garments" and not "hangings of ugliness" because she would know that she had taken control of her being and had fulfilled her "deepest aspiration" (44). Lyndon claims that writing was her passion, that she "wrote many lectures, medical miscellanies, and records of cases, and occasional tales and poems," and that writing was relaxing and gave her comfort (321). In working to achieve her long-held goal, Lyndon demonstrates her agency. Lyndon continued her "habits of writing tales and poems" once she was married, but this "was looked upon by [her] husband and friends generally with great aversion. Hervey never read any line of [her] writing, printed or manuscript, unless he was deceived with regard to the authorship" (125). His hatred for her writing even extended to her letters which he burns at one point in the tale. Continuing to

write and publish after Hervey tries to keep her from it and her ability to keep the funds she earns from this are further signs of her agency after she gains her freedom. She is a professional writer before she is a professional water-cure expert. Through these texts as well as the act of publishing her life story, Lyndon claims identity as a writer. This identity is augmented and transformed by her growing interest in health, hydropathy, and reform as she begins to write lectures and books on these topics. While many women wrote at this time, gaining agency through the ability to tell their stories and to support themselves and their families, few wrote and lectured in health fields. Lyndon's claim for agency through writing is even stronger as she moves into writing non-fiction, breaking into fields even more dominated by men than fiction writing.

Lyndon, like many other women physicians of the nineteenth century, eventually takes up the medical practice which she has seen work. Throughout this novel, Lyndon describes encounters with doctors that eventually lead to her own beliefs about health and wellness. When very young she saw reliance on current fashion kill her sister, Emma. "Emma was beautiful," and Mary loved her "as one loved a beautiful painting" (Gove Nichols 9). She develops a cold and then, despite her mother's entreaties, she wears a thin corseted gown to a party even though it is snowing, and the next day "reluctantly confessed that she had somehow renewed her cold" (35). The doctor is sent for and he takes some blood and leaves opium and iron powders for Emma. After this description, Lyndon notes that she "wondered very much that the doctor should cut a hole in [her] sister's white arm" and that she wonders "just as much now as [she] did then" (35). Here we can see both a memory of how she felt about allopathic treatments when very young but also the reflection of her older self on that moment. Lyndon's current ideas about these treatments could certainly be

coloring her memory in this case; however, either way it is this event that begins Lyndon's distrust of allopathic medicine and the circumstances of the case serve to lead her toward her eventual path as hydropath and educator.

Despite the rotation of doctors her father brings in, Emma dies. Her brother soon leaves for school, and the family moves to Vermont because her "parents found life too lonely to be supported" (49). Lyndon must leave her friends and the home she has known, and she "pined with homesickness" until she made herself ill. When her mother sends for the doctor the man who arrives, Dr. Perker, is an allopath who speaks in sentences she cannot understand, bleeds her until she has fainted twice, and leaves her with a concoction of bitters and wine to drink. The more he attends her the more incomprehensible he grows and the worse she gets. Mary's father comes in as Perker is saying "the cerulean mass is an incomparable, a veritable nonpareil, for preventing an emphysematous state …" (53). Perker abruptly stops speaking at his entrance knowing that Mr. Lyndon will not be impressed by the technical jargon. The medicine Dr. Perker leaves makes her even more ill and her father decides to covertly send her to a cottage of friends to remove her from the doctor's care. Lyndon relates that as she "emerged from that learned doctor's care" she felt the "first really joyful feeling" since they had moved (53). The jargon the doctor insists on and his lack of compassion for the young girl's homesickness adds to Lyndon's (and demonstrates Gove Nichols's) distaste for allopathic physicians and their methods of treatment as well as resistance to the idea of the all-knowing male doctor. The fact that Lyndon cannot get well until she has been secreted away from his care paints a picture of an overbearing physician who cares more about having a paying patient than in healing.

Lyndon gets well for a few days and then a long running storm confines her to the house. She has been forbidden to read by that same doctor, and she cannot sew for her eyes are weak. The boredom causes more loneliness and weeping, and Mary relapses. However, another doctor had recently moved to the town, and her father brings in Dr. Alden. At first terrified of seeing another doctor, she quickly realizes that this man is different. He draws her out, and she is grateful, saying, "No one had spoken to me before of my lost home, or of those I loved; no one had recognized my disease to be homesickness" (56). He leaves a tiny bit of magnesia for her to take, agrees with her father that a bath will do her good, and prescribes the first hydropathic treatment in the text: her mother is to pour cold water over her and then wrap her in a blanket and put her in a warm bed. Mary gets well and reminisces over the "reverent adoration of her young heart" for the doctor (Gove Nichols 58). She loves him because he does not dismiss her feelings or complaints because she is young and female. He listens and talks with her; he allows her to read and with her mind occupied her homesickness lessens and she gets well. In this moment, Lyndon's doctor is in some ways the image of the healer Gove Nichols was when she was writing this novel, and he serves to contrast with the ineffective allopath. In chapter one, I argued that Hunt and Blackwell's medical practices came in part from their gender but in large part from their training. Here, both doctors are men and the main difference between them is the medicine they practice; that changes the treatments they use and the way they interact with patients. Gove Nichols's construction of these two men demonstrates her understanding of the power disparities at play in these interactions. Lyndon is both young and female, she has little power to control her health or life and has none in an interaction with a male doctor. Dr. Perker treats her accordingly. He is crafted by Gove Nichols as the worst type of allopathic doctor who sets

himself up as the holder of medical knowledge while forbidding her from the activity that would broaden her mind, reading. His maleness makes sense as allopathic physicians were likely to be men at this time, and the way he treats not only the young Mary but also her mother indicates Gove Nichols's negative experiences with male allopathic doctors. Dr. Alden, on the other hand, employs medical practices that were also more likely to be used by women, in large part because those sects were more open to them.[51] He allows Lyndon the space to speak about her experiences and, thereby, gives her power over her own story. In Alden, Gove Nichols created a character of the ultimate hydropath, thoughtful and kind with an egalitarian sense of the relationship between doctor and patient, even if that patient is a young girl.

Mary's admiration for the doctor does not lessen, but she soon meets an educated woman who is a positive influence except that she is "radically and remedilessly fashionable" (59). Lyndon follows her example to wear "thin shoes and thin dress in the winter, made to expose maternal mysteries, and corsets close as the crushing thumb-screws of the Inquisition" (59). She blames ignorance of her body and its functions for nearly killing her. Lyndon notes that while she knew that she was making herself "very uncomfortable" she had no idea she was "impairing [her] health and shortening [her] life" (62). If only she had been "taught the mechanism of the body" she would "have trembled, and shrunk in horror from the self- destruction," but in ignorance she "sowed the seeds of premature death in [her] system, and cursed [her] whole life with weakness and melancholy wants" (Gove Nichols 62). In other words, if Lyndon had been taught how her organs worked and the ways her corset hindered their functions and worsened her health, she would have been shocked and

[51] See Morantz-Sanchez and my arguments in chapter 1.

would never have worn it. This lack of education is directly related to Lyndon's later interest in teaching women about their bodies and their health. Women were not taught about their bodies as it was considered an indelicate topic, and as many have argued, doctors who could teach them as adults often had economic incentive to keep them dependent on their local physician. Lyndon realizes from experience that many women become, and remain, sick because they have not been taught how to stay healthy. Her illness began because she did not understand how fashion destroyed her body and, she claims her diet—green tea and heavy foods meant to tempt the appetite of the invalid—contributed greatly to her maladies. Later in her life, once she is educated about staying healthy, Lyndon works hard to help other women get well and to keep others from being in the same powerless situation she was. Being sick does allow her to spend time studying, and Lyndon claims it is her only source of comfort during that period. She uses the knowledge she gained at this time to allow her to begin teaching at the Quaker school after her marriage.

Much later, after the birth of her daughter Eva and the four other miscarriages/stillbirths, Hervey's actions pushes Lyndon into a near catatonic state, punctuated by fits and fevers. The doctor who attends her, Dr. Hall, is a homeopath and has trouble getting her to take even the miniscule doses of medicine he prescribes because she has been turned off medicines so firmly by her previous experiences. He is an advocate for her against Hervey, though, and with his attendance she begins to recover. It takes a trip alone with Eva to see her parents to grant Mary her strength back. This is the second time that talking with a doctor has been the main source of her salvation from illness. Lyndon and this new doctor spend much time together in conversation as she begins to recover, and she learns another tenent of the hydropathic school: conversation as healing tool. When Hervey

leaves Mary and Eva at her parents' home because Mr. Lyndon threatens to collect the debt Hervey owes him if he does not, Mary becomes ill again with a hemorrhage in her lungs. Convinced she will die, Mary only takes hydropathic treatments—she was "bathed and rubbed to equalize the circulation, often drinking cold water"—and she refuses to take the allopathic treatments that the family physician recommends (162). Her new physician prescribes "air, and exercise, and careful diet, and regimen without medicine," her "health became every day better and firmer," and she attributes this both to the treatment and to her current freedom from Hervey (168, 162).

Clearly, Lyndon's frequent bouts of sickness stem from distressing moments in her life. She is often disregarded because she is female. When she is treated as a girl/woman who has something to say about her body and her life she recovers, but when male doctors give prescriptions without consideration or explanation her condition worsens. From a young age, Lyndon distrusts allopathic medicine and through her experiences with it she becomes more opposed to medicine generally. Seeing hydropathic remedies and lifestyle changes work to revive her health cements her trust in these methods. This trust leads her to include these principles in her own life and eventually to her practice of them in the service of others. The reader can see her connection with these ideas throughout the text as she drops the names of health reformers, including Swedenborg, Hahnemann, and more. The physical evidence of the efficacy of hydropathic cures is well documented in this novel. However, Lyndon's health issues are also clearly linked to her agency and the willingness of others to acknowledge her bodily autonomy. As I just noted, she gets well when the doctors listen to her, but even more telling is that her health problems cease to be chronicled when she moves to New York with Eva. I argue that this can be attributed to her growing use of hydropathy

and to her new-found freedom and control over her life and that these are connected because it is the knowledge of hydropathy that allows her control over her health. The more Lyndon pushes against normative roles for women, the healthier she becomes. No longer being controlled by her husband or being spoken down to by allopathic doctors she gains the ability to provide for herself and her daughter and keep them healthy. As an adult, Lyndon knows that understanding her body and having control of her actions gives her the power to be healthy, and as she looks back on her childhood she laments her lack of education and blames it for many of her health problems. This galvanizes Lyndon to become an advocate in the movement, just beginning in the mid-century, to educate women in basic functions of the body and hygiene so that they could keep themselves and their families healthy. Women brought into health reform movements by lectures given by women like Lyndon were an important force in bringing ideas of wellness to the larger population as the century progressed.

Near the end of the novel, Lyndon begins to extend her health practices from teaching to treating patients and her professional vocation becomes clear. Lyndon discusses her medical career in two chapters within a hundred pages of the text's end, "Work" and "My Life as a Physician." In these chapters she highlights the usefulness of the water-cure and strongly advocates for its use in a wide variety of situations. She also touts the larger agenda of a healthy lifestyle including vegetarianism and drinking only water (a simple diet). In "Work" she describes being uplifted by God during her work of "hours of watching by sick beds, or saving the lives of little children for anguished mothers" (315). This is the first moment we see Lyndon describing her work as a duty, one that is linked to religion and her call to help women. However, it is in "My Life as a Physician" where details about her

professional life are given. Lyndon notes that she was self-taught and trained by experience and books. She did not have formal training, which some hydropaths including her second husband did, and this may be why she rarely refers to herself as a physician. She claims that water-cure was a vocation, that she had not contemplated "practice as a physician," and that as she believed in water-cure, it was a duty for her to share it with others (320). Most interestingly Lyndon describes the obstacles she faced in her practice. She relates, "the opposition to water-cure was violent from physicians and others. It was a new thing under the sun, and a woman setting herself up as its apostle, and as a physician, seemed the culmination of assumption and quackery" (318). So not only was she experiencing the opposition that all water-cure adherents received from allopathic physicians, but as a woman her practices were even further disregarded.

In the most direct moment of explanation of what her work as physician looks like, Lyndon adds in the rights of women by describing the obstacles she faced. She explains:

> Though it was my great duty to prove to the world its [sic] want of woman as a physician; to show that her love purified and made wise, and freely given, was to be a sick and sinful world's redemption, and to educate her for the mission and high use of the medical profession technically considered, I had no passion for the practice of the profession. I went trembling to the bed of pain, but I became strong, and fully nerved to relieve or save, when once in the presence of my patient, with liberty to do what I thought best. Naturally shrinking and fearful, with all a woman's prayer for protection from the sterner strength of man, I still dealt firmly with the most deadly diseases. The blue blood of cholera was made rose-color again by my ministration; the delicate lips of dear woman, crusted with the eruption of the terrible small-pox, still pressed

> my cheek from day to day, and I did not revolt from them, but quenched the fever with the blessed water, and watched and waited, and was nurse, and doctor, and lover at the same time. (320-21)

Despite her claims that she "had no passion" for this profession she submits that she was very good at it and that she realized how important it was for her to demonstrate her ability (320). Lyndon claims that, although she was afraid, she was called to show the world that women could be physicians and that they would redeem the world if given the chance. She does not shy away from gendered language or actions, she even prays for the "sterner strength of man," but she is determined to demonstrate her ability as a woman and as a physician (321).

Her determination and purpose allow her to claim agency through her drive to show the world the usefulness of women physicians, to educate women about their bodies and help them take control of their own health, and to write her own story. In this novel, Gove Nichols creates a protagonist whose series of struggles teach her that she is capable and strong, who crafts an autonomous and professional identity as a health practitioner, and who uses hydropathy, education, and her autobiography to give these same strengths to other women. Mary Lyndon is not the only one who went through these struggles, however. Because this novel is heavily based on the real life of Gove Nichols, she too gains agency in the writing of this story. Now that I have read this text as a novel, I will move on to argue that the fictional autobiography of Gove Nichols allows its author a space in which to take power and demonstrate her own life and agency.

Creation and Reception of Mary Lyndon as Autobiographical Novel

Multiple scholars have noted that *Mary Lyndon* came close on the heels of a roman a clef by Charles Webber.[52] Webber's text, published in 1853, was likely written in response to his rejection by Gove Nichols's daughter, Elma, during his stay in their New York home. Webber was an established author of Western novels and his book gained wide notice. In *Yeiger's Cabinet: Spiritual Vampirism: The History of Etherial Softdown and Her Friends of the "New Light,"* the main character, Mary, who seems to have been based on Gove Nichols, "was an oversexed evil vampire character" and the entire household was castigated throughout for their ideas about marriage, diet, and health practices (P. Cohen 15). Because of this damage to her reputation, historian Patricia Cohen argues that Gove Nichols felt the need to take her story back in a "way women did not normally need to do" (15). I would argue, also, that in writing a fictionalized version of her life Gove Nichols took control of her story in a way women were not expected or often allowed to. Gilmore argues that women use "self-representation and its constitutive possibilities for agency and subjectivity to become no longer primarily subject to exchange but subjects who exchange the position of object for the subjectivity to self-representational agency" (12). I claim that Gove Nichols uses her text in this way. In writing this novel, she trades her position as object of Webber's book for the subjectivity and agency gained by portraying her own story. However, if redeeming herself in the public eye was the main reason Gove Nichols wrote the novel, I would have to call the novel a failure as her explanation of her radical ideas in *Mary Lyndon* did nothing to alleviate negative public opinions about her. Webber's text certainly could have been what pushed her

[52] Roman a clef is a genre in which real events/people are related but with fictitious names. In their early form they often had a key which explained the relationship between the fiction and non-fiction and separated them from novels.

to begin writing her story, and it absolutely drove her to place him in her own text as an unstable man who was “the coil of the serpent” around her daughter’s heart and who “threatened [Lyndon] with the vengeance of a maniac fiend” when Eva was removed from his grasp (Gove Nichols 312, 313). However, *Mary Lyndon* clearly has purposes other than getting back at Webber including advocating for marriage reform and allowing Gove Nichols to write a fictional version of own life in a way that supports her choice of lifestyle, one that was inimical to the traditional roles of woman and wife.

Scholarship on *Mary Lyndon* is clear that this work is a “thinly fictionalized autobiography” (P. Cohen 1). The range of texts which fall under the category of autobiographical fiction is large, and conversations about twentieth and twenty-first century works discuss whether we should limit the definition to contain stories with only name changes or whether texts that are autobiographical in a metaphorical sense instead of a literal one also belong in this genre.[53] The term autobiographical novel was fairly new when Gove Nichols wrote this text.[54] However, the genre itself goes back to at least Daniel Defoe.[55] One sub-genre, the roman a clef, Robert McGill describes as “essentially memoirs with only the names changed” (7). Lauren McCoy argues that this genre “tells a ‘true’ story of gossip and social intrigue, disguised by a light patina of fictionality” (128).[56] There were plenty of examples of the roman a clef that Gove Nichols could have been familiar with including *The Sorrows of Young Werther* (1774), *Yeiger's Cabinet* (1853), and *Ruth Hall* (1854). However, while *Mary Lyndon* is technically a roman a clef, it is different from most of the examples in

[53] McGill has an in-depth discussion of the ways various forms of autobiographical fiction fit into that category.
[54] December 1832 in a London magazine is the first use of the term autobiographical novel noted by the OED.
[55] See Latham and McCoy.
[56] For more historical information on the genre of roman a clef, see McCoy and Latham.

the scholarly literature.[57] As a contemporary reviewer stated, "Mary Lyndon claims to be a veritable autobiography. We are to regard it, not as a work of fiction in autobiographic garb, but as the actual narrative of the life of the woman who wrote it" ("A BAD BOOK" 2). So, the text was not presented to the world as the novel that it is; instead, Gove Nichols wanted her readers to believe that this was a real woman's life. Why though, would Gove Nichols have chosen to construct her story in this way?

Written, framed, and published as a true autobiography, critics assessed *Mary Lyndon* differently than a novel—at least until they recognized the true author. Gove Nichols would have known how radical her ideas about marriage were and that it was likely a novel containing these ideas with her name on it would be poorly received. Without corroborating evidence, it is difficult to determine whether she intended, in the creation of the person of Mary Lyndon, to distance herself from the criticism she expected. Either way, the genre served, as Max Saunders argues about current authors, to allow Gove Nichols to present herself "obliquely so as to protect [herself] from charges of egotism, theological depravity, or self-pity" (135). *Mary Lyndon* was charged with theological depravity and Lyndon was criticized for pitying herself, but Gove Nichols was often left out of the derision. It seems as if perhaps the tack of publishing *Mary Lyndon* as a true autobiography, despite the fairly quick revelation of Gove Nichols's identity, worked to her advantage.

The story was first serialized in 1854 under the name of Mary Lyndon in the *Nichols' Journal* and those familiar with the publication would have known that Gove Nichols had written it, as she and her husband were the main contributors to the journal. On August 20,

[57] Jane Eyre (1847) is probably the most famous of a similar type; however, although Bronte used a pseudonym (Currer Bell) and the novel is subtitled "An Autobiography," it does not claim to be non-fiction.

1855 a letter to the editor of the *New York Daily Times* gives Gove Nichols as the suspected author.[58] However, despite this quick reveal of the true authorship of *Mary Lyndon*, and although it was widely read and excoriated by the press for its advocacy of "free-love," the reviews mainly ignore Gove Nichols and instead focus on "the author." While the *New York Daily Times* led the charge against this text, many other newspapers joined in. However, only one review called Gove Nichols out on publishing under a pseudonym, saying that at least others have been brave enough to publish their misdeeds under their own names, but her name is not mentioned anywhere in the text.[59] The others generally take "the author" to task for the radical nature of the views espoused in the tale leaving Gove Nichols out of it entirely. So, Gove Nichols, her ideas about marriage already known, neither salvaged nor destroyed her reputation with the ideas in this text.

However, I argue that there is also a more important reason for this tale to be told as a fictional autobiography. The use of this genre works because Gove Nichols's main point, largely about marriage and the problematic nature of it for women, is not as well served if her whole life story must be told. Saunders points out that when we read an autobiography "by someone whose name doesn't have … historical density" it is easier "to imagine ourselves in the role of the narrator" (175). Mary Lyndon's autobiography works in this way. Using her name, instead of Gove Nichols's own, allowed readers to imagine themselves in Lyndon's place because, despite the text's claims, there was no real Mary Lyndon. Saunders continues on to argue that "the interiority of autobiography ministers powerfully to this tendency" of placing ourselves in the place of the narrator (175). Gove Nichols's choice to present Mary

[58] See "Mary lyndon--who is she?"
[59] See "A BAD BOOK GIBBETED."

Lyndon as an autobiography instead of a novel, then, may help the reader identify with Lyndon because they get to be inside her head.

Even as the narrative's rhetoric benefits from pretending to be about a real person, the fictional aspect of her tale allows Gove Nichols to employ novelistic techniques—which gain sympathy for her protagonist—and to use time to her advantage. Saunders demonstrates:

> the fictionalization of the autobiographical facilitates readers empathy, not just because it cuts the material free from the name and person of the author but because the aesthetic work that fiction performs on autobiography encourages a greater imaginative engagement with the material. The novelistic, that is, offers a range of empathetic devices which encourage one to read in a different way. (174)

This "different way" that readers are encouraged to see, Saunders argues, includes an identification of themselves with the narrator. Novelistic techniques, in part, make it possible that Lyndon's story could be any woman's story, and this possibility creates a stronger exigence for the reforms Gove Nichols is endorsing. She employs the novelistic ability to collapse and expand time where she feels the need; for example, there are very few dates in *Mary Lyndon*. While the first sections of the story are told in a linear fashion—not counting the few digressions—which while not dated (or complete in comparison to her real life) are easy to follow, the time after she moves to New York is not as easily placed on a timeline. This lack of specific timeframe allows Gove Nichols to make her time with her first husband feel very long and her time in New York feel like a whirlwind of activity, change, and growth. In reality, she lived with Gove in marriage for around eight years and had been physically free of him for nearly fifteen years when she wrote this book. However, playing

with the feeling of time in the novel gives the reader the sense that time dragged when she was bound to Gove and that once free it resumed its normal pace.

When authors set out to tell their life story, they inevitably make a multitude of arguments as they write the course of their lives. In the case of a novel, however, the author can, by drastic omissions and strategic enhancements, focus on one mission throughout the story as Gove Nichols has done here. She wrote this text with the intention of encouraging marriage reform by presenting a real woman's life nearly ruined by unfair laws. This purpose for her fiction does limit her ability to write what we might consider a full picture of her life. Despite this, the personal aspects of her life gave rise to professional ones, and her work as professional healer and reformer will not be obscured. *Mary Lyndon*'s specific blend of fiction and autobiography was the means available to Gove Nichols to achieve her goals. She did not just want to tell her own life story—she had a specific reason for doing it—and that purpose is best served through fiction because it enables her, as the author, to present the facts and events in a fashion that served her. By fictionalizing her life, she gained the agency of being able to represent it in a way that forwarded her reform objectives.

Health Discourses and Agency in Gove Nichols's Autobiography

Gove Nichols used the genre of autobiographical fiction so she could manipulate her story to more obviously support her reform goals, and in taking control of her life story and writing it for this purpose she gained authority and power over it. Writing a life story is, in part, a reliving of that life, and this creates a liminal space where the author has the power to reshape a life that has already been lived. As Eakin argues, the act of writing autobiography is "recapitulating the fundamental rhythms of identity formation: in this sense the writing of autobiography emerges as … a second coming into being of self, a self-conscious self-

consciousness" (*Fictions* 9). As she writes her story Gove Nichols is re-writing herself, creating a version of self-hood that can accomplish her goals. The liminality that comes in the moment of writing allows Gove Nichols the agency to tell a powerful story of a woman who envisions a different way of life for women, one in which they have the education and authority to make decisions for themselves about their lives and bodies. In telling her story through Lyndon, Gove Nichols demonstrates that this new story can be told and is worthy of being written and read. Through the project of this novel, Gove Nichols claimed agency over her story, and in her own life, she claimed her agency earlier and more strongly than she allows her character.

Within the text, Gove Nichols portrays a deep victimhood for Lyndon in the first half of her autobiography that she did not allow herself in real life. She was not as submissive as she portrays Lyndon, and this allows Lyndon to (on the whole) be a more sympathetic character than she would have been if all the details of Gove Nichols time married to Gove were on display. While Lyndon was only able to demonstrate agency by leaving her husband and taking control of her life, Gove Nichols was able to develop it before leaving her husband, Hiram Gove, and was already lecturing on health reform when she took her daughter, Elma, to start their new life. Gove Nichols made good money from her traveling lectures and Hiram went with her, working the ticket stand and profiting from her endeavors. It is unclear exactly when or why Hiram began to object to her work, but whatever the reason, eventually Hiram's behavior and objections to her lecturing pushed her to choose a different life. These lectures led to a national career for Gove Nichols, and she spoke to women across the east coast. However, very little of this is included in *Mary Lyndon.* Instead, Lyndon barely describes her teaching; she gives only vague descriptions of classes

held in her boarding house. This omission reduces the power Lyndon has and instead of seeing a woman who travels the country educating women, the reader gets a woman who is working in acceptable feminine ways—teaching school and sewing—to provide for her family. Gove Nichols also leaves out large swaths of her time within radical movements, choosing only to name drop health reformers instead of showing the reader her time spent with them as well as with Brook Farm residents and Albert Brisbane.[60] Gove Nichols was well connected to radical movements far outside of marriage reform; however, Lyndon is not. These points do not serve Gove Nichols's purpose and are left out. Overall, these exclusions do serve to make Mary Lyndon more sympathetic and more of an everywoman as I argued earlier. They also demonstrate Gove Nichols's agency as author of this text. She has not told her story exactly as it happened, instead she has taken authority over her life in order to construct a tale that serves her purpose of forwarding marriage reform.

Gove Nichols's argument about women's health in the novel comes from her larger reform purpose and her belief system. Her idea that women must have autonomy over their lives in health, in marriage, in profession, legally, etc. are what led her to write this text, and I argue that understanding Gove Nichols's larger ideas and real-life experience allows us to view the health discourses in the text as inextricably linked to her advocacy for women. Gove Nichols's beliefs and medical practice are clear throughout the novel despite a lack of details about Lyndon's professional work life. Like Lyndon, Gove Nichols had a "beautiful sister fade and die" of consumption (Gove Nichols, *Woman's Work* 10). In the novel, Lyndon's sister's death is a clear indictment of the fashion of the day and lays out Gove Nichols's ideas

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[60] See P. Cohen 14. Gove Nichols co-edited a journal (*Social Reformer*) with those at the Brook Farm commune. Brisbane touted Fourierism (a system for the reorganization of society into self-sufficient cooperatives), and Gove Nichols wrote and presented on the topic with him.

about women's lack of sanitary education. Following trends without knowledge of the body is exactly what both Emma and Lyndon do; the former dies and the latter nearly follows. The point is made; if they had only known that corsets harmed vital organs they would not have worn them, would have been stronger, and would not have been ill. Gove Nichols's belief that social issues—lack of education in this case—rather than nature made women weak and unhealthy is brought to bear here. Here, and throughout this project, ideas about gender and medicine are closely related and shifts in one often affect the other. While the trend of medicine at the time was to condemn women as naturally weak and to treat menses and pregnancy as recurring medical problems requiring the presence of a male physician, Gove Nichols and the rest of the hydropaths pushed for education to prevent sickness and upheld women's systems as natural parts of life. Eventually, regular medicine would incorporate ideas about women, prevention, and lifestyle that had been espoused by hydropaths for decades, but in the mid-century, this was not yet true. Understanding that these little-known practitioners were ahead of their time in this allows us to see the complex history of contemporary medicine and what women like Gove Nichols contributed to their own time and to ours.

While the majority of Gove Nichols's career in water-cure is either left out of *Mary Lyndon* or occurs outside the timeframe of the text, what is there parallels Gove Nichols's experience. She did suffer through many illnesses as a child and young woman, and she too discovered hydropathy through practice and eventually adopted this system which had healed her. In *A Woman's Work in Water-Cure*, Gove Nichols describes her attachment to the health field in terms nearly identical to those she ascribes to Lyndon. For Gove Nichols, "Teaching and healing, the last as illustrative of the first, have been [a] vocation" (*Woman's Work* 3).

Gove Nichols linked her vocation for teaching women to women's rights more generally; in her opinion women deserved to have the knowledge necessary to make their own choices when it came to marriage, health, and their bodies. She demonstrates this connection in *Mary Lyndon* by consistently noting Lyndon's illnesses and how they stemmed from her marital issues. Not having control over her body within her marriage caused Lyndon's miscarriages and weakness along with bouts of intense illness that included psychological symptoms. Working to support her useless husband hurt her eyes and fingers, and the stress of all this made her generally weak. Gove Nichols went through similar problems and, as such, marriage reform and health reform were inextricably tied in Gove Nichols's mind.

In part because of issues such as those above, which only affected women, Gove Nichols encouraged women to become educated healers in their own right. She believed that women made the best healers especially, although not exclusively, for other women and that while the institutions of learning were not open to them women must "grapple with iron prejudice" (9). These struggles would strengthen their hands and sharpen their minds and must be tackled because "there is not anything denied to persevering and well-directed effort" (9). Gove Nichols worked hard for women her whole life, and she did not shy away from encouraging women to take and make use of the power that controlling their own health and bodies gave them. Telling her story through Mary Lyndon was one step toward this goal. Within the text of *Mary Lyndon,* the aspects of both fiction and autobiography allow readers to see that this could be the story of any woman and that she must have agency to be healthy and to fulfill her vocation.

In some ways, hydropathy and homeopathy mirrored each other, including their ideas about treating the whole patient. Gove Nichols believed in a holistic view of her patients that

was similar to Hunt's, and so, like Hunt, Gove Nichols discusses her patients through heart histories in her non-fiction works. But she does not use the term, nor does she give any in *Mary Lyndon*. Despite this, she does write a heart history in a more general sense. Unlike the standard autobiographies of the previous chapter, *Mary Lyndon* is a heart history in its entirety. This tale of a woman's sad history shared with the public is itself a heart history.[61] Gove Nichols is telling her own heart history here, and in doing so she claims agency over it. Instead of taking the sad stories of other women and publishing them as many newspapers did, Gove Nichols is placing her own history in the public eye. In doing so, Gove Nichols advocates for the interconnected rights of woman to her own body, education, and health through her personal heart history.

Mary Gove Nichols: Further Writings and Legacy

After Mary Lyndon, Gove Nichols continued her work in education, hydropathy, and writing. Apart from her individual writings—including *Mary Lyndon*, another titled *Jerry; A Novel of Yankee American Life* (1872), a handful of short stories, and many lectures—Gove Nichols completed texts and projects along with T.L. Nichols after their marriage. They published a book titled *Marriage: its history, character, and results* in 1854, started the American Hydropathic Institute—the first hydropathic medical school in America—and opened water-cure facilities in New York in 1851, wrote a water-cure journal titled *Nichols' Monthly*, and worked together on countless lectures on women's health, health reform, the water-cure, and marriage reform. Their radical ideas about the rights of women within marriages and their belief that marriages without love should be dissolved caused many women's rights advocates, including Lucretia Mott and Elizabeth Cady Stanton, to distance

[61] For a full discussion of heart histories see the introduction to this project.

themselves from the Nicholses and is, some scholars conclude, one of the reasons they are no longer known.[62]

In 1857, their fame as free-love advocates began to fade as their shifting beliefs—and the appearance of St. Ignatius of Loyola at a séance they were attending—persuaded them to convert to Catholicism. That same year, the couple moved to England in opposition to the Civil War. The Nicholses had a daughter in 1850 who died of consumption in London in 1864. The couple lived in London for the rest of their lives and continued to work in health reform; Gove Nichols continued her advocacy for women's health, and T.L. wrote books on sanitation and continued lecturing. In 1874, Gove Nichols wrote a new edition of her *Experiences in Water-Cure*, published in England, titled *A Woman's Work in Water Cure and Sanitary Education.* It contained a new introduction as well as the addition of examples from her work in Britain to those in America. Gove Nichols begins with her mission and the principles of hydropathy and then gives examples and advice for treating everything from diseases of infancy, women's diseases, consumption, and general sanitary education. She advocates for equal education of the sexes and sums up her years of work in this way:

> My part in education for the past thirty years has been to teach woman her organisation and the laws of her life—how she can be healthy herself, and so bear pure sons and daughters, and so lessen the disease and death of the world … this has been the earnest mission of my life. (151)

Mary Lyndon was a part of this mission, and she continued to work toward it throughout her life; Mary Gove Nichols died in 1884 at the age of seventy-five. Thomas Nichols wrote a memorial for his wife after her death which includes her autobiographical writings as well as

[62] See Cohen.

a compilation of her lectures. Titled *Nichols' Health Manual: Being Also a Memorial of the Life and Work of Mrs. Mary S. Gove Nichols*, Nichols intended for it to be a "Manual or Hand Book of Health, and also a memorial of a woman who devoted her life to sanitary reformation, and especially the health of women" (Preface). Given their life together, Nichols's writing and compilation of this text seems a fitting memorial for Gove Nichols's life and work.

Gove Nichols's strategies for writing her life with an eye toward marriage reform differ, especially in terms of genre, from the other women I examine in this project; however, she was still writing the life of a professional woman in health in which she had to navigate issues of gender and medicine to claim agency over her own story. Her experience with different medical practices led her to hydropathy, and her belief in this system affected the way she lived her life, treated patients, and ultimately decided to write her life story to help other women. Like Hunt she writes in a liminal time period; however, Gove Nichols also creates a liminal space through her writing in which she has the power to create agency for herself as she writes agency for Mary Lyndon. Examining her medical beliefs and practices alongside her marriage reform goals within this text is important for the larger field as it reveals similarities in medical practices, larger social goals, and gendered identity construction between Gove Nichols and the other women in my project which might otherwise be obscured by their choice of sect or genre.

These similarities continue with the women in my next chapter; again, despite differences in genre and training. While Susie King Taylor and Adelaide Smith performed their nursing work in the decade following *Mary Lyndon*'s publication, they would not write their stories until much later. Unlike the women to this point, Taylor and Smith lived their

lives as healers before their field became a profession and then crafted their identities in writing as it became professionalized. Chapter three takes up issues of agency, liminality, and transition in Civil War nursing narratives, arguing that despite differing rhetorical and subject positions Taylor and Smith used similar strategies to navigate the writing of their lives as nurses.

Chapter Three

Temporality and Identity Formation in Susie King Taylor's and Adelaide Smith's Nursing Narratives

To this point, I have argued that the liminal space created in the nineteenth century by shifts in the social landscape and health fields allowed women the agency to write their lives as professional health care givers, and I have analyzed the various ways they chose to construct those stories. This chapter extends that argument by addressing Union nursing narratives written by two women who, despite the differences in their rhetorical situations, used multiple, similar strategies to navigate their experiences of wartime medicine.[63] Despite their separate locations, drastically different subject positions, and different reading publics, ex-slave laundress/nurse Susie King Taylor, who wrote *Reminiscences of My Life in Camp with the 33rd US Colored Troops, Late 1st South Carolina Volunteers* in 1902, and upper-middle-class, white head of ward Adelaide Smith, who wrote *Reminiscences of An Army Nurse During the Civil War* in 1911, both contributed to the changing landscape of the field of nursing. I argue that their narratives, in part allowable in the public eye because of changes in ideas surrounding women in nursing during the Civil War, demonstrate a different relationship with the temporal distance from the events they discuss than other works in this dissertation. Unlike Hunt, Blackwell, and Gove Nichols, who detail full lives up to near the time of writing, these two nursing narratives focus on a piece of their life, the period of wartime. In doing so, they are reflecting on the memory they have of themselves in one

[63] I have chosen only texts from Union women because, while white Confederate women also wrote their lives and experiences in the war they, as Melissa J. Strong argues, "emphasize a distinctly Southern construction of femininity" (10). While this distinction makes comparative work intriguing, taking on these comparisons is outside of the scope of my current project. For comparative work of this type see Schultz *This Birth,* and Strong.

period of time: when they were nurses. Although all retrospective autobiographical literature, including those previously analyzed in this project, illustrates a "series of successive selves, often overlapping, rather than a single constant self," the texts I examine in this chapter focus on an identity the authors inhabited for only a short time as neither continued nursing after the war as far as we can tell from historical record (Maftei 10). They were not nurses while writing their stories, and they rarely comment on the state of nursing after the turn of the century. However, what we do see is women taking on social issues of their contemporary moment including race relations and the erasure of women's war efforts. In some ways, these two texts work to reimagine the importance of women nurses in the Civil War fifty years after its end. Each texts' purpose reflects the subject position of its author; while Smith focuses on the impact of white women, Taylor writes for women and against racial inequalities. Both women take on the authority of speaking directly to the audience, calling them to remember and honor the sacrifices of women as well as men during the war; they use their platform to tell their story as nurses and to advocate for other women.

The transitory nature of this profession for Taylor and Smith affected their representations both of themselves—as nurses and as authors—as well as of their historical positioning. A variety of scholars have considered temporality in relation to constructions of the self. Many have argued that in all autobiography the author is not the same as the subject of the tale nor exactly the person who existed at the moment of the event being recalled. Eakin notes that "we are not now who we were," and none of us can be who were before; David Malouf goes a step further by arguing that trying to embody the person we once were would be an "act of un-remembering, a dismantling of the body's experience that would be a kind of dying" (*Living* 11, qtd in *Living* 10). In other words, becoming who we used to be

would require that we forget everything that occurred and everyone we have been since. All the autobiographers must work within their multiple selves in order to be both "protagonist and recorder of the story" (Maftei 59). However, King has argued that "for most of us, perhaps, no radical break or trauma disrupts the sense of flow from past to present … But experiences such as war" can change the relationship between our selves (3). In the case of these two nursing narratives, the authors have, I argue, a larger disconnect between their identity as it occurs in the text and their identity as they are writing than the women writing whole life stories. Not only does the war itself change Smith and Taylor, but both have been removed from the world of nursing and the war for many years; neither writes a linear, cohesive, full-life story. By the time these texts were written, Taylor and Smith had seen nearly fifty years post-war and "all the experience that had colored [their] consciousness in the intervening years" adds a dimension of reflection impossible in nursing narratives written during or just after the war (Eakin *Living* 160). This reflection can be felt in the texts in two main ways. The first is the focused way the two women discuss the war period (including lead-up and consequences) often to the exclusion of other biographical details. The second is the self-consciousness with which they position themselves temporally throughout the narratives.

Despite having a different relationship with time than the women in chapters one and two, Taylor and Smith use strategies similar to other women in health fields to construct their identities. Their identities as nurses and authors become clearer when they are examined together because both forward the widespread bravery and necessity of women in the Civil War, demonstrate the importance of their connections to other women, and link their own stories to those of the men they nursed through heart histories. Jane Schultz argues that

"whereas surgeons were more often clinical in their observations," nurses "put patients at the center of their account" and their narratives "emphasized the soldier's experience of illness, a perspective that, by decentering medical authority, has made the patient's voice more audible" (*This Birth* 9). I have previously noted this same distinction between women and men doctors' autobiographical writings; while men (and white women trained in allopathic medical schools) were more likely to focus on their own actions, women (with training in other medical sects) were more likely to allow patients' voices in their texts.[64] In chapter one, I argued that this seemingly gendered distinction had more to do with the women's beliefs about medicine and their practice of it than with any inherent gender differences. Similarly here, my reading will recover the ways in which nurses demonstrated their ideas about caring for patients through their depictions of the soldiers' heart histories.

Although women's Civil War nursing memoirs have received much critical attention since the 1990s, there is little scholarly work which directly addresses the texts I discuss here. Many narratives have been rediscovered and republished in scholarly editions in the last three decades, and critics have focused on Union narratives, Confederate narratives, women who posed as men, diaries, working class women and more.[65] Other academic works on nurse narratives make arguments not just about the women writing the texts but about the larger ideas that those women stood for, supported, disrupted, or disregarded; scholars focus not on the individual but on what the individual means to the nation or the gender hierarchy or the social landscape.[66] Here, I want to focus on the construction of self and temporal orientation of the individual woman in order to forward my overall goal of discerning how

[64] See chapter 1 of the current work.
[65] See Wardrop and Telford, Gardner and Hilde, Cook and Gansler, Culpepper, Schultz *This Birth*, and Schultz *Women* respectively.
[66] See Wardrop, Telford, and Lewenson respectively.

women constructed themselves as professional health care givers in their autobiographical writings. Focusing on the individual women actually allows for a clearer view of the connections between these women health professionals and, in seeing the commonalities, we can begin to understand how the lives and work of women affected the larger field of nineteenth-century health practices. Susie King Taylor's text is one of the few, if not only, nursing narratives by an ex-slave and gives insight into her time with the 33rd US Colored Troops and the duties and hardships of a woman extremely close to battle. However, because of its late publication date and its lack of copious detail about her nursing duties it is often mentioned but rarely examined as a nursing narrative.[67] Adelaide Smith's piece also gets mentioned but despite its important look at the intricacies of hospital life it too has been left out of extended analysis.[68]

Although the two texts examined here often use similar strategies, I recognize that the subject positions of their authors cannot be erased. The purpose of each of these texts reflects the subject position of its author, and the writing style, layout, and content of each text reflects and effects the way we can read and interpret them. Taylor's short text, only seventy-six pages, begins with a sketch of her ancestors and her childhood, jumps forward to war time in which she details soldiers' stories, and ends with her work for the Women's Relief Corps and her thoughts about the state of affairs at the turn of the century. She focuses almost exclusively on experiences which led her to the war effort, happened in the war, or followed from her time as a nurse including discussing consequences of the war. Within the text

[67] See Moody, Strong, Stover, Schultz *Women*. For a discussion of the work as a resistant black war narrative see Stover. For a discussion of Taylor's self-effacement see Moody. I have found no sustained discussion of this text as a nursing narrative.
[68] Smith is often mentioned in discussions of nursing narratives, but I have found no sustained discussion on this text. See *In Hospital and Camp*, and Schultz *Women*.

Taylor employs prose narrative, song, military decree, images, and soldier's stories. Taylor's writing style is direct and unflowery; she generally focuses on reporting actions at the expense of delving into emotions. As an ex-slave, her text contains the oft found white man's testimony at the beginning—from Thomas Higginson, the colonel of Taylor's regiment—verifying the veracity of her tale and noting his lack of involvement in the construction of the narrative. She forwards her intersectional identity as black woman nurse throughout the text, and her life and self-representation are "shaped by many factors in diverse and mutually influencing ways" (Collins and Bilge 2). Race relations are integral to her tale as are gender issues, and she speaks out for women nurses during the war, women of color, people of color, and women generally in this text.

Smith's much longer work, more than two hundred fifty pages, begins at the start of her time as a nurse detailing her work with soldiers and continues until her work resettling soldiers after the war was completed. Unlike Taylor's text we get no biographical information about Smith's life before the war. This text includes prose narrative, extracts from letters, military addresses, images, poems, newspaper clippings, and soldiers' stories. Smith's writing style allows for more details about her interactions with others in camp and about her reactions, emotions, and illnesses while she was working for the war effort. Smith focuses on the heroics of white women in her text and, while she notes interactions with people of color, they are never a focus for her. Both women employ self-effacement in the form of claiming they have only written this text because so many friends have asked and convinced them; however, as a white woman after the turn of the century, Smith does not need anyone to vouch for the truthfulness of her claims. Despite major differences in all these elements, some strategies, like the use of multiple genres, demonstrate

that the two women worked in similar ways to tell their stories more completely and link these writings to those I discussed in chapters one and two.

In this chapter, I begin with a brief history of nursing before the Civil War to lay out the definitions and expectations of nursing that Smith, Taylor, and other Civil War nurses would have had going into the war. I then explicate how the war created a new career and a new genre of war writing opening opportunities for women to practice medicine and creating demand for their stories to be introduced to the public, both of which were necessary for Taylor and Smith's texts. Next, I examine the role of temporal orientation in autobiography generally to demonstrate how an author's representation of their self affects and is affected by temporal orientation. I then analyze Smith and Taylor's nursing narratives to show that the authors portray their positioning in relation to the past more consciously than authors of standard autobiographies while maintaining markers of identity formation I have found in the other works discussed in this project.

Nursing before the War

Before the mid-nineteenth century, no formal training for nurses existed, and women learned nursing through apprenticeship and practice (Lewenson 3). Those who nursed within the domestic sphere, usually mothers or other women nursing family and community members, were generally unpaid. Women were often thought to be born into their nursing duties and therefore needed no outside training. However, these nurses cared only for relatives or those that lived nearby; public nursing employed very different nurses. Nursing outside of the home was often handled by lower class women or by "male convalescent or former patients who continued service in a civilian hospital because they were indigent" (Wardrop 4). Almshouse nurses, in particular, were often current or former patients (male

and female), and because they were at best untrained and at worst drunken or irresponsible, nursing outside the home gained a dubious reputation. Nurses, both inside of the home and out, had to negotiate "the often unstable nature of the power relationships inherent in the day-to-day interactions … They would consider the physicians' directives, their own judgment, and their patients' wishes" (D'Antonio 5). Because they had no professional status, nurses worked in a difficult position, and even the most well-trained and responsible were at a disadvantage when trying to negotiate between patient's concerns and doctor's commands.

During this time before the professionalization of nurses, cultural ideas about nurses, based in reality but not a full picture, abounded. The "born" nurse who worked within the domestic sphere was gendered, racialized, and classed. Patricia D'Antonio notes "images of ideal sick nurses oscillated between devoted white middle-class mothers and faithful, perhaps enslaved, African-American mammies" (4). These domestic nurses cared mainly for relatives or those that lived nearby; women of all classes and races nursed their families and neighbors in this manner. Yet while lower class white women and free black women often nursed in the domestic sphere, they also may have worked as nurses outside of it. However, it was middle- and upper-class white women, whose work was confined to the domestic sphere and was unremunerated, who were seen as the ideal nurse. In addition to the distortion achieved by the class-based idealization of the unpaid nurse in domestic spaces, the imagining of nurses as only female did not match historical trends. Not all nurses were women and many situations including, "inebriated or insane men, epidemics, natural disasters, [and] dangerous injuries … required the assistance of fathers, husbands, brothers, and neighbors" (D'Antonio 4). Men worked as nurses in almshouses and hospitals before the war and assisted women in domestic spaces when necessary. So, while I focus this chapter on women nurses, it is

important to note that before professional training men were also used as nurses, and women's war nursing narratives constantly demonstrate the assistance they received from convalescing soldiers and other men in and around the hospital.

Before the Civil War, most hospitals were considered unsafe and were not frequented by anyone who could afford in-home care and having only untrained nurses and assistants there was acceptable. However, as more white women became educated as physicians, they realized they needed assistants who were trained and could be of more use than the convalescing patient. And they believed that other white women would be best for their needs. These women doctors created the first nursing schools attached to the hospitals they had set up. A handful of nursing schools were built just before the Civil War, the beginning of which then prevented them from opening. This included the school that was attached to Dr. Anne Preston's *Women's Hospital*, Dr. Elizabeth Blackwell's school attached to the *New York infirmary of women and children*, and Dr. Marie Zacrezyska's school at the *New England hospital for women and children* (Lewenson 23). Once these schools began educating nurses in earnest, many just after the Civil War, they trained middle-class white women almost exclusively. While the gendered nature of nursing shifted over the course of the war and solidified in the professionalization afterward, the class and racial inequalities which existed before the war were often reaffirmed in Civil War nursing even as it opened new possibilities for certain groups of women.

The Civil War Creates a New Career

After the start of the Civil War, it quickly became clear that the number of casualties would necessitate many more workers, nurses, and doctors than anyone had anticipated. The sheer size of the need could not be filled by the men alone, especially with so many in

combat roles, and brought women from all walks of life to serve in hospitals at this time, although, as we will see, racial and class divides were often retained. Catholic nuns, "free African Americans, abandoned wives, and farm women," single, married, and widowed, mothers and grandmothers all sought hospital positions; other women went to care for a loved one and stayed on to help (Schultz, *Women* 12).[69] Women volunteered their services for a variety of reasons. Some needed the money when other jobs dried up, many were patriots wanting to serve their country, some felt it their religious duty, and some went for the adventure or to get away from empty homes while their male relatives were fighting. Three major aid societies, the Woman's Central Relief Association, the U.S. Sanitary Commission, and the smaller U.S. Christian Committee assisted in training nurses and gathering volunteers and supplies for the war effort. Along with these organizations, the Office of Army Nurses created guidelines for the selection of nurses including that they were to be between the ages of thirty-five and fifty, plain-looking, wear black or brown dresses, and not wear jewelry or cosmetics. These guidelines were meant to protect young, attractive women from the men in army camps; however, the Office of Army Nurses turned away many able-bodied women because of the rules, and many women went around them to enlist despite the restrictions.

Public opinion was still divided on the propriety of middle- and upper-class white women nursing soldiers and this, and the opinion of male surgeons, caused many hospitals to continue using convalescent soldiers as nurses, either alongside or instead of women, despite the soldiers' preference for the latter (Schultz, *Women* 18). Although there were no similar concerns for lower-class white women or free black women who wanted to serve, they

[69] A variety of Southern women also contributed to the war effort and often had similar duties and issues as Northern women although the proximity of the fighting to their homes affected the way nursing occurred. See Schultz *This Birth* and *Women*. See Libra Hilde for more on Confederate nurses.

encountered obstacles as well. The former were generally hired on as cooks or laundresses and the latter, no matter their class or education, were put in those same positions. Women hired as nurses were paid more than those hired for other tasks, and white women made more than black women in the same position—when anyone received their pay at all. Despite the technical distinction in the duties assigned to each position, it was often the hospital type and its proximity to the fighting that dictated the work to be done. Those closer to the battlefield would receive newly wounded men while those at a distance treated those stable enough to be moved. This distance, as well as the hospital's size and how recently fighting had taken place, also determined the number of soldiers the workers cared for at any given time. Nursing duties were not "systemized, especially in the first years, [and] included the varied work of overseeing medicines and diet, bathing soldiers, writing letters, reading to soldiers, cooking, laundering, and cleaning" (Wardrop 4). More senior nurses were needed to "dress wounds [and] administer medicines," and the "ability to assist surgeons without flinching" was considered a rite of passage (Schultz, *Women* 38). Schultz points out that in the era before professional nursing took hold—before, during, and just after the Civil War—"nurses were maids of all work whose duties extended beyond physical care of the body into the realm of the spiritual," and "the collection and distribution of supplies [was] integral to the Civil War nurses daily routine" (*This Birth* 16). The Civil War helped to shift perceptions of nursing from an exclusively domestic activity to one which could benefit the larger field of medicine.

The Civil War Creates a New Genre

The Civil War created the opportunity for women nurses to see their life writing as valuable enough to share with other readers; in turn, their dual professional identities of

author and nurse were put into the public sphere in a durable way. Because of these circumstances, the female Civil War nurse narrative, unlike other genres I examine in this project, was written by hundreds of white women during and after the war. While black women also nursed patients, Susie King Taylor's narrative is the only known surviving text of this type from a black nurse. The exact reason for this is unknown; however, it may be due to the low percentage of black women who were taught to write at the time as well as the lack of publishing channels available to former slaves directly after the war. As I will discuss later, Taylor's text has some, but not all, of the same characteristics as the white women's nursing narratives I describe below. These narratives "formed a worthy sub-genre of war literature" that recounted the lived experiences of women who conceived of a new type of female citizen who "defined herself by action" and who created a space in which she could speak and act through the writing of her story (Wardrop 30). As Schultz argues, these narratives "help us draw a fuller picture of the challenges implicit in medical relief work as women experienced it" (*This Birth* 9). The Civil War nursing narrative, the base of which tells the story of an "untried woman who had to swallow pride and modesty to carry out her nursing work effectively, then emerged as a champion of the common soldier," came into being as a genre in 1863 and was written by white women from the North and the South into the early twentieth century (Schultz, *This Birth* 223). Women nurses began publishing their tales during the war years and, after a gap in the 1870s as the country tried to rebuild, they published their experiences until at least 1912. It is possible that the feminization of nursing, because of nurses subordinate position to doctors, was part of the reason for acceptability of these texts; however, the sheer number of women who served in this new capacity created a public demand for their stories. The war called forth documents about individuals'

experiences in wartime and created a large-scale opportunity for white women to publish about this new public identity of nurse.

These narratives consistently demonstrate the complicated position of Civil War nurses as they illustrate the white women's awareness of the debates about the propriety of this new public character. In these texts, women recorded interactions with an array of people, from other nurses to townspeople, from doctors to patients and their families, giving readers a more complete view of what life in camp was like than if they only recorded hospital exchanges.[70] They addressed gendered issues of power, rights, and pay using day-to-day accounts of their experiences to argue for themselves directly and "by proxy for themselves" through their advocacy for their patients (Wardrop 9). Racial tensions can be seen in their interactions as well. Many white women, staunchly antislavery, were forced to confront their complicated relationship with race relations when placed in close quarters and asked to work alongside ex-slaves and free black women. In their narratives, white nurses demonstrate a wide range of attitudes towards people of color in camp.[71] The one narrative we have from a black nurse (Taylor) rarely notes people's race in the text, but discussions of race relations abound. Some, but not all, white women were critical of policies and politics both of the hospitals and the larger nation; however, the nurse narrator often shifted between undermining and upholding traditional female gender roles even as they did work and entered spaces previously reserved for men.[72]

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[70] In the following section I draw mostly from Wardrop.
[71] See Wardrop for more discussion on interracial relations during the war years.
[72] Melissa Strong in her 2017 article "'The Finest Kind of Lady': Hegemonic Femininity in American Women's Civil War Narratives," argues that women nurses engage with domesticity and normative gender roles even as they document their non-normative work.

Middle- and upper-class white women nurses employed a variety of strategies in order to enhance their credibility and to lessen the perceived threat to their virtue that both war nursing and writing incurred because of the entrance it required into traditionally male spaces.[73] Wardrop notes that white women nurses often depict themselves as the moral arbiter of the hospital or camp they worked in; they cast themselves as the mother figure for the soldiers, thereby limiting the issue of young women and men being in such close physical proximity. The woman nurse narrator usually left out any financial reasons for publishing her story, which would have harmed her credibility, and instead, she typically highlighted her selflessness and devotion to the soldiers who had been in her care by dedicating her story to them. While nurse narratives were generally written in first person, some white women made use of anonymous or pseudonymous narrators in order to protect themselves from impropriety or have the freedom to comment more liberally on social or political issues.[74] The above are threads which tie—often disparate—women's nursing narratives together; however, like the women who wrote these texts their genres come in a multitude of forms from the autobiographically based but ostensibly fictional sketches by Louisa May Alcott, to the publishing of diaries, journals, and letters as they were written in the moment, to the reflections of women looking back at their experiences long after the war had ended.[75] Schultz found that thousands of women wrote letters during their work in the war, around three hundred fifty wrote narratives of their relief work including sketches and post war texts,

[73] For further discussion of spaces created by the war, and by women themselves, that did not exist before see Giesberg and Telford with Long.
[74] Jane Schultz argues that women's Civil War writings demonstrate, with varying degrees of subtlety, their efforts to shift gender roles and the place of women.
[75] While *Hospital Sketches* by Louisa May Alcott is probably the most well-known and most often discussed nurse narrative, the publication timeframe I have applied inevitably left out many texts including Alcott's.

and about sixty wrote full-length monographs. At least seventeen narratives were published by Northern women during the war years and many sets of letters and diaries were printed much later, after their authors had died. Sometimes the personal writings of women nurses were published without their knowledge or consent by relatives or, more often, publishers who created compilations of writings. For this study I have chosen only texts which were made ready for publishing by the woman whose life is being told; these pieces were crafted for publication by their authors. This means that the women themselves made a choice to represent their lives and have their work read by the public; they were the ones in control, to a degree, of the narrative put forward. For instance, the copyrights of both texts are in the authors' names and Taylor's title page states that it was "published by the author." While I cannot prove that no one else was involved in these texts, these signs point to Taylor and Smith making decisions about their writing and, therefore, suggest that we can take the women's narrators as their own representations of themselves.

Male Doctors' War Stories

As I have argued in earlier chapters, the gender and the medical beliefs and training of these women affected the way they represented their lives in print. In order to make similar arguments here, I want to lay out the ways that male doctors told their war stories to compare them with the nursing narrative described above. Doctors at this time were mostly apprentice trained, there "was a wide variance in the technical skills and competence," and many were underprepared for the horrors and the scale of this war (Straubing 1). However, despite the incompetence, most of the doctors had more medical training than the nurses who worked with them. Harold Straubing has noted that the medical corps was "one branch of the service that seldom recorded its battle history" (1). Although at least "sixteen thousand Union

and Confederate physicians served during the Civil War," relatively few of them published war writings (Beasecker xvi). When they did publish, "the doctors filled medical journals and technical tomes about their new operating techniques and other discoveries, but very few of them recorded their on-the-scene experiences" (Straubing 2). According to Robert Beasecker, a few "surgeons wrote the history of the regiments in which they enlisted," and many "contributed articles to professional and historical journals describing their medical observations" but "few published their reminiscences or memoirs" (xvi). Instead of recording personal details in published works, male doctors were often concerned with augmenting the medical journals with their battlefield inventions.

In my own research into medical men's writing I have determined that they, loosely, fall into two categories.[76] First, there are personal texts, which are often compiled from letters to loved ones or diaries which were not meant for publication, which focus on the movements of the unit, the conditions and provisions, and the hardships, and touch on the wounds of soldiers around them and the doctors' own triumphs or failures. Second are more professional narratives which focus on the medicine itself and may touch on experiences outside of the operating room. In neither type do the doctors consistently give personal details about their patients outside of their names (if they knew them); they are more likely to give information about the wounded on a large scale than to focus on specific common soldiers. This is quite different from the work of women nurses I have described above. I argue that, while gendered notions of behavior certainly would have affected these representations, the position, medical beliefs, and training of the doctors and nurses also contributed to the differences. Most people "believed that nurses should care about, entertain,

[76] This section is drawn from the writings of the United States Sanitary Commission, Straubing, Welch, Spencer, Holt, Castleman, and Bennitt and Beasecker.

and comfort each patient physically, emotionally, and spiritually … according to popular views, women had natural inclinations to ease suffering and distress" (Hilde 36). While the male doctors were trained in a variety of medical styles, wartime medicine called for many allopathic treatments and "(t)he division of hospital labor between physicians and nurses … [was] based on conventional notions of female compassion and male versus female standards of care. Surgeons focused on treating each disease and wound, whereas women ministered to the entire person" (Hilde 36). Doctors did not spend a large amount of time with patients after they had been transferred into the wards; that is where nurses came in. Nurses, who may have assisted the doctors during surgery, were then responsible for the patients' well-being when the doctor was unavailable. The different relationship clearly affected the ways that the medical personnel discussed patients in their texts.

Temporal Orientations

The relationship between nurses and their patients is evidenced even in nurses' texts written long after the end of the war. In this chapter, I have chosen tales that were published well after the war ended, just after the turn of the century. Some scholars, such as Wardrop, have shied away from examining texts published long after the war ended because, she argues, they are "more reminiscent … and compromised by nostalgia" and therefore not as trustworthy as historical or rhetorical sources (5). However, this is exactly the reason that texts published later are best for my work. I am interested in how these women represent themselves upon reflection from a distance, because the temporal space between their identities as nurses and their writings pushes Smith and Taylor to construct two different women within the text. Seeing both the woman of the past and the woman writing reflecting on her allows us a clearer picture of the shifts that occurred in the time between. This

reflection, along with the criteria I set out earlier, allows me to see patterns across the larger project despite differences in the genres. As with my two previous chapters, the narratives discussed here were created for publication by the author who is the subject after the events discussed have taken place. This similarity gives me the opportunity to make connections related to construction of self that would not otherwise be possible given the disparate genres examined within this project.

In all autobiography, as Maftei argues, the distance between the event and the writing "is necessary for the reconstruction and rearrangement that is the writing process. The author … is stepping out from, disrupting, the narrative line, in order to recall the past and reproduce it in a form new to readers" (85). However, instead of stepping out of a continuing narrative, the representations I examine here are already outside the identities of the women who are writing. The other women I discuss cultivated the character of health professional throughout their lives, but Smith and Taylor were not nurses before or after their war duties. For these two women, "nurse" was a temporary identity that they remember as part of a whole life. While everyone's identities shift over time, this one has distinct borders for these two women, and their texts reflect those borders. They are not standard autobiographies with a chapter on this time in their lives, but rather narratives that set out to talk about one distinct time and self. They still use strategies similar to those of other women in health fields at the time to record this piece of their lives, but they deal with the temporal shift in different ways. Representations of the self are "an imaginative journey backwards in time—a looped recollection by the contemporaneous narrator who re-members or reconnects her present self to her past experience," according to Prenshaw (5). In these nurse narratives it is clear that

> Even as she [the author] moves imaginatively toward and into a recreated earlier time, she is always the self who is writing, an older self, whose more mature age, life experiences, and contemporaneous historical moment at the time of composition shape her perspective on the past. (Prenshaw 5)

The reader is also aware of this older self because of the conscious ways in which the nurse narrators illustrate their relationship to their past selves. They are conscious of being different now than they were then and are self-conscious at times about the difference in the two selves. Because of the distance between event and writing, between identity in the past and identity at the moment of writing, these two women acknowledge the shift in ways the other women I study do not. In examining texts with differing approaches to their temporal orientations, we can get a better and more complete view of the techniques and methods women use to write their identities. Unlike the women from previous chapters, Taylor and Smith do not claim that their whole lives are important; rather, they look back on one specific moment in their lives and argue that it was important. Although they were not professional healthcare workers their whole lives, these two women demonstrate the ability of a short period of time to make substantial changes in a person's life and in a country's view of a profession. While there is no information available about why Taylor and Smith waited so long to publish their texts, I argue that, whatever the reasons, their representations were affected by that choice. The distance between the women writing and the women being written forces them to illustrate both women in the text, albeit in often fragmented ways, and allows the reader a snapshot of both the Civil War nurses and the turn-of-the-century women who are writing their stories. The work of women in the Civil War changed ideas about what women were capable of, and these texts were written in part to serve as a reminder to the

public fifty years later that those women were integral to the war effort. I argue that the reflective aspects of these two texts allowed the authors to shape their self-constructions to fit their specific purposes. They crafted representations of themselves, and the women around them, as brave, competent, womanly, patriotic, and tough to convince readers to trust and support women as nurses. In doing so, Taylor and Smith continued the positive public image of Civil War nurses, contributed to the growing profile of women in healthcare, and asserted that their stories were worthy of being written and read.

Susie King Taylor

Susie King Taylor's 1902 *Reminiscences of My Life in Camp with the 33rd US Colored Troops, Late 1st South Carolina Volunteers* focuses on the events which led to her involvement in the war, her wartime experiences, and the aftermath. Scholars have noted that she concentrates mainly on the story of "her boys" and only slips in her own adventures on occasion; however, it is in these adventures we most clearly see Taylor negotiating the terrain of self-representation. Jonnie Stover argues that "since Taylor is presuming to write an autobiography, she is clever enough and creative enough to provide some bits of information about the adventures she actually experienced without dwelling too much on herself" (123). In turning the focus away from herself, Taylor avoids criticisms of selfishness and aligns herself with proper humble womanhood. Focusing on soldiers instead of herself would have made the text more palatable for readers and, therefore, enabled her voice, story, and advocacy to be heard by more people. Taylor certainly was asserting authority by writing this text, but she does, as do white nurse narrators, spend a lot of time talking about the men around her. Because of this, it is easy to overlook the subtle construction of autobiographical selfhood she advances in this text, but when examined closely patterns emerge that

demonstrate the intersectional aspects of her identity. Throughout the text, she demonstrates that her relationship "to social inequality . . . and the organizations of power" in society can only be understood by discussing "many axes [of social division] that work together and influence each other" by constructing an identity which demonstrates the complex imbrication of gender, race, and work (Collins and Bilge 2). She crafts an image of herself as a black wartime nurse for whom literacy, connections with women around her, and her own ideas about healthcare are important. Taylor demonstrates consciousness of her place in time throughout the text even as she claims power by speaking out against racial injustices and giving advice and warning to the reader.

Representing Selfhood

Susie King Taylor was born into slavery near Savannah, Georgia in 1848; because of this, her ability to read and write often surprised the white men around her and was a main reason for her being drafted into the war effort. In a discussion of spiritual narratives in the nineteenth century, Joycelyn Moody notes that the desire for freedom is often “bound up in [the author’s] desire and quest for literacy” (*Sentimental* 106). While Taylor says little about her experiences in slavery, her quest for literacy, enabled and encouraged by her grandmother, allows her to later use those skills toward her own “social advantage” (Moody *Sentimental* 180). The importance of Taylor’s literacy is demonstrated as she spends a good portion of the “My Childhood” chapter describing her literacy narrative. From early on, those around her, whom the law kept mostly illiterate, depended on her for access to the power that literacy bestows. Taylor describes how, when she was seven, the children went every day to the house of her grandmother’s friend, a free widow, with their books wrapped up “to prevent the police or white persons from seeing them” (29). By 1860 she had learned all the

women there could teach her, so Taylor turned to her "white playmate" who promised to give her lessons if Taylor did not "tell her father" (30). When this playmate was put into a convent, the landlord's son taught her for a short time. All of these lessons, the "theft of literacy" as Stover describes it, gave Taylor power (13). At first, she used this training to write passes for her grandmother and others so that they could be out after dark, but it quickly became the reason white officers took interest in her.[77]

In the first years of the war many slaves living on plantations in Union-occupied territory gathered at Union encampments. In 1862, Taylor's family did just that, sailing to St. Simon's Island under the protection of the Union fleet. When the Commodore on the island heard that she was literate, he asked her to run the school there; Taylor taught both children and adults who wanted to learn to read. Her school caught the interest of Captain Trowbridge when he was filling his regiment with men from their island, and, wanting her as part of his unit, he enrolled Taylor "as laundress" in his company (Taylor 41). Laundress was a common role for black women in the military, but Taylor had many diverse responsibilities. During her time in the camp Taylor "taught a great many of the comrades in Company E to read and write, when they were off duty" (52). Janet Cornelius asserts, "acquiring reading and writing skills was an act of resistance against the slave system and an assertion of identity by the literate slave," and Taylor, both during and after the war, assisted other ex-slaves in gaining the power provided by literacy (61).

Her literacy narrative is important for the specific self she represents in *Reminiscences* because without these skills she would likely not have had such a public role in the war. Since the eighteenth century, according to Cornelius, slaves had recognized the

[77] See Stover chapter 5 for a discussion of these events as acts of concealment commonly seen in black women's autobiographies.

value of literacy not only practically for helping them escape but also had seen that "literacy, especially the ability to write, signified an establishment of the African's human identity to the European world" (16). Taylor's text begins with this tenet which marks her as more human for the white-controlled culture in which she was writing, a marker that allows her access to more opportunities. Her identities of teacher, nurse, and later, author could not have been built without her earlier struggles for literacy. Taylor leaves out many biographical details of her childhood and adolescence here. The only real details the audience has about her life before the war directly lead to her involvement in the war effort. Even as she gives information outside of wartime, Taylor focuses in on that which facilitated her work as nurse. Recognizing the power of literacy and using it to establish herself make her act of writing more powerful and a clear act of agency on Taylor's part.

The other information the reader gets from before the war is Taylor's genealogy based on her matriarchal line; this begins a trend of relational identity construction in the narrative. Stover notes that other black women's autobiographies also trace the line of descent through mothers presumably in part because that information was easier to obtain when marriages were not recognized, and families were often torn apart by their white owners (94). Jocelyn Moody argues, "Taylor's narrative is representative of autobiographies by black women in its concern with a women's community" ("Twice Other" 55). Taylor's concern for women's community is also, in some ways, similar to constructions seen in other autobiographies by women in health fields.[78] However, Taylor focuses mainly on her connections to other women of color, especially when she is discussing personal relationships. She clearly recognizes, though, that white women are in positions to help her

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[78] Stover chapter 4 argues that this section "sets the stage for the very specific historical detailing … and for the objective, journalistic structuring that characterizes the text" (94).

professionally and describes positive relationships with them as well. Despite these connections, Taylor does not shy away from revealing her anger toward the racist and hypocritical actions of white men and women. Like the women in chapters one and two, Taylor begins her narrative with personal connections to other women and moves to more professional relationships as the story unfolds.

Taylor's very first sentence: "My great-great-grandmother was 120 years old when she died" links her to her female relatives and begins the representation of herself within this narrative. As mentioned earlier, Taylor was raised mostly by her grandmother, who is "central to the autobiography" (Moody 56). Both her mother and grandmother are portrayed as smart, hard-working, supportive, and caring. Moody notes that often black women autobiographers in the nineteenth century use the experiences of others in their texts in order to remove the focus from themselves. The narrators "feel safe in a society antagonistic towards black women only when in the inscribed company of other black women," Moody argues, and they often "veil themselves" by writing about the experiences of others in their community "as an analogue of the narrating self that allows for a characterization of the black woman autobiographer as humble . . . rather than proud" (56). In other words, black women were more comfortable writing experiences if they could focus the tale on another black woman instead of themselves. This seems to play out in Taylor's text as the most daring adventures she relates occur in the company of other women, despite the fact that women were rare in her camp. Twice she and a friend named Mary Shaw struggle through situations together: once they got lost after a visit to another camp and once after the men leave for a mission they battle fleas and the quiet in camp.[79] In her first near-death experience

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[79] Taylor rarely marks race in her text; however, the fact that she and Mary Shaw shared a tent and multiple adventures leads me to believe the latter was most likely also a black woman.

with water, Taylor is with three other women—soldiers' and officers' wives.[80] While she describes the experiences of the soldiers from the outside, her own adventures are always remembered in the context of the women with her. The style of Taylor's writing allows for little in-depth description of the women, but she continually labels both white women and women of color as "friend[s]" and their importance to her is clear both as company at the time and as counterpoints to focus on outside of herself which make the story "safer" for her to tell.

I argue that for Taylor, as a nurse, the professional connections she makes with both white and black women serve a related purpose. They allow her to feel safe in her role as health care giver surrounded and supported by other women. During the war she describes her work with Clara Barton, noting that Barton was "always very cordial" and that her "devotion and care for" the soldiers was honorable (67). It is likely that Taylor's race and position would have kept her from doing rounds at the Sea Island Hospital, but with Barton's support she was often seen making the rounds of the hospital. After the war, Taylor helped to organize the Women's Relief Core in 1886 and served in leadership roles in that organization until, with the support of the other women, she was made president of her corps in 1893. As with Hunt and Blackwell, Taylor's connections with other women opened opportunities she would not have had otherwise.

Her experiences led her to speak out strongly for other women in this text; in some instances focusing on women of color and in others encompassing all women nurses. She bookends her story with statements about the women who were integral to the war effort. In her preface Taylor lays out her hopes for the reminiscences including that they will show

[80] See previous footnote. However, the soldier's wives were most likely black and the officer's wives were most likely white.

> that there were 'loyal women,' as well as men, in those days, who did not fear shell or shot, who cared for the sick or dying; women who camped and fared as the boys did, and who are still caring for the comrades in their declining years. (vi)

She sets out to demonstrate the truth of this statement and she does so through the moments of her adventures with other women and her experiences in nursing. Then, in the last two pages of her narrative, Taylor returns once more to her claim that women of color acted and suffered alongside men in the war saying,

> There are many people who do not know what some of the colored women did during the war. There were hundreds of them who assisted the Union soldiers by hiding them and helping them escape. Many were punished for taking food to the prison stockades for the prisoners … these women did all they could toward relieving those men, although they knew the penalty, should they be caught giving them aid. Others assisted in various ways the Union army. These things should be kept in history before the people. There has never been a greater war in the United States than the one of 1861, where so many lives were lost,--not men alone but noble women as well. (142)

In laying out her story, Taylor proves Moody's point about Taylor's concern with community. She is advocating for women of color even as she tells her own narrative and reminds the public of the sacrifices of women in the Civil War. She focuses on her connections with other women to clearly forward the contribution of women to the war effort she details and to demonstrate the importance of these relationships to her identity.

Susie King Taylor as Nurse

As noted earlier, scholars have done work on Taylor's text as a Civil War narrative and on her strategies of rebellion against the dominating white male culture. However, her identity as nurse has been mostly overlooked. This identity is important to examine not only because it affected how Taylor experienced the war but also because this narrative is possibly the only surviving one from a black nurse and, as such, her identity as a nurse within the tale gives us insights into what other black nurses in black regiments may have experienced. Many scholars have noted that most black women were given wartime hospital jobs such as laundering, cooking, and cleaning, not nursing.[81] However, Schultz notes that some black women certainly nursed patients, but, because they did not publish their own narratives, we cannot know the extent to which other black women's war experiences may have mirrored Taylor's. The under-examination of Taylor as nurse is certainly in part because of a lack of focus by Taylor on her nursing duties, but understanding her as a nurse helps us see how her experiences gave her the agency to address the reader with power and certainty. From the nursing details she does add we can see that, while she was hired as a laundress, Taylor actually did much more in the camp and most of her duties were the same as those described by white nurses at the time. After one battle she points out that she rarely worked in the capacity for which she was hired. "I was enrolled as company laundress," Taylor explains, "but I did very little of it because I was always busy doing other things through camp, and was employed all the time doing something for the officers and comrades" (91). The first mention of her success in the role of nurse comes from the paratexts of Taylor's narrative. In a letter written to her in 1902 by Colonel Trowbridge of her regiment, and printed between

[81] See Strong, Schultz, and Wardrop.

the introduction by Higginson and the text itself, the Colonel laments the fact that she cannot have her "name placed on the roll [sic] of pensioners, as an Army Nurse; for among all the number of heroic women whom the government is now rewarding, I know of no one more deserving than yourself" (xiii). While Trowbridge does not specify why Taylor cannot get paid, I would suspect either her race or the fact that she was hired as a laundress—the latter affected by the former certainly—was to blame for this "technicality." The fact that a leader of her regiment considered her an Army Nurse shines a light on Taylor's role in the company no matter her official title.

As I mentioned previously in this chapter, the role of nurse in the Civil War was less well defined then current-day nursing duties. They bound wounds and distributed medicine; they also brought soldiers food and water, comforted, and calmed them. Taylor notes her performance of the same duties that white nurses in Northern hospitals detail in their works. After one extended battle Taylor describes her role:

> When the wounded arrived, or rather began to arrive, the first one brought in was Samuel Anderson of our company. He was badly wounded. Then others of our boys, some with their legs off, arm gone, foot off, and wounds of all kinds imaginable . . . My work now began. I gave my assistance to try to alleviate their sufferings. I asked the doctor at the hospital what I could get for them to eat. They wanted soup, but that I could not get; but I had a few cans of condensed milk and some turtle eggs so I thought I would try to make some custard . . . This I carried to the men, who enjoyed it very much. My services were given at all times for the comfort of these men. I was on hand to assist whenever needed. (90-91)

The description of her work aligns with that described in other nursing narratives of the period. She demonstrates her work as a nurse in passages such as this which make it clear that she was consistently involved in the treatment of wounded soldiers. She remained with the regiment through advances and retreats until they were mustered out in February 1866. Her position on the front lines of battles meant she was exposed to even more horrors than nurses in hospitals at a distance from the fighting. She describes seeing skulls along the road as they walked, making this seem a common occurrence, and notes that during her time she "had become accustomed" to gruesome sights (31). She reflects in this moment that it is

> strange how our aversion to seeing suffering is overcome in war,—how we are able to see the most sickening sights, such as men with their limbs blown off and mangled by the deadly shells, without a shudder; and instead of turning away, how we hurry to assist in alleviating their pain, bind up their wounds, and press the cool water to their parched lips, with feelings only of sympathy and pity. (88)

Clearly, Taylor's wartime experience was filled with sights like these, and she learned to put any squeamishness aside in order to nurse the wounded men in her company. The nursing skills Taylor gained are demonstrated in her text alongside her bravery and devotion to the men in her care. In 1863 smallpox broke out in camp, but Taylor claims she had been vaccinated—although she does not give details—and so was unafraid of the disease. This lack of fear allowed her to attend the man who was most ill and quarantined from the rest. She "went to see this man every day and nursed him" when only the doctor was allowed to see him (45). The representation of the self as without fear for her own health, consistent with that of many Civil War nursing narrators, is created here as she steps up to care for a man that no one else could, and in doing so demonstrates her dedication to the role of nurse.

Each of the examples above also add to our knowledge about how Taylor saw her role among the soldiers. Because of the style of her piece, in Stover's words "objective" and "journalistic," Taylor rarely gives in-depth personal information about anyone once she has moved into the wartime section of her piece (122). However, her discussions of soldiers can still be considered heart histories—a short, personal, and often sad story of a person other than the author—because of the way she treats the facts she does give. In each event she gives the full names of those involved. Edward Davis was the soldier with smallpox, Charles O'Neal was the first man to be killed in their regiment, Samuel Anderson was the first man wounded in one battle, and the list continues. Taylor gives the terrible details of what happened to John Baker—wounded Monday and found on Wednesday—during the two days he was lost. She is determined to demonstrate the bravery of the US 33rd and does so by giving explanations of battles, marches, and victories. Taylor also praises their commanders with military and personal adjectives; Captain Metcalf "was a brave captain, a good officer, and was honored and beloved by all" (105). Taylor takes the time to describe the bravery of the men she cared for and gives the reader personal updates about their lives after the war—whether they married, had children, or died before this narrative was written. The details of these men's lives are important to Taylor because the men are important to her. They were not simply cases to be fixed or problems to be solved but people, patients with full stories and lives of their own. And after helping to save them, Taylor demonstrates continued interest in their lives in ways similar to those of other nurses at the time. The inclusion of heart histories into the otherwise "objective" prose, especially the follow-ups to their lives long after wartime, illustrates Taylor's ideas about patient/caregiver interactions in ways similar to those employed by Hunt and Gove Nichols. Even though Taylor's subject position,

training—or lack thereof—and time were different from these other women, all three use heart histories to tell the stories of those they heal.

As I noted earlier in this chapter, this way of speaking about patients is not often seen in the writings of male war doctors. This difference is likely caused by both the gender and medical roles of the writers. Doctors performed large numbers of surgeries during the war, did rounds, and left instructions for nurses and orderlies to carry out; they rarely write about spending time with patients. Nurses spent much more time with patients and when they published texts it was often to chronicle their work with patients or to highlight the work of women in the war. Taylor wrote to do the latter. So, through the way Taylor talks about patients in her text we can begin to see that, while it may have been more feminine to focus on the soldiers instead of herself, she did not focus on them for that reason. She created a representation of herself as a nurse who did not shy away from the horrors of war even as she tells a tale of the soldiers around her. She wrote a picture of a nurse who was tough, courageous, self-less, and kind.

Understanding Taylor's role as a nurse in the war allows us to more clearly see how those experiences strengthened her and gave her the agency to address the reader boldly and with the power that came from caring for others throughout a terrible and bloody war. She contributed to the war effort and the end of slavery in the best way she could, as a nurse, and then, long after the war, she leveraged the agency she gained from her identification as Civil War nurse into activist works. This text is perhaps the greatest of those as she once again employs her literacy to speak up as an advocate of racial equality, call out hypocrites, and remind the reader of the contribution women, especially women of color, made to the war effort. Taylor's contributions, and that of the many black women who spent the war nursing

soldiers, demonstrated their ability to treat patients, work with doctors, and even take on a "proto-professional view of their work" as they gained confidence and skills (Hilde 36). After the war, a handful of schools for black women opened and included nursing programs. One of those was the Spelman Seminary. In 1889, three years before Taylor's narrative was published, an article detailing the "Public Examination of the Nurse Training Class" appeared in *The Atlanta Constitution*. In it the author praises the students by relying on the "born nurse" ideal, in this case essentializing the looks, habits, actions, and mannerisms of black women in a few paragraphs. However, what the reader also sees is the women answering questions about "ventilation, treatment of surgical cases, fevers, smallpox … restoring a nearly drowned person, staunching wounds" and more (Andrews 5). While most fields were still closed to black women at the time, nursing had become one in which they could be thoroughly trained and reliably employed. It may have been the lack of equality and her perception that Civil War women were being forgotten that pushed Taylor to publish this text, but the work they did was almost certainly a driving force in the opening of the new profession of nursing to black women.

Adelaide W. Smith

Adelaide W. Smith's 1909 *Reminiscences of An Army Nurse During the Civil War* contains almost all of the biographical information we have about her life. Smith was born in 1831 and died in a car accident in 1914; that is most of what we know about her before and after her war effort.[82] Like Taylor, Smith is often mentioned in texts about nursing narratives; however, there are no in-depth studies on her text. One anthology of health work in the Civil War, Straubing's 1993 *In Hospital and Camp*, contains a four-page excerpt of Smith's text

[82] For details about the accident see "By The Way."

but the introduction which precedes it only comments that Smith was “an independent volunteer who offered her services at the beginning of the mass effort to help at hospitals” (125). Smith and Taylor describe very different living conditions. In the beginning of the war, Smith is catered to as her male orderlies bring meals to her rooms where she entertains guests. This deference is due in part to her race and class status, along with her gender. However, once Smith makes the journey to the City Point hospital in Virginia she describes nearby shelling, rougher camp conditions, and other dangers and horrors similar to those Taylor experienced. Smith constructs her selfhood within this text in ways similar to Taylor by employing relational identity construction and building herself as nurse in part through heart histories of the men she helps. Smith also demonstrates consciousness of her temporal orientation throughout the text. However, their differing subject positions are clear when we delve into the race relations depicted within the texts and the purposes for the writing of these texts. While Taylor’s subject position makes race an integral part of her tale, Smith’s depiction of race relations in the text aligns closely with the ways that Wardrop describes racial issues in other white nurse narratives. Smith was staunchly anti-slavery and argues,

> When Abraham Lincoln, with superhuman courage, made that moral stroke of the pen that gave freedom to millions of slaves, then was born at last a free country, not only in name, but in the glorious face that had blotted out from our country’s escutcheon that shame of human slavery that had so long branded out vaunted freedom as a disgrace. (216-17)

However, moments throughout the narrative illustrate her complicated relationship with ex-slaves. She praises the “negro infantry” and also lauds the slave men who stayed on plantations to become “the protectors of Southern women and children” during the war even

though they were going against their own interests (134, 135). But, she also describes a conflict in which her boots are stolen and she assumes an ex-slave took them, describes the woman who serves her as having a "peculiar vernacular," complains that the newly freed slaves have no "knowledge of the value of money," and calls their praise gathering full of "childish simplicity" although she enjoys listening to their music (23, 160, 91). While there are few moments of outright racism, there are many in which it is clear Smith has had little contact with people of color before this and that she is unaware of the reality of their lives before, or during, the war. One of the main purposes of Taylor's text, to address racial injustices, is clearly unimportant to Smith because of her position as middle-class white woman. However, Taylor's goal of increasing awareness of women's contributions to the war can also be seen in Smith's narrative.

Representing Selfhood

From the first moment of the text, Smith's purpose of forwarding the work and sacrifice of women is clear through the use of three strategies, which were also seen in Taylor's narrative. First, she advocates praising and remembering all the women involved in the war effort. Second, she describes the work and sacrifice of specific women, sometimes giving their heart histories and sometimes opening a space for the women to demonstrate their own selfhood. And third, she illustrates her connections with other women and the importance of friendships in helping her make it through the war.

Smith dedicates the narrative first to the "Boys in Blue" but spends much more time on

> those brave women who, with smiling faces and breaking hearts, sent them forth to save their country and their homes, while they themselves toiled in fields and elsewhere . . . and to that band of heroic devoted women, many of whom left

> luxurious homes for the discomforts and privations of hospital life, and died, self-sacrificing patriots of the war. (6)

While this narrative is filled with stories of soldiers she treated, it is dedicated to women, both those that stayed home and those who went to war. Smith continues in this vein as she moves to the forward in which she notes (like Taylor) that she wrote this text at the urging of friends, specifically friends who thought she should write and present her story to the public in order that "the younger generations may know something of the work done by women during the war" (9). Closer to the end of the narrative Smith makes a move similar to Taylor's call for remembering the work of women in the war. Smith notes:

> How few, even of the army veterans, remember the sacrifices of the "Women of the War" in hospitals, homes, and elsewhere! In the many G.A.R. annual Memorial services held since the war, when they are received in churches to hear their heroic deeds extolled, never have I heard a chaplain or minister give a thought of the women workers, by whose faithful care many of these brave soldiers were nursed back to life, and restored to their anxious families and to the country. (193)

She does not claim that the soldiers should not be praised or honored, but that the women who nursed them after battle should be recognized alongside them. Smith potentially wrote her text so many years after the end of the war as a corrective for the erasure of women's work and sacrifice that she saw occurring. It is about more than preserving her own story; it is about the thousands of women who worked alongside soldiers, and both Smith and Taylor's narratives work to correct the removal of those women from the history of the Civil War. In looking at the two texts together, we can see a pattern of women writers seeking to

spotlight gender-related war work; there is power in their claim that not only men should determine whose stories matter and get told.

Smith also employs short heart histories of women who served alongside her during the war. These vignettes serve to personalize her larger calls for memorializing and honoring the women who sacrificed for their country. Early on in the war a Miss Gilson, "a dainty young woman" with "a pure soprano voice" who was regarded as "an angel of peace" by the men, "remained too long ministering typhoid patients" (107-8). She contracted the disease and "died in early womanhood" (109). Smith calls her death "a sacrifice to her benevolence and patriotism as truly and honorably as the men who died on the field of battle" (109). In equating Gilson's death with that of the men who died in battle, Smith demonstrates her point that women nurses should be considered as important as soldiers to the war effort. Nearly a hundred pages later, Smith details another woman's similar story. Miss Jones arrived at City Point Hospital and "worked for many weeks in that enthusiastic ardor which inspired her kindly heart" despite rough living and working conditions (194). Her lack of thought for herself consigned her to collapse suddenly with typhoid fever and die soon afterward. Smith notes that it came as a shock "that this frail, devoted soul had sacrificed her life to her country and died in the field, like many a true soldier and patriot, far from friends" (194). Forwarding the idea that women's sacrifices were no less than men's, which both of these narratives do, demonstrates not only the agency claimed by Smith and Taylor in writing them but also their move to gain recognition of the power of women like them. Inserting the stories of others into her own autobiographical writing also demonstrates Smith's implicit argument about who matters; it is not just her story but those of her patients and her colleagues that deserve to have their story told.

Smith not only tells the stories of other women but she also allows other women to speak of their own experiences. Dr. Mary Blackmar's letter to Smith, dated April 1910, details how she saved a man's life by refusing to give up on him or to leave his side. Having fallen from the wagon transporting him to the hospital, the man was abandoned by the surgeons. Blackmar stayed with him "twenty-four hours" using her fingers to quell his profuse bleeding before he could be moved to the hospital tents (231). She had not completed medical school before the war but "afterward returned to [her] college and hospital and completed [her] studies" before living "a strenuous life as a practising [sic] physician in Florida" (233). Requesting this information from Blackmar indicates the importance to Smith of the women around her during the war and including it in her narrative says that Blackmar is worthy of having her words read and her experiences known. By endorsing Blackmar's story in this way, Smith is also making an implicit argument for what makes an appropriate doctor/patient relationship. Blackmar does not give up on the soldier like the (certainly) male surgeons, and because of this patience and tenacity the patient lived. The nurturing care shown by Blackmar was considered a feminine trait and, by including this story, Smith argues that this type of medical care is worthwhile and necessary. By extension, she also claims that this is how medical professionals should treat their patients and that women, therefore, are suited to be nurses and even doctors.

Smith continually notes her interactions with other nurses and women doctors during her wartime experiences. Her status allowed her to come often into close proximity to influential women and she describes her meetings with Clara Barton, Dr. Mary Walker, Dr. Hettie Painter, Dr. Elizabeth Blackwell, and Dorthea Dix. Smith praises these women calling Dix a "masterful woman" and noting, similar to Taylor, that Clara Barton "treated [her] kindly"

(125, 91). Smith also defends women doctors noting “at that time women doctors were considered bold intruders, ‘unsexed’—whatever that may mean—and why? Because they thought that is was time for women to know something about their own bodies and diseases” (141). These anecdotes demonstrate the benefits of and the power in forming networks of women to support and uplift each other. Here, Smith is continuing to speak back to the dominant voices and claiming agency for women in her current time by making their ideas about women in wartime seem out of place and ridiculous.

Demonstrating the importance of women to her well-being during the war years, Smith notes her friendship at the end of the war with Cordelia Anderson, a treasury department worker. Smith tells the reader that Anderson “made my evenings delightful, as had my friend Annie Bain in our field tent at City Point, after the strain, the work and indignation of almost every day” (252). Here, we see that the company of other women allowed Smith to fortify herself after hard days of nursing duties and gave her a chance for respite before the next day of war horrors began.

Adelaide Smith as Nurse

Smith began her war nursing work in 1862 at the Long Island College Hospital. In 1863 the Parks Barracks Association was formed by women to set up accommodation for soldiers, and they asked Smith to run the diet kitchen at Ft. Wood. She agreed with the condition that the association not interfere, and she details her system for setting up an effective kitchen for the hundreds of men settled in their camp. Early on in this work, Smith notes tension between the volunteer nurses and the doctors at Long Island hospital. The “conservative, retrogressive old doctors, who showed no favor or sympathy for the sick men” were protested by the “kindly women workers” (28). However, the older doctors ignored the complaints and so the

nurses often disobeyed orders, especially in terms of restricting water and diet, because, unlike the doctors, the volunteers saw patients and not "subjects" (28). In these moments, we can see once again the oft present man/woman dichotomy in the way patients are treated and handled. The "extensive experience" Smith gained in New York hospitals "prepared [her] for work at the front" which she began in 1864 (78). She sailed for the front in Virginia and began work at Point of the Rocks Hospital. She realized that she was sent to replace Clara Barton (who was on leave) without Barton's knowledge. When Barton returned to her post, Smith quickly removed to City Point Virginia. At City Point, eight miles from the front, there were thousands of soldiers to feed and care for and patients came straight from battle to this hospital.

Smith used her influence at City Point to care for the youngest soldiers by having them assigned to her as orderlies. She "had four who had been assigned to [her] by the doctor that they might have special care, and not one of them can stand alone for one hour" (Smith 86). These boys could not actually serve as orderlies in their state; instead, Smith used this title in order to allow her to give them more care and attention. She describes one boy named Willie who she carries to her tent every morning for nourishment, rest, and that he might escape "the sight of dying and suffering men" (86). She continues until she realizes true improvement will only happen at home; she secures sick leave for him so that he can recover at home with his mother. Using her authority to help those who might have otherwise been overlooked demonstrates the way she cared for her patients.

Like Taylor, Smith describes the horrors of seeing and treating wounded men. The wounded were brought to them on "flat rough sand cars" and the "sight of these cars, loaded with sufferers … powder-stained, dust-begrimed, in ragged torn and blood-stained uniforms,

with here and there a half-severed limb dangling from a mutilated body—was a gruesome, sickening one, never to be forgotten" (100). Later Smith admits she "was anxious to break the long strain of caring for sick and wounded patients amid scenes of the horrors of war and bloodshed. Nine-thousand men, at different times, filled this well-organized camp. Mangled bodies were brought directly in from the battle-fields where they had fallen" (217). By the end of the war, women and men alike were exhausted from the raging battles. While the majority of their patients were Union soldiers, this camp also received Confederate men, and Smith says they "gave the sick rebel prisoners the same attention as our own boys" (133). This is not the only incident which demonstrates the women's devotion to their patients. Smith details a moment in which the nurses must decide, at the possibility of gunboats arriving at their position, whether they should "try to escape" or "remain with the sick" (133). She notes that they "promptly decided to remain with our boys" and were thankful that the boats never actually appeared (133).

In February 1865, Smith was made the agent for New York, and she stayed on at City Point after the war until it removed all its patients and closed. When the news of Lincoln's assassination reached the camp, Smith states,

> As in most great catastrophes, it seemed for a time as if the world must stand still; but many patients still needed care and we were obliged to go on with our work till all the sick were sent home or to Northern hospitals, and each resumed his daily duty, while the spirit of sadness hovered over the hospital campus. (277)

Despite the devastation, the wounded still needed to be cared for, and the hospital workers moved forward even as they struggled, along with the rest of the North, to handle the loss. Once City Point Hospital closed, Smith moved back to DC to work in the hospitals there, and

she became well known as someone who could get soldiers released to go home despite the red tape.

Even more than Taylor, Smith employs heart histories of her patients throughout this narrative, including that of young William described earlier. Many times, it is within heart histories that we get a better glimpse into the actions of the nurse as she describes the soldier's illness and private story and the treatment she gave simultaneously. As with the women's heart histories, Smith mostly tells their stories in her own words but also makes space for the patients to tell their own lives. She begins with her very first patient. He "was a bright, cheerful young man, Allan Foote, of Michigan" (23). She goes on to explain his wound, notes that he eventually recovered and returned home, and opens a space for his voice. Foote describes his father's last words to him before he left home and says "it is now a source of satisfaction" to him that he can go home to his family proud of his bravery (24). Another moment in which Smith allows a patient's own tale to take over her telling comes when she inserts a card a soldier gave her titled "John L. Burns' Account of Himself" (55). This account relates Burns' life in the army, his wounding, and care by rebel officers. The interesting cases sprinkled in this narrative demonstrate both Smith's dedication to her patients and the devastation of injuries in the war. She prides herself on her ability to ease the suffering of these men and takes their care and their stories seriously. The level of detail she provides about her patients, so different from what we see in the autobiographical writings of male doctors, demonstrates that nurses enacted a level of medical care which gave them insight into their patients as individuals with history and personality.

Temporal Orientation

Overall, the reflective aspects of these two texts allowed the authors to shape their self-constructions to fit their specific purposes. They wanted to remind the public of the work of women nurses in the war and advocate for keeping them, as well as the soldiers, in the public memory, and to do that they crafted representations of themselves which would convince readers to trust and support women as nurses. Throughout these two narratives, the reader is aware of the self who is writing and the self who is represented because of the conscious ways in which the authors illustrate the difference. These illustrations, detailed below, allowed Smith and Taylor to shape their narratives in ways they could not have if they had written immediately following the war. Marking the distance by self-consciously noting gaps in knowledge in the past which have since been filled, discussing emotional moments and their effect then and now, detailing occurrences between war time and the present, and giving updates on people they knew during the war demonstrates a reflective type of autobiography different from other nurse narratives.

Nicola King begins her work on memory by distinguishing stories which include the phrase "but we didn't know that then" (1). In other words, she starts by delineating stories that include self-conscious notation of gaps in knowledge in the past which have since been filled the addition of which you did not, or could not, know at the moment of the event you are recounting. This idea is clearer in these narratives than elsewhere in my discussion of autobiographical literature. While "much conventional autobiography … tend[s] to elide memory as a process" and presents the content "as if it were uniformly and objectively available to the remembering subject as if the narrating 'I' and the subject of the narration were identical," Taylor's and Smith's texts include many moments at which the process of remembering is made evident (King 3). Smith and Taylor clearly delineate the points of

information they learned since the end of the war as they make conscious note of dates and use modifiers in the vein of "I have been told since." Each of these moments allows the reader to see the women who are writing alongside the women they are writing about. The identities constructed within their texts are clearly shaded by time and wisdom, and the reader almost gets two separate identity representations, the woman who was a nurse and the woman who is a writer reflecting on the nurse. The reflections illuminate the time in which they were written, as nursing became increasingly gendered, and demonstrate, through Smith's depiction of doctors and both women's self-representation, some reasons for this gendering. Smith describes incompetent, and sometimes uncaring, male doctors who are in stark contrast to the deeply caring images of Taylor, Smith and other nurses who not only withstood the terror of wartime but also cared for the whole patient, physically, mentally, and emotionally. Even today, when nurses receive in-depth medical training and schooling, their jobs often require a holistic approach not taken by many doctors. While descriptions of nursing care versus doctoring care were written by nurses during and just after the war, the moment of publication is important here because of the shifting identity and position of the professional nurse at the turn of the century. Rhetorically, there were benefits to publishing these texts at the turn of the century instead of during or right after the war. Wardrop has argued that women's service in the war "formed a kind of proving ground for 'woman's rights'" (10). It also served as a test for middle-class white women nursing outside of the home; their efforts lent credence to the idea that public nurses should be trained and useful to the doctors they worked under. At the turn of the century, the schools for nurses were beginning to thrive but discussions raged about the proper position and skills level for a nurse. While Smith and Taylor do not directly address this issue in their texts, publishing this

reminder of the importance of women's work could have helped nurse advocates make their claims. While nurses still found "their entire professions dependent on and circumscribed" by male doctors, they "did not have to tough out discrimination just to obtain a job, and they could count on female mentors" (Muncy xiv). The publication of texts like Taylor's and Smith's only added to the mentors that women who wanted to be nurses could look to for guidance and inspiration.

Despite their commitment to nursing during wartime, Smith and Taylor did not participate in the new age of training for nurses after the war; Taylor was a school teacher and domestic after the war and Smith's work is undocumented. However, their texts, published as professional training and education for nurses was becoming a necessity, worked to remind the public of the sacrifices women of all races and classes made for their country fifty years earlier. In this way, the two women were working, as writers, to remind others of the efforts of women in the war, and the positive contributions they detail helped strengthen the position of those advocating for training women in health professions. In light of women's shifting roles at the turn of the century, these texts helped to reimagine the war as a moment in which women proved that they were willing to sacrifice for what they believed in and were necessary for the success of the war effort. Although they no longer needed to prove that women were capable of nursing outside of the home, Taylor and Smith reminded their readers that women had been doing so for many decades. In reflecting on the women they were during the war, and demonstrating their relationship to temporal orientation, these authors allow the reader to see a representation of themselves in the moment of writing even as they work to describe the experiences they had while nursing in

the Civil War. Taylor and Smith recognized specific social issues in 1902 and 1911 and wrote texts that consciously put these issues in the public eye.

The care with which the nurses treated their patients, seen in the heart histories described earlier, continued long after the war had ended and is demonstrated through informational bursts about the state of soldiers' personal lives. Taylor discusses some soldiers in the space between the war and the current moment and others are discussed in 1902, the time of the writing. The clarity in dates throughout helps the reader to place each encounter on a timeline and demonstrates Taylor's consciousness in relating her temporal orientation. For Smith, many of these moments come within the heart histories as she spends time noting what happened to the men after war time. In some instances, she even had the opportunity of seeing them or their families after the war. In one case a blind soldier, William Mudge, shocked Smith when she received "an announcement of his marriage" and when she visited them "three years after" she saw "their pretty cottage . . . his charming wife and their handsome healthy boy of sixteen months" (76). Smith notes the time frame of this visit which alerts the reader to the fact that she is recalling the story at a distance and, at the same time, represents herself as writer making time to visit and include patients from her past into her story.

The temporal orientation the two women adopted was necessary for them to tell their stories fully; their descriptions of emotional moments illustrate their need for distance from these intense situations before they can remember the emotions without feeling them. Both Smith and Taylor demonstrate their position at a distance from their tale by illustrating moments which have different emotional significance to them now than they had at the moment they occurred. Taylor recounts visiting her ill grandmother and how thankful she

was that they were able “to meet each other once more” (27). But she was unaware that “this was the last time” she would see her (27). Although she may have suspected, Taylor could not have known that this visit to her grandmother would be the last; however, years later she can attach more emotional significance to her rough journey south to see her grandmother because the Taylor that is writing knows it was their final encounter. Later in the text, just before the description of one adventure, Taylor informs the reader that she “had a rather amusing experience; that is, it seems amusing now, as I look back, but at the time it occurred it was a most serious one to me” (50). Here, she demonstrates a shift in emotion surrounding an event in the past; while it seems an anecdote now, she and her friend were frightened and possibly in danger at the time. This is not the only moment in which an emotion from the war is lessened by temporal distance. Taylor says that she “will never forget that terrible war until my eyes close in death. The scenes are just as fresh in my mind to-day as in ’61”; however, when she reflects on the terror it is in past tense, instead of immediate fear this is a view of the fear from 1902 (119). The emotional distance she has from these events allows Taylor to clearly and fully tell these anecdotes in a logical way as she remembers, but does not feel, the strong emotions that occurred in those moments.

One of Smith’s similar shifts in emotion came when she reacted in the moment with patriotism instead of logic. Just after the war ended Surgeon General Barnes noted that her name was not on the payroll despite her entitlement to pay and offered to add it. She turned him down

> with more sentiment, as I now see it, than judgement … Often, since then, I have thought of the quizzical expression of the General’s eyes, though he said not a word

> about an impractical girl who did not think far enough to see what good she might have done with that accumulated wage of several years. (260)

Smith realizes, from her older, wiser, more logical position that accepting pay for her work would have allowed her to do good for herself and those around her, but at the moment of the event she could not see this and so reacted sentimentally instead. In writing as nursing developed into a profession, it is possible Smith realized, because of her temporal distance from the event, not only that she could have used the money but that she deserved the pay the general offered.

Although the two women show that their emotions have changed over time, they are still attached to the events of their past. Both note that they have kept relics which remind them of their war experiences. Smith has multiple. Two are from the shore of the James River where the Union army made a stand; Smith makes a note at the bottom of the page saying, "I still have a piece of this black stone picked up at this point, at the time of my visit there in the year 1864. I also have an excellent cut of the gap at this time" (158). Also in 1864, Smith received a copy of a telegram from General Sherman to President Lincoln from Dr. Hettie Painter. Smith notes:

> much pleased with this souvenir, now a relic of that wonderful conquest, I have preserved it carefully. Some months since I presented it to the US Grant Post of Brooklyn, and by them it was nearly framed and is now in the fine military museum of that post's relics. (165-66)

Smith had kept these items for more than forty years when she described them in her narrative. Taylor tells the reader that she kept an original copy of the mustering out order given by Colonel Trowbridge and it is "still" in her possession (118). This modifier alerts the

reader that not only did she receive and hold on to an original at the time but that she has kept the document with her throughout the thirty-six years between the end of the war and the writing of this story. The relics themselves were clearly important to the women at the time they were received. However, more pertinently, the fact that the items were preserved and cared for over the period from wartime to the moment of writing and then described in the text demonstrates the lingering significance of the objects, and by extension of the time period, to their identities.

Each of the above moments demonstrates their position in the moment of writing by giving the reader facts and emotions that modified the moment they are recollecting. King argues that "it is in and through writing that memory constructs itself as inevitably belated" and simultaneously recreates its "immediacy" (9). In the writing of these narratives, Smith and Taylor allow their memories to be both, and in consciously demonstrating their past and present selves, the authors give the readers representations of their nursing identities during wartime and their identities as writers at the turn of the century. Smith and Taylor could have written these texts soon after the war ended, but they did not; in reflecting back on their wartime experiences they put time and space between themselves as writers and themselves as nurses. While publishing at that time would have been more difficult for Taylor, it would not have been impossible. Both women instead decided many years later that their stories, and that of those around them during the war, needed to be told. Why? As I stated earlier, one reason given in the texts was that their friends had asked them to so many times that they finally broke down and wrote it; that conceit is often used in narratives by women to downplay their agency in the process. Other reasons for this decision are given by Smith and Taylor as they describe the ways that women and women of color have been overlooked in

the memorialization of war heroes. And, for Taylor, the continuing lack of equality between the races also provided an exigency.

Publishing these texts at the turn of the century allowed them to intervene into contemporary debates about women and nursing and the public memory of war. For current readers, however, the importance of their temporal orientation is that their self-constructions are more complete because of it, and their narratives demonstrate a type of autobiography different from the others I have examined to this point. This difference matters because it is important to recover the variety of rhetorical tools that women used in their autobiographical literature at the time. Uncovering the multiplicity of modes of storytelling women created provides a more nuanced and complete picture of how women in health fields were writing and constructing their identities at this time. These two nursing narratives illustrate the self-representations of women who wrote their stories to affect public memory surrounding the war; in waiting until long after the war was ended, they both responded to and affected the cultural conversations about drastic changes in the field of nursing.

Nursing after the Civil War

After the war, male physicians became very critical of both paid, untrained nurses, and mothers who nursed their families while "totally ignorant of the first principles of nursing" (Gross qtd in D'Antonio). This turn helped to forward the need for trained nurses. However, to move "nursing out of the private sphere of domesticity and into a public sphere of action, nurse educators had to contend with the tensions created between the perceived image of nursing and the increasingly demanding educational process required of this emerging profession" (Lewenson 25). Slowly, because hospitals with training schools showed marked improvement in nursing care, the public began to recognize that formal

preparation for nurses had practical value. In the early schools, especially those based on the model Florence Nightingale set out, character and class were very important. Most programs required character references and accepted mainly middle-class white women—in part as a corrective to stereotypes about nurses who worked in public and in part because of prejudice on the part of those in charge. The women who created and ran these schools faced push-back from medical boards and male physicians who wanted to control the education of nurses. These entities feared that nurses, once well trained, would set up practices in opposition to physicians, would not follow orders implicitly, and did not need scientific training for their everyday tasks. While many nurses trained in the latter half of the century did indeed have more training and experience than the doctors they worked under, they had no intention of starting up their own practices. Nurse educators did not want to train doctors, instead they "hoped to gain scientific credibility for nursing as a profession connected to, but distinct from, medicine. This mandate was pivotal in moving nursing from its homely status as Everywoman's vocation to a scientific course of study that produced female professionals" (Schultz, *This Birth* 3). Once this shift began, however, nursing advocates had new troubles to contend with. Hospitals often opened small nursing schools in order to get student nurses they could pay less than fully trained nurses, and nurse advocates had to make sure that education and training, not financial gain, was the main goal of these programs. Nursing pioneers struggled to protect the emerging profession against those who wished women to keep their status as second-class citizens.

The increase in women physicians in the latter half of the century left the gender hierarchy unbalanced, and nursing was a counterbalance because as a position subordinate to (male) physicians it was considered a more proper place for women. However, trained nurses

had different relationships to doctors and to women colleagues than untrained nurses because their education allowed them both knowledge and power within the sphere of the sick room. This was a social sphere of influence in which medical knowledge and a position as assistant instead of mother allowed trained nurses "to rethink their identities as well as their work. For them, the idea of trained sick nursing stood as a powerful social and intellectual identity for a life" (D'Antonio 27). Nurse training programs pushed back against old ideas about nurses; they "eschewed the limitations of the 'born' nurse ideology and pursued emancipation as a self-determined group through the formation of nursing organizations beginning in 1893" (Lewenson xviii). Between 1893 and 1912 four professional organizations for nursing were formed. Perhaps because Smith and Taylor were not involved in nursing after their war efforts, they do not mention or obviously respond to these developments; however, it is possible that the increase in nurse training and support encouraged them to publish their texts. These associations gave the newly trained nurses and their instructors places for support, community, and a collective voice.

Smith and Taylor were not trained nurses, but they employed their position as nurses during the war to help them rethink who they were and to construct representations of themselves. These two women created texts that both illuminated what it was to be a nurse during the Civil War and worked to reimagine war spaces fifty years later. By telling their tales of hardship and sacrifice during the war and rhetorically focusing on the soldiers they helped, both women gained authority to speak out about gender and racial equity. Taylor spoke back against the racial injustices she saw in 1902 by first demonstrating her efforts—and those of the black soldiers around her—and then using the authority she built to call out hypocritical and racist behavior, all while advocating for the remembrance of the sacrifices of

women nurses and women of color in the war. Smith, focusing on white women nurses, makes similar moves advocating for the importance of the women who worked and died alongside men in the war and pushed to gain them the same recognition and praise that was given to soldiers.

Here, I have argued that the temporal distance Taylor and Smith have between the events and the moment of writing allows us to see two different sets of women—the woman nurse and the woman writer. Their writings reimagined the Civil War as a time of triumph for women. Instead of a reimagining, the focus of my final chapter was writing a new life into history. I move to a discussion of Dr. Susan La Flesche Picotte, the first Native American woman to be trained in a Western medical school. Here I examine writings by La Flesche Picotte, including two of her published autobiographical speeches, titled "My Childhood and Womanhood," and "My Work As a Physician Among My People," along with her diary from 1910-1911, to argue that as a doctor and an Omaha woman at the turn of the century, La Flesche Picotte lived, wrote, and practiced medicine at many intersections and each of these are reflected in the ways she constructed her life story. Because she was the first Omaha woman trained in Western medicine, her autobiographical works essentially write the possibility of a life like hers into existence and into history. In this last chapter, I argue that while her place at the nexus of cultures, government policy shifts, medical practices, and training styles opened space for her to practice and write, La Flesche Picotte created an image of herself for public consumption which was not the inevitable result of her surroundings but a carefully constructed picture that she put into the world so that she could make the most difference in it.

Chapter Four

Doctor, Woman, Omaha: Dr. Susan La Flesche Picotte's Intersectional Identity Creation

In her 1892 speech, Dr. Susan La Flesche Picotte reported:[83]

> The practice of medicine among the Indians is very different from that among the whites. The Omaha reservation is thirty miles long and fifteen miles broad. My practice covers that extent of country. The roads are very bad and the Indians are scattered all over the reservation … I began to work at the school, not supposing I should have much work outside it in the tribe. There was another physician there [on the reservation]. But I found that I had most of his practice in three months' time, for I understood their language and they felt I was one of them, so I had the advantage … One Indian man came to me and said 'We are very grateful to you for coming to see us when we are sick, but we wish you wouldn't go out in stormy weather. It will be too much for you.' I told him I had to, for that was my duty, and he said no more. ("My Work" 133)

These excerpts from one piece of La Flesche Picotte's autobiographical literature illustrate the difficulty of her work, her connection with her patients, and her philosophy of care as an Omaha woman doctor. When La Flesche Picotte graduated from Woman's Medical College of Pennsylvania in 1889, she was the first Native woman to do so. She was born in 1865 on the Omaha Reservation in northeastern Nebraska to Chief Joseph La Flesche (Iron Eyes) and Mary Gale (One Woman). Her parents encouraged Western education along with Omaha

[83] Although she did do most of her work under her maiden name, I will refer to her as La Flesche Picotte throughout the rest of this chapter to clearly distinguish her from her father and brother who were also well-known.

traditions, and, after completing her training, La Flesche Picotte moved back to the Omaha reservation and was soon caring for over twelve hundred Native and white patients. She married in 1894 and had two sons but continued to practice medicine. In 1913, she fulfilled her long-held dream of opening a hospital on the reservation. After many years of illness, most likely bone cancer, exacerbated by long hours and hard work, Dr. Susan La Flesche Picotte died in September of 1915. I argue that her medical training and her determination to use those skills to benefit the Omaha people affected the way she practiced medicine and the way that she constructed herself as an Omaha woman doctor in her texts as she wrote to bring this identity into reality.

In this project thus far, I have analyzed published texts in a variety of genres to present a picture of the ways that nineteenth-century American women chose to write their lives as professional health care givers and have argued that the space to do this writing was created by shifts in the social landscape and health fields of the period. These women constructed their gendered identities in their writing and in their practice; the current chapter extends the scope of these arguments in terms of genre and time. Here I examine writings by Dr. Susan La Flesche Picotte, including two of her published autobiographical speeches, titled "My Childhood and Womanhood" and "My Work As a Physician Among My People," along with her diary from 1910-1911. I argue that as a doctor and an Omaha woman at the turn of the century, La Flesche Picotte lived, wrote, and practiced medicine at many intersections, and each of these are reflected in her construction of a hybrid identity through which she navigates her Native and white audiences as well as traditional and European-American medical practices. Her story comes last in this project for a variety of reasons. The most obvious is chronology; she lived and wrote later than the other women I have discussed,

and she wrote this section of her diary in the year the Flexner report was published. This takes us right up to the beginning of another largescale shift for medical education which affected the ability of women to join in the medical field outside of nursing.[84] Less obvious are the ways that La Flesche Picotte pulls together threads which have woven throughout this project. Not only does she construct her life, practice her medicine, and interact with those around her in ways similar to the women who have come before her but she also found herself in multiple liminal spaces, including shifts in government policy, medical ideology, and thoughts about gender; appropriated and employed agency in her life and her writings; and navigated the complexities of her intersectional identity. Including La Flesche Picotte allows me to expand my analysis from a focus on the various types of European-American medicine to include the interaction between those and traditional medicines. It also allows me to view multiple medical practices at this time from a Native woman's perspective. Clearly she does not stand in for all Native women doctors, but the issues she dealt with were unique compared to the other women in this study; analyzing her ethos-building and self-representations allows us to see the navigation of both traditional and European-American medicine.

During her life, La Flesche Picotte recorded her story in a variety of ways, including letters, diaries, and speeches. Because she was the first Omaha woman trained in Western medicine, this autobiographical literature essentially writes the possibility of a life like hers into existence and into history. La Flesche Picotte wrote many letters during her lifetime, along with the texts I discuss in this chapter. She spent a lot of time away from her family while at school—three years at the Elizabeth Institute for Young Ladies, two at Hampton

[84] See the introduction to this work for a detailed explanation of the Flexner report and its effects.

Institute, and three at Women's Medical College of Pennsylvania—and corresponded with her sisters often during that time.[85] She also penned official letters to women's societies and other agencies in support and defense of the Omaha.[86] However, she did not publish medical texts or lectures; her record of published texts, including autobiographical ones, is minimal. Overall, her lack of sustained published writing is a challenge given my goal of analyzing autobiographical literature to examine the ways women in health professions crafted their identities for public consumption. Although to this point I have looked at publicly articulated autobiographical writing, I have chosen to include La Flesche Picotte's unpublished diary in this chapter because of the paucity of that type of writing from her and because of what it has to tell us about her everyday medical work. Focusing on her two published pieces and buttressing my analysis with information she provides in her diary allows us to see the ways in which La Flesche Picotte, as an Omaha woman doctor, wrote her life for others and for herself.

I argue La Flesche Picotte's two autobiographical speeches, given at Hampton Institute events and later published in the school newspaper, demonstrate the ways in which La Flesche Picotte crafted a very specific version of herself, as an Omaha woman and as a doctor, that fit into the image her white audience was looking for, while simultaneously advocating for Omaha women and the nation at large. As she recounts her life in these texts, La Flesche Picotte consciously "negotiates … the cultures of subjectivity available to her, the

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[85] La Flesche Picotte attended the Elizabeth Institute from ages 14 to 17 after finishing at the reservation school. Hampton Normal and Agricultural Institute was opened in 1868 to educate black students in practical learning. In 1878 seventy Native Americans started at Hampton and began a program that would last forty years. La Flesche Picotte attended from the ages of 19 to 21.

[86] While letters are also a genre of life writing, the scope of La Flesche Picotte's letters is such that tacking them in one chapter is not feasible. I have chosen to focus on the three other texts which stand on their own and work together to demonstrate her construction of her identity as Omaha woman doctor.

discourses of identity circulating around her, and the narrative frames commonly used to tell stories" (Smith and Watson 5). These negotiations become clear when considering the audience for each speech and the ways La Flesche Picotte appeals to her listeners even as she lays out tales from her life story. I argue that La Flesche Picotte's life as an educated, active, and independent woman demonstrates that in her speeches she purposely navigated the gendered expectations of white women and constructed her identity to build ethos in order to win support from the audience for her causes.[87] As a genre, speeches are often left out of conversations about what forms autobiography can take and are instead used by editors to augment standard autobiographies of men.[88] However, if we take Smith and Watson's definition of the autobiographical as "a conceptual umbrella incorporating different forms that serve diverse audiences, purposes, and narrative strategies," speeches such as La Flesche Picotte's easily fit under this umbrella (6). Because speeches are written with a very specific audience in mind, they work differently than literature published for anyone to read. In a speech, the author has the ability to focus their rhetorical choices more precisely for the audience present. The two speeches I discuss here focus on La Flesche Picotte's life story and are reflective—traits that put them squarely into the realm of autobiographical literature. Her speeches, purposefully crafted, are "performances of self-narrating through which the meanings of the past are produced for the occasions and social identities of the present and the future" (Smith and Watson 6). "My Childhood and Womanhood" and "My Work as

[87] Sarah Pripas-Kapit says La Flesche Picotte's "assumption of a profession that was then overwhelmingly male, and her work outside the home, demonstrated a form of modern womanhood that differed significantly from the Victorian ideal. This may have left a more powerful impression on the Omaha girls and women whom she met with than her proselytization for domesticity" (53). My argument pushes this idea further to think about La Flesche Picotte's conscious identity construction.
[88] In some instances, such as with Lincoln and Churchill, speeches have been used as a main piece of a "great" man's autobiography.

Physician Among My People" demonstrate La Flesche Picotte's negotiation of her identity as an Omaha woman doctor on the occasions of her graduation from Hampton and a Hampton anniversary respectively.

"My Childhood and Womanhood" was La Flesche Picotte's salutatory address at Hampton Institute to the graduating class, parents, teachers, and supporters and was published in *Southern Workman* in July 1886. In this speech, La Flesche Picotte is clearly aware of the audience expectations of both her race and gender, and she delivers a speech which demonstrates her mastery of negotiating those expectations.[89] As the title suggests, La Flesche Picotte describes her childhood on the Omaha reservation and then looks ahead to the goals of her womanhood. She explains her parents' appreciation of education and hard work, discusses the beauty of her home, describes the carefree nature of her early childhood, tells the crowd of her wish to be a doctor to her people, and ends with the hope that she can accomplish her goals ("My Childhood" 83). This speech demonstrates La Flesche Picotte's "certainty that never questions her ability to fully participate in European American culture and continue to think of herself as an Omaha, an Indian" (Powell 49-50). This, Malea Powell argues, can be seen from the moment of the "customary welcome to the audience and the trustees of Hampton" in which La Flesche Picotte shows her audience awareness by addressing the mostly white audience of "dear friends" and "honored trustees" (50, "My Childhood" 78). The rest of the speech is a complicated negotiation of audience expectations and her own identity building using "a careful compilation of childhood memories and school and family experiences, finished with a statement about her future plans" (Powell 50).

[89] Occasions such as this one were important for white women of her generation as well as women of color, because full access to higher education was denied to them as well. The significance of this was one pathway for connecting with white women in the audience.

La Flesche Picotte focuses on the work, play, and education of her childhood in this speech; she speaks of growing up as an Omaha girl and fondly describes her past life. She also foreshadows her future, to the extent she is able, by announcing her plans to go to medical school, forecasting her "advantage over a white physician," and beginning to demonstrate her medical philosophy saying that she will teach her people "the importance of cleanliness, order, and ventilation" ("My Childhood" 78). Throughout, La Flesche Picotte constructs images of her past and future selves for public consumption; the ways in which she does so give us insight into the life of the first Omaha woman doctor even before her medical training commenced.

Her next speech, "My Work as Physician Among My People," was given at a Hampton Institute Anniversary on May 19, 1892 and published in the August edition of *Southern Workman*. This is a brief (two column) speech which was probably given to mainly Hampton students, faculty and staff, and it has a more informal tone than the earlier graduation speech. Because of this, La Flesche Picotte spends less time here focusing on the expectations of the crowd; this does not mean that she does not consider the audience, however. She takes care to end with a note about how Hampton students should act and the subject of her one detailed example is a graduate of Hampton; La Flesche Picotte clearly chose to describe a patient to whom her audience would feel attached. The content of the speech is a report in which she gives an overview of the work and difficulty of her practice in order to demonstrate "that there is great need of work in many different directions" ("My Work" 133). La Flesche Picotte builds her ethos as a medical professional here by including details of the numbers of patients she saw, their illnesses, the breadth of the help she gives to those who visit her, and the amount of land she must cover. While we see the beginnings of

her identity as healer in the earlier speech, here the reader sees her understanding and navigating the divide in healing and helping white and Native patients. We see that many of the foreshadowed events in her graduation speech have come to pass as she describes getting the business of the white doctor, bringing her medical skills to her people, and fulfilling more than just their medical needs. Now that she has been practicing medicine among her people for two years, La Flesche Picotte's identity as Omaha woman doctor has solidified. What we see in this speech is her "understanding of her past and negotiation of her identity in the present" (Smith and Watson 7). Because of this different life stage and the different occasion of this second speech, there is no forward looking here. This piece of autobiographical writing demonstrates La Flesche Picotte's reflection on the work she has already done and representation of an identity that she currently inhabits.

La Flesche Picotte's unpublished diary that covers September 1910 to January 1911 is where evidence of her day-to-day medical practices exists most clearly. Jennifer Sinor calls the dailiness of diaries "writing in the days" which "means the diarist documents the dailiness of the everyday and can make decisions about how those typically undocumented moments will be put to use" (18). La Flesche Picotte uses her diary to document the massive amount of real medical work that she performed each day. The diary is a record of her activities and events including medical advice given, visits from her children, translation requests, assistance given to her patients on multiple fronts, and more.[90] Sinor argues that because of its "very transience," diary "writing becomes a highly productive site for

[90] The original of this text is housed at the Nebraska State Historical Society along with many other papers from the La Flesche family. It is in good condition, but access is restricted because of its fragility. The diary is formatted with dates as headers and was originally hand-written in a book 8.25" long by 5.25" wide with a light brown leather cover. Copies of the original were scanned to me and I have transcribed them from those documents. It seems possibly one of a series of diaries La Flesche Picotte wrote as it starts in the middle of a month and even maybe in the middle of an entry.

investigating how both writing and culture get made every day" (10). In La Flesche Picotte's diary we can see her life being lived as she writes prescriptions; sees patients at home, at her office, and in the hospital; and gives advice on diet, hygiene, and patients' care. She writes her "experiences as [she] move[s] through time and space in an immediate rather than reflective way" and in doing so forces the reader to be present with her to notice the sheer volume of her daily tasks in a way that could only be gathered from diary writing (Sinor 11). This genre of writing, traditionally linked to women and often thought to focus on the personal or domestic life, is, in La Flesche Picotte's case, a record of her public life that allows us to fill in gaps left by the scarcity of her published autobiographical literature. As Sinor argues, "writing produced in the moment rather than of the moment, captures the in-betweenness of lived experience … Ordinary writing makes visible the unremarkable moments that make up the majority of our days, adding necessary depth to our conception of life writing" (20). I use this particular diary to add depth to our conception of the life of the first Native woman doctor and to argue that La Flesche Picotte's medical beliefs were created by an amalgamation of her medical training, her gender, and her Native culture. Investigating all of these texts from La Flesche Picotte is important to my project because to this point she has been under-studied by several fields that draw on women's writing, yet her identity construction, at the intersection of so many identity markers, expands our view of how women in the nineteenth century became health professionals and how they wrote those lives.

Dr. Susan La Flesche Picotte's name and story are easy to find these days thanks to recovery efforts undertaken by scholars across the disciplines in the last twenty years. Two full-length biographies of her have been written, including one published in 2016, and PBS

aired a documentary about her that same year.[91] However, as with the other texts in this project, despite the variety and number of biographical references and studies available for La Flesche Picotte, there are few scholarly texts that have delved into La Flesche Picotte's writing as anything more than additions to her biography. What scholarly work there is mostly comes from historians in the 1990s and uses La Flesche Picotte to discuss the ways white female moral authority, education, and domesticity were employed against Native people as weapons of assimilation or claim that she was extraordinary in her time and was able to move fluidly between white and Omaha cultures.[92] Only three texts in the past twenty years have dealt directly and in-depth with her gender, or her agency, or her medical work, and none strive to investigate the ways in which she constructed her identity in writing and in practice and how her gender, race, historical moment, and medical training are imbricated in that construction.[93] My chapter fills gaps in this work by arguing that, while her place at the nexus of cultures, government policy shifts, and medical practices and training styles opened space for her to practice and write, La Flesche Picotte created an image of herself for public consumption which was not the inevitable result of her surroundings but a carefully crafted rhetorical self-construction that she put into the world so that she could make the most difference in it.

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[91] See Tong, Starita, Mathes *Helen Hunt Jackson,* and *Medicine Woman*.

[92] See Peggy Pascoe who uses La Flesche Picotte briefly as one of many examples in her discussion of female moral authority in this period. She argues that white female moral authority shaped La Flesche Picotte's moral authority, and that she was used by the white women who claimed to want to help her. See Valerie Sherer Mathes, "American Indian Women," who discusses white domesticity and women's education generally as well as how it failed Native women. See Mathes *Helen Hunt Jackson* and Diffendel.

[93] Pripas-Kapit, Powell and Mathes "Susan Laflesche Picotte," and Pripas-Kapit respectively.

My argument focuses on her ethos-building and counters other scholars who have tended to reduce her agency while focusing on how she was shaped by the vectors around her. In “Susan La Flesche Picotte, M.D.: Nineteenth-Century Physician and Reformer,” Valerie Sherer Mathes, who has been the most prolific scholar on La Flesche Picotte, argues that La Flesche Picotte’s actions were shaped by what was happening around her and claims that her medical training and practice as well as her reformist ways were “a result of two emerging forces: the federal government's new focus on Indian policy and an Indian reform movement that spawned several major reform organizations” (173). While these statements have truth to them, I focus on La Flesche Picotte, not as the object of her circumstance, but as the subject creating an identity for herself "shaped by many factors in diverse and mutually influencing ways" (Collins and Bilge 2). My reading of La Flesche Picotte rejects seeing her as object, and in her 2004 article “Down by the River, or How Susan La Flesche Picotte Can Teach Us about Alliance as a Practice of Survivance” Malea Powell also does so using a rhetorical lens.[94] Powell looks closely at some of La Flesche Picotte’s writing to demonstrate her audience awareness and ability to use these skills to her advantage. While this thorough reading of her letters and “My Childhood and My Womanhood” is similar in method to what I do in this chapter, Powell does not look at La Flesche Picotte’s later speech or her diary. Powell only touches on the fact that she was a doctor, does not discuss issues of gender, and does not make arguments about how these pieces of La Flesche Picotte’s identity affected her

[94] Since writing this piece, Powell has articulated (with Scott Lyons) and extended the concepts of survivance and rhetorical sovereignty, which in turn has been further developed by Native scholars like Lisa King to affirm Native women’s agency in their writing. See Powell "Rhetorics of Survivance: How American Indians use Writing." and King and Bizzaro.

life, writing, or identity construction. Here, I fill those gaps by making claims about the ways that gender, race, and medicine were inextricably tied for La Flesche Picotte.

Historian Sarah Pripas-Kapit, in her 2015 article "We Have Lived on Broken Promises: Charles A Eastman, Susan La Flesche Picotte, and the Politics of American Indian Assimilation during the Progressive Era," fleshes out how the differing gendered and tribal identities of the two doctors led to differences in the scope and type of reforms that they put their weight behind. According to Pripas-Kapit, the two doctors' "work as physicians and knowledge of medicine ultimately led them to question the tactics—and indeed the desirability—of assimilationist policies" (51). Pripas-Kapit and I delve into some similar topics; however, her main concern here is tracing the politics and reform projects of these two doctors and, unlike this chapter, her article does not have sustained close readings of texts. Here, I begin with an overview of the history and culture of the Omaha people and a discussion of Omaha medicinal practices as well as their changing relationship with European-American medicine to lay the ground work for understanding the culture and moment in which La Flesche Picotte lived, wrote, and worked and to demonstrate the liminal positions she was in. I then analyze La Flesche Picotte's writings to demonstrate how her autobiographical literature about her healthcare practices show the potential for Indigenous women to integrate gendered roles, traditional healing knowledges, and western medical training to uniquely serve Indigenous populations.

A Brief History of the Omaha People[95]

The Omaha or Umo^{n}'ho^{n}—meaning "against the current" or "upstream"—people began perhaps "as far east as the Great Lakes" and over the generations slowly made their way west (Starita 3). By the mid-eighteenth century they occupied land in what are now Nebraska and Ohio. They established multiple settlements along what is now the Missouri river where they lived in both "igloo-shaped earth houses and buffalo-hide tipis" and planted crops to supplement their hunts for buffalo and other game (Starita 3). The society was centered around the Hu'thuga, a ceremonial circle which was formed by the tipis of the tribe's two major groups—the Ho^{n}'gashenu, Earth People, and the I^{n}shta'cu^{n}da, Sky People—during the annual buffalo hunt, and was open to the east like a single-family tipi. The Omaha constructed a leadership system at this time consisting of a first and second chief as well as a tribal council. The two chiefs were historically from different clans and this fact, along with the tribal council, guaranteed wider representation of the clans.[96] Civil and ritual duties were spread across the clans "in such a manner as to make their performance dependent on cooperative efforts" and to bind the people together (Swetland 206).

Cooperation and the division of labor was necessary between the genders as well as between the clans. While men were responsible for hunting, making weapons, protection and warfare, major medical issues, sacred matters, and political decisions, women were tasked with child-rearing, day-to-day decisions, lodge ownership and maintenance, farming, and care of religious items. Women's work was physically grueling and constant. However, they held positions of power and authority in many respects. Women owned their lodge and most

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[95] The information in this section comes mainly from Ridington, Starita, Swetland, Tong, and Wishart.

[96] For more information on the history of specific chiefs see Ludwickson.

of the possessions within it; a woman could say no to her parent's choice of husband and had the power to divorce him. Starita argues that "men and women acquired an equal standing within the delicately balanced rhythm of Omaha tribal life" (4-5). Although the work was spread across gender lines, Omaha women, and their work, were not considered lesser to men but equally important in the survival of the people.

Over the course of the next one hundred years, white men, mainly French and British, moved near and into Omaha territory. Big Elk and Big Eyes, the chiefs from 1819 to 1850, knew from experience that subsequent chiefs would face increasing challenges and forced changes. This may have been part of why Big Elk, familiar with the complicated upbringing of Joseph La Flesche, took La Flesche under his wing and eventually adopted him as his eldest son and successor. Joseph had grown up between the French fur traders of his father's world and the Omaha of his mother's. He spoke six languages and had spent much of his childhood traveling with his father before he settled in with Omaha relatives and devoted himself to their customs. After he became chief, La Flesche would spend his life balanced between adapting to changing circumstances and maintaining traditions. The most cited instances of his adaptation include being one of the first to build log houses, educating his children in European-run schools, and forbidding them from participating in traditions, such as face tattooing and piercings, which he believed would make it difficult for them to fit in with whites.

In 1854, just before La Flesche stepped into power, the Omaha gave up a large portion of their land to the United States government to be allowed to keep a small portion of it. This portion was broken into segments which would be allotted to individual members of the tribe. While the minute details of the multiple allotment agreements made between the

Omaha and the US government are outside of my scope here, their effects on Omaha life cannot be overstated. Not only did the actions spread the Omaha apart from each other, but they also forced individualized life on a people whose customs and traditions were based on communal living. La Flesche Picotte spent much of her time assisting her patients with issues arising from these agreements. In the liminal period of movement and adjustment to allotment, the Omaha needed someone who could negotiate with the government agent and help them to understand the complex processes that went along with the agreements. They needed someone who, both literally and metaphorically, spoke the white man's language. La Flesche Picotte became that person when she moved back to the reservation in 1890. Her ability to navigate the "transition from an old social identity to a new one" and the "ambiguous social status" that transition inevitably creates made her invaluable to the community even outside of her medical skills and endowed her with both power over and responsibility for large portions of her patients' lives (Alexander 17). As such, a brief overview of allotments and their effects allows us to more clearly understand the complex history and convoluted rules the Omaha had to navigate when it came to their land.[97]

Allotment, in this case the process in which the United States government divided up tribally held land and deeded pieces to individual Omaha, was used both as a means of taking land from the Omaha and as a tool of assimilation which pushed for what white Americans valued—individualism and land ownership. In hindsight we can see that allotment overall, as well as the General Allotment Law (The Dawes Act) of 1887, "resulted in dismal failure. At best, it invited abuse and exploitation of the people it was supposed to benefit. At worst, it

[97] For much more detail about allotments and their effects on the Omaha see Swetland and Tong.

fundamentally denied the reality of Indian cultural identity" (Ridington 44).[98] Their sovereignty over the land was stripped away and with that the sovereignty of the nation "defined by peoplehood, a concept that has its roots in the preservation and prospering of the community and binds its members together in cultural and often religious terms" was also weakened by the dispersion of the people (King and Bizarro 19). However, historians have noted a variety of reasons why it may have seemed like the best, or perhaps only, option for tribal leaders at the time. One of the motivations for agreeing to allotment may well have been the fear of removal. The Ponca, relatives of the Omaha, were forcefully removed from 1872-1875 to land in Oklahoma and, seeing the hardships and horrifying consequences of this removal, it stands to reason that afterward the Omaha would be more amenable to agreements which allowed them to keep even small portions of their land. Swetland notes another practical motivation saying, "the decimation of the bison herds and other fur-bearing game meant a severe blow to the meat, hide, and cash sources of the tribe. Participation in the allotment process, as an avenue toward survival, would have grown out of the inability to pursue pre-European lifestyles" (213). And La Flesche, in the belief that accepting allotments was the best chance for his people's survival, used his power as chief to support that agenda.

Contact with European peoples did not erase the Omaha or their political and cultural ideals. The Omaha pushed for their principles throughout the decades-long allotment process. For example, when the 1869 allotment policy decreed that no land would be given to single women, the Omaha pushed back until the U.S secretary of the interior gave in pointing out that Omaha women had owned property "for as long as any of the people could remember"

[98] Otis describes the Dawes Act as "an Act to provide for the allotment of lands in severalty to Indians on the various reservations, and to extend the protection of the laws of the United States and the Territories over the Indians, and for other purposes" (177).

(Starita 113). However, the interactions between the vastly different cultures could not help but affect them both. Jane Simonson employs the post-colonial term "contact zones" in her discussion of gender changes, noting that the "idea of the contact zone foregrounds the struggle between diverse groups for control not only of the physical territory but of the ideas that would define identity" (4). This struggle can be seen in multiple facets in the contact zone I am examining here. The issues of group versus individual identity have been discussed, but ideals about healing and gender were also being fought over. The depictions of gendered labor divisions written by anthropologists around the turn of the century were heavily influenced by the European ideal of white womanhood and often contain harmful and incorrect stereotypes of Native men that are still alive today. The Euro-Americans "thought in terms of the value systems that divided men's and women's labor in their own societies and thus judged Indian women's work as lower in status than that of men" despite the fact that in many cases this work brought "women esteem and even rewards and status within their tribes" (Simonson 11). These writers "saw" lazy men who sat around camp while women did all the work and heavy lifting. What they did not seem to see was that as the buffalo population was decimated and other tribes were removed from their lands, men's traditional work outside of the village was becoming impossible. So, before the reservation system "all family members had roles and tasks, until formation of reservations, when the role of the male became unclear. The role identity of the Indian woman was preserved, because her tasks changed the least" (Steele 18).

Women's jobs may have "changed the least" after the allotments and reservation systems were put in place; however, this does not mean they did not change at all. The spaces in which "white women who went west, and native women who encountered Euro-

Americans there, were forced to rethink what it meant to do women's work in the face of alternatives" were contact zones, and for Native women they often meant being educated or pressured to perform white domesticity (4). While Native women were accustomed to caring for the home, they were also used to physical labor outdoors. The white ideal of womanhood, protected, meek, and dainty, was far from what a Native woman would have striven to be. "Because the old social category" was no longer viable, "and the new one [was] not yet applicable, participants [fell] between the niches of social categorization" (Alexander 17). However, Native women were not passive in this moment of shifting social definitions and they did not simply bow to the "forced assimilation" of the white ideals of domesticity; instead, they "accepted some forms of work more readily than others" and each woman had to choose for herself to what extent she would adopt the new domestic practices being pushed on her (Simonson 12). "Some native women became domestic professionals, while others adapted traditional forms of housework and accommodated new forms brought by reformers" but in no case was it "a passive process" (Simonson 15). Simonson's investigations into material culture created in the contact zones between white and Native women in the second half of the nineteenth century demonstrate that, while traditional Native gender roles were one of the many parts of their culture under attack during this period, the women worked with "conscious intellectual and physical effort" to make culture, home, and the self (16). For the Omaha, the definitions of all three were transitioning in this period and they had no choice but to work to navigate the shifting social and cultural structures and their identities within them. Dr. Susan La Flesche Picotte was no different.

Health Practices Context[99]

In Native cultures women often played a role in healing "especially in problems associated with childbirth" (Wishart 514). According to Starita, it was not unusual for women "to become part of the tribal medical community, to be important healers" and so La Flesche Picotte's goal of becoming a doctor would not have been shocking or new to the Omaha (17). La Flesche Picotte's first exposure to medicine would have been the practices of the traditional healers of the Omaha; as such, it is imperative that we understand the practices, customs, and beliefs that those healers would have used.

Native American medicine "is based on widely held beliefs about healthy living, the repercussions of disease-causing activity or behavior, and the spiritual principles that restore balance" (K. Cohen). However, the exact methods used to diagnose and treat patients "are as diverse as the languages, landscapes, and customs of the approximately 500 Nations that constitute the indigenous people … of North America" (K. Cohen). Much of the detailed knowledge about the healing practices which have been preserved over the centuries and into the present day is still closely guarded by healers as the specific techniques are often learned through vision quests, initiation into secret societies, or are received from elder healers. Healers were often identified through visions or physically demanding rituals, underwent "extensive periods of practical education," and spent "years learning repertoires of chants and prayers" (Waller 32). Because of this, their knowledge and skills were considered sacred practices not to be shared with outsiders. Francis La Flesche wrote one of the few pieces we

[99] A note about terminology. Here I will use the term healer to mean any Native American trained in the medical arts who treated patients using traditional practices. I do not use the term doctor so that it is easier to distinguish those who use traditional practices from those who use allopathic practices. This does not indicate a value judgement. I also will refrain from using "medicine men," although Native writers do use this term sometimes, because of its gendered nature which white scholars have, in the past, taken as a sign that women could not be healers or doctors.

have on Omaha medical practices, detailing a specific healing event from his childhood. Twice in "The Omaha Buffalo Medicine-Men. An Account of Their Method of Practice" he notes the rarity of the events and knowledge he describes.[100] First, he says that the scene was one "rarely if ever witnessed by a white man" underlining the fact that outsiders were kept from seeing these events (La Flesche 217). At the end of the article, Francis tells the reader that it is not just white strangers, but all uninitiated, left out of this knowledge as he had only recently "found out two of the most important roots used in the healing of wounds, but how they are used is known only to the medicine-men" (221). Despite these issues, many texts have been written about Native American medicine, both Nation-specific and more general, and common threads in their medical methods make sense considering commonalities between cultures.

Wholeness is a basic tenet of Native American culture, and this influences many elements of life including health and wellness. D. E. Martinez argues that "medicine is more than healing. Medicine and the medicine ways are a complex belief system that demands a balanced … existence for all and with all our relations" (3). In Native healing practices, patients are not separated into many discrete parts nor is health only about physical wellness. Instead they take a larger view which focuses on "restoring the body, mind, and spirit to balance and wholeness: the balance of life energy in the body; the balance of ethical, reasonable, and just behavior; balanced relations within family and community; and harmonious relationships with nature" (K. Cohen). The core of Native American diagnostics

[100] This article by Francis La Flesche, which recounts an event that occurred in his childhood, is one of the only documents available about traditional Omaha medical practices. I use this document throughout the context sections as it provides details about treatments and traditions about the Omaha specifically and is the only text I found that does so. Francis was Susan La Flesche Picotte's half-brother; as an adult he became an ethnologist and worked closely with Alice Fletcher (who had been nursed by his sister) to write many articles and a book on the Omaha and Osage peoples.

is not the techniques they use, argues Ken Cohen, but “the ability of the healer to see the patient with the inner eye of spirit, to sense disturbances of energy with the hands and heart, and to commune with higher sources of knowledge” and the tools to do this seeing are intuition and spiritual awareness. Along with these tools, Native healers observe symptoms, ask for the patient’s description about the symptoms, take patient and complaint histories, and note nonverbal cues “such as posture, breathing, tone of voice, and general deportment” (K. Cohen). Therapeutic methods include prayer, chanting, music, ritual purification with smoke from sacred herbs, massage, laying on of hands, herbalism, counseling, and personalized innovations by each healer. The women of the Omaha people knew plants and herbs and would take their daughters to learn “about the various roots, herbs, leaves, and flowers and how they could be used” (Starita 17). Storytelling also is “a traditional Native mode of sharing lived experience, has been shown to play a role in healing,” and is used in many forms of traditional medicine (Horowitz 28). These therapeutic practices often take place with a community of family, friends, and other helpers present to “participate in the healing intervention and help to alleviate the alienation caused by disease” (K. Cohen).

Francis La Flesche gives a detailed account of seeing these therapies in action when he was a boy. Another boy was shot accidentally in the village and Omaha Buffalo Medicine-Men were called from the three Omaha villages to treat him. La Flesche says that after a brief consultation the healers lifted the flaps of the tent where the boy lay so that fresh air could get in and “also that the people might witness the operation” (217). Francis goes on to detail this operation, including many of the most common therapeutic techniques listed above. He tells of how

> the man who was first to try his charms and medicines on the patient began by telling in a loud voice how he became possessed of them … When he had recited his story from beginning to end, and had compounded the roots he had taken from his skin pouch, he started his song at the top of his voice, which the other doctors, twenty or thirty in number, picked up and sang in unison … After the doctor had started the song, he put the bits of root into his mouth, grinding them with his teeth, and, taking a mouthful of water, he slowly approached the boy, bellowing and pawing the earth, after the manner of an angry buffalo at bay … When within a few feet of the boy's head, he paused for a moment, drew a long breath, and with a whizzing noise forced the water from his mouth into the wound … It was a successful operation, and the father, and the man who had wounded the boy, lifted their spread hands towards the doctor to signify their thanks. During this performance all of the medicine-men sang with energy the song which had been started by the operator. There were two women doctors who sang, as they belonged to the corps of doctors. (217)

The healer uses storytelling by "telling in a loud voice" how he acquired his gift for medicine, song in which he is supported by the healers from other villages, chanting "to add charm to the medicine," and ground up roots (217). Later, Francis describes further use of roots in the boy's healing and says that "one of these medicines is the root of the hop vine, humulus lufpulus, and the other the root of the Plysalis viscora"; these two roots are known for their sedative and diuretic properties respectively and are just two of the abundance of medicinal herbs used by the Omaha and other Native healers (221). The details that La Flesche gives here align with many of the most common therapeutic practices used by Native healers and paint a clear picture of how these treatments were implemented.

While many of these practices have been used for centuries and are continued today, allotment, removal, destruction of land, urbanization, and more, affected the treatments available to healers. Removal separated Native peoples from the environments they knew, and this included taking them out of range of the herbal remedies they used. Shifts in the environment itself have also drastically changed the plants and herbs available. These include the construction of dams which "flooded the smaller creek and river bottom lands where many plants grew, leaving only the higher reservation land above water … plants and herbs that had been remembered and used regularly by the people were thus sometimes lost because the places where they grew were under water" (Martinez 14). Additionally, population increases have caused massive destruction of natural foliage as "some medicinal plants grew wild on certain parts of the prairie or in certain erosion-ridden wheat and corn fields, and in most places the forests have given way to farmlands and cities" (Martinez 14). These population increases came mainly from the influx of white settlers, and their presence caused harm far beyond destruction of wildlife as "government imposed religious hegemony, missionary dictates, land theft, and capitalist efforts … oppressed and appropriated all Native people through their laws and programs … [and] ceremonial tools and spiritual practices were outlawed" (Martinez 13). The influx of white settlers and the large-scale interference of the United States government through manipulation of the environment, criminalization of therapeutic methods and practices, and separation of families and communities with boarding schools, removal and allotment often made it difficult or impossible for Native healers to continue their traditional practices.

These changes did not happen all at once, of course, and La Flesche Picotte was born in a liminal moment when the shifts had begun but had by no means finalized. In this

moment, perhaps surprisingly, there was power for La Flesche Picotte because she had the ability to help guide the Omaha in the way they related to new ideas about healing. Even before she began medical school she could see the possibilities that lay in this moment ahead when she could "help them physically, teach them the importance of cleanliness, order and ventilation, how to take care of their bodies as well as their souls" ("Childhood" 83). Although La Flesche Picotte pushed back on some traditional practices, including communal drinking cups, she recognized the healing power of others, using "ancient [herbal] remedies to help keep her people alive and well" when the government "neglected to provide basic drugs and medical supplies" (Starita 213, 212). La Flesche Picotte invoked rhetorical sovereignty based on the "power to self-govern and the affirmation of peoplehood" as she worked with her people to incorporate the techniques of western medicine that would help them most, instead of working to rid the Omaha of their traditions (Lyons 456). In this spirit, much traditional healing has been passed down and is still performed today. K. Cohen argues that the "Indian Religious Freedom Act in 1978 was a significant step in restoring the right of Native Americans to practice their spiritual and healing traditions" and since that time there has been a resurgence in interest in traditional healing as younger tribal members begin "to appreciate their tradition and to realize its strengths." Today many Native peoples "use herbs and Western medications, realizing that each has its strengths and weaknesses" (K. Cohen).

The history of the relationship between traditional medicine and Western medicine is complicated, but, by La Flesche Picotte's time, white doctors were starting to solidify their negative opinions about traditional Native medicine ending the transitional period which lasted more than one hundred years. Early white settlers, many living far from any white doctors, "often called in [native men and women] to heal" them (Waller 10). Until at least the

early nineteenth century, "white healers were quick to prescribe native plants to their patients. As a result, over 200 Native American plant medicines had been incorporated into regular medical practice by 1820" (Waller 10). However, even at that point some white men were taking advantage of ideas about Native remedies as many of them who had never met a Native healer "garnered extra custom by claiming that their medicines were of native origin, and large numbers of the sick bought patent remedies [sold as if created by and with Native remedies] … in the belief that indigenous medicines were especially effective in combating the sicknesses of North America" (Waller 10).

Other white men trained in Western medicine, from the earliest days of the US Republic, including big names like Benjamin Rush, publicly disregarded traditional practices saying that "we have no discoveries to … hope for from the Indians in North America" (qtd in Waller 10). Francis La Flesche notes similar feelings from the Omaha government agent who was trained in medicine. Francis notes that on their way to the boy they "heard the singing and the noises of the medicine-men, and the agent shook his head, sighed, and made some queer little noises with his tongue, which I thought to be expressive of his feelings … [the agent] said that unless the boy was turned over to him, and was properly treated, death was certain" (220). Here, the agent clearly has no faith in or respect for the traditional techniques being used to heal the boy and believes that his way is the only practice that would save the child. Gregg argues the

> reason for this [attitude toward traditional medicine] rests, in part, [in] … the process of the racialization of the American Indians and their culture. Racialization degenerated everything associated with Native Americans, just as racialization

degenerated medical practices associated with female practitioners and other practitioners who belonged outside of the white male, middle-class practitioners. (28)

The denigration of traditional health practices on the individual level was disruptive, but Native peoples also "ultimately had to endure sustained attacks on their traditional healing practices as the Government tried to assimilate them into white culture" (Waller 10). One clear example of government sanctioned assimilation came in the form of boarding schools. Once placed at these schools, children were stripped of their native identities by cutting their hair, exchanging their clothes, and forcing them to use English in place of their native languages. At the same time, they were separated from their families and cultures, including their healers. All of these actions "were blows aimed at the very heart of their cultural identity and dignity" (Waller 10). The children were in closer quarters than they were used to, and diseases spread quickly, especially with the lack of efficacious treatments for communicable diseases such as consumption and the often-inept staff.

One detailed example of these issues comes from Lakota author Zitkala-Ša's autobiographical sketches in which she describes her time at a boarding school; she details the indignities forced upon them in the name of assimilation as well as the inefficacy of the Western medicine doled out to the pupils. In reflecting on her time, she realized that the employees at the boarding school often took the jobs because they needed the money, not because they cared about "Indian Education" or the children whom they were tasked with caring for and teaching (Zitkala-Ša 457). She relates that she did not understand why "an inebriate paleface sat stupid in a doctor's chair, while Indian patients carried their ailments to untimely graves" until she learned that "his fair wife was dependent upon him for her daily food" (457). Zitkala-Ša tells the reader of how the staff pushed the students to keep their

schedule; "no matter if a dull headache or the painful cough of slow consumption had delayed the absentee," and she details the loss of "a dear classmate" after which Zitkala-Ša "grew bitter and censured the woman for chronic neglect of [the student's] physical ills. [She] despised … the one teaspoon which dealt out, from a large bottle, healing to a row of variously ailing Indian children. [She] blamed the hard-working, well-meaning, ignorant woman who was inculcating in our [their] hearts her superstitious ideas" (442-3). Using so called "cure-alls" to treat illness would have been an anathema to children used to the individualized diagnosis and treatment of their traditional healers. Zitkala-Ša goes on to say that during one of her breaks at home she "had a secret interview with one of [their] best medicine men" and left him with "a tiny bunch of magic roots" which assured her of having friends where she went. Unlike the white medicine which she saw did not work, she believed "so absolutely … in its [the magic root's] charms" that she kept it with her for more than a year (447). The attempt at exchanging her culture for that of white Europeans did not work on Zitkala-Ša, and the inefficacy of their medicines did nothing to convince her of its superiority. She even turns the English language back on the colonizers when she calls Christianity (and perhaps the white medicines) "superstitious ideas" (443). A variety of health practices, anything outside of allopathic, white, male practices, were termed superstition to devalue them; traditional practice continues, to this day in some minds, to be considered superstition instead of medicine. The relationship between allopathic and traditional medicines was not linear from positive to negative; it was ever shifting over the course of the century's post-European contact. However, by the second half of the nineteenth century, as Western medicine in America became institutionalized and professionalized, its relationship with traditional medicines became more consistently contentious.

The history of Western health and medical practices to this point has been detailed earlier in this project; however, as the turn of the century neared, the fields of Western medicine found themselves once more in a transitional state.[101] In this new moment, most medical societies were accepting women, and many previously all male medical schools had begun accepting women.[102] By 1900, five percent of licensed/trained doctors were women. While conversations about the propriety of women in medicine were far from over, they had shifted from the basic question of whether women were capable of medical work to more nuanced issues of what parts of medicine were most suitable for women and whether co-education was the way forward. In 1886, La Flesche Picotte joined The Women's Medical College of Pennsylvania (WMCP) when it had been turning out women doctors for more than thirty years. So, in 1886 and at this school, La Flesche Picotte's gender was less of a barrier than her race. And, WMCP would educate only women until 1968, when it first admitted men, and would be one of the only all-women medical schools to last past the early twentieth century. At the time that La Flesche Picotte practiced medicine, the field was also in a liminal state regarding how patients should be treated and what the relationship between doctor and patient should look like. While many of the earlier sects had been disbanded or were beginning to fade, new discoveries such as germ theory, viruses, pasteurization, and more were just starting to shift the way that doctors treated patients. As diagnostic tools to enhance or replace the five senses became the norm, physicians started to rely on those tools and to, therefore, see the patient to an even greater extent as a collection of disparate parts. Not only were diagnostic and therapeutic medical practices very slowly changing but the

[101] You can find this information in each chapter leading to this one. However, see the Introduction for a brief overview of the topic.
[102] See Morantz Sanchez, *Sympathy and Science*.

scope of the doctor's purview also shrank. Instead of caring for the whole patient, which as we have seen was especially embraced by women physicians and irregular practitioners, doctors began to focus on finding the cure for the specific illness. This reduced their need to intercede in the personal lives of their patients, as did the transition from home care to hospital care. Because of these shifts, many doctors began to eschew in-depth patient histories to focus only on the problem at hand. Doctors and patients began to have a more transactional and less personal relationship with each other. However, despite her training in the late nineteenth century as the above changes began to take effect, La Flesche Picotte did not incorporate the shifts in medicine which would make doctor-patient relationships transactional, and she worked to bring her skills to those closest to her even as she understood germ theory and embraced many practices of her western medical training.

Dr. Susan La Flesche Picotte's Representations of Identity and Health Practices

To this point I have discussed Omaha history and culture and the history of traditional Omaha and European-American medicine in distinct sections for clarity. However, in moving to my analysis of La Flesche Picotte's writing, I can no longer separate race, gender, and medicine because she could not. Her autobiographical writing continuously demonstrates her navigation of the various forms of oppression that marginalized her and illustrates her struggle to find a path for a Native woman doctor in this moment in history and to write that path for herself and for an audience. La Flesche Picotte was a woman, an Omaha tribal member, and a trained physician. Her identity cannot be reduced to any one identifier; instead, they all act together, along with her historical moment, to define the ways she

represented herself to the world.[103] As such, intersectionality, which "approaches lived identities as interlaced and systems of oppression as enmeshed and mutually reinforcing," is a necessary lens through which we must view her identity construction (May 3).[104] I use intersectionality here "to contest exclusionary, one-dimensional models of personhood" and to view a complete picture of the person La Flesche Picotte represents in her autobiographical literature (May 7).

To understand La Flesche Picotte's health practices, which demonstrate the complex imbrication of gender, race, and training, we must remember that "many axes … [of social division] work together and influence each other" (Collins and Bilge 2). While white allopathic doctors moved toward a detached professionalism with their patients, La Flesche Picotte was immersed in the lives of her patients throughout her career and consistently worked with their public and private, medical and social, problems. To this point, I have discussed this trait as one linked to women and to those who practiced irregular medicines. But La Flesche Picotte was trained at the Women's Medical College of Philadelphia where she studied allopathic medicine.[105] Pripas-Kapit argues that for La Flesche Picotte becoming an Omaha physician "meant healing bodies *and* the social ills that had befallen Plains Indians" (52). Her "lived identities" as woman, Omaha, and physician led to her uncommon treatment of patients as doctor, translator, and advocate (May 3). Here, I argue that La

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[103] See Powell, "Down by the River" for a clear argument about La Flesche Picotte's construction of her Native identity in her letters to reform periodicals and her first speech.
[104] Kimberlé Crenshaw coined the term intersectionality in 1989 while writing about the experiences of black women and the intersection of race and gender in their lived experiences. According to Crenshaw, focusing on either race or gender or privileging one over the other, "marginalizes those who are multiply-burdened and obscures claims that cannot be understood as resulting from discrete sources of discrimination" (57).
[105] See Chapter 1 for the argument about Blackwell, the other woman in this project trained in allopathic medicine.

Flesche Picotte's medical practices are clearly linked to multiple nodes of her identity, and in her writings, including the two speeches and her diary, we can see her medical beliefs articulated as she crafts her self-representation.

Along with her autobiographical writings, published and not, La Flesche Picotte gave details of her life in an interview for a 1908 article in the *Omaha World Herald* in which she discusses her current life but also reminisces about events of her past that led her to medicine. During the interviewer's visit, she demonstrates her life as a physician, hostess, mother, daughter, Omaha, and Christian. In the article La Flesche Picotte talks of two things that led her to be a doctor. She was a woman, like many others in this project, who witnessed pain and sickness as a child and decided to work to fix this as an adult. When she was eight years old, she assisted at the "unattended illness of a poor Indian woman," and it was this experience that turned her mind to the study of medicine in the first place (Sears M-3). La Flesche Picotte went, perhaps with other women in the community,

> to help care for a sick Indian woman. In the night the woman grew worse, and four times a messenger was sent for the doctor at the agency. He promised to come each time, but the night was dark and it was "only an Indian" and did not matter. The woman died in great agony before morning. (Sears M-3)

As La Flesche Picotte, just a young girl, "sat by the bedside and did what she could for the sufferer, her heart ached for the dying woman," and in this moment she began to understand that with medical training she could effect change (Sears M-3). It was then she decided to get this training "and to qualify herself to care for her people" (Sears M-3). Jace Weaver's term "communitism" is helpful here to name La Flesche Picotte's commitment. This term, "formed by a combination of the words 'community' and 'activism,'" indicates:

> a proactive commitment to Native community … In communities that have too often been fractured and rendered dysfunctional by the effects of more than 500 years of colonialism, to promote communitist values means to participate in the healing of the grief and sense of exile felt by Native communities and the pained individuals in them. (Weaver xiii)

La Flesche Picotte's dedication to healing her people included physical healing as well as the spiritual and mental healing Weaver addresses; to her, both community and activism were of grave importance. The moment she helped and "ached for" that woman became her "origin story"; Hunt, Blackwell, and Gove Nichols also have stories that mark the moment they decided to study medicine. Her decision would be fortified when Alice Fletcher, the white ethnologist studying the Omaha, became ill, and La Flesche Picotte nursed her back to health. Not only did this experience demonstrate La Flesche Picotte's skill, but Fletcher would also later help to sponsor her education.

Her budding interest in healing was piqued by her sense of the injustices the Omaha faced and, at the same time, by watching the works of the Omaha healers. In that same article, La Flesche Picotte told her interviewer that the sacred objects of the Omaha interested her "as a girl, as did the medicine men and their practices"; she shows the interviewer "a medicine bowl, used by a medicine man of [their] tribe. He used to compound his medicines in it, passing it to each member of his family in turn, chanting over it a mystical chant" (qtd in Sears M-3). The fact that she kept this bowl through a variety of moves and over many years demonstrates its importance to her. Showing it to the interviewer illustrates La Flesche Picotte's eagerness to make her connections to traditional Omaha practices known. Her culture and her gender were mutually reinforcing factors in La Flesche Picotte's journey to

become a doctor; she was likely at the old woman's side because she was female, and her gender allowed her to become close with Fletcher as well. The Omaha healers' ideas of holistic treatment can be clearly seen in the ways she helped her people and the ways she writes about her practice in her autobiographical writing.

Her connections to her family and her people were a driving force for La Flesche Picotte throughout her medical career and are clearly laid out in her autobiographical literature. Even before her formal medical training began, La Flesche Picotte demonstrates her understanding of her people and the beginnings of her medical beliefs. In her 1886 speech "My Childhood and My Womanhood," she speaks of her hopes for her womanhood including her desire to pursue medicine. She says, "When I have finished my education here, I hope to go to a medical school. With a good knowledge of medicine I hope to accomplish a great deal more work than I would as a teacher among them" ("My Childhood" 80). She knows that the ability to bring medical care to the Omaha people will allow her to "help them physically, teach them the importance of cleanliness, order, and ventilation, how to take care of their bodies as well as care for their souls" and her focus here, already on prevention and hygiene, demonstrates her early convictions as to the importance of these types of medicine ("My Childhood" 80). La Flesche Picotte does not shy away from the "long, hard struggle" which lays ahead and promises she "shall try hard" but she also notes that "I shall have an advantage over a white physician in that I know the language, customs, habits and manners of living among the Indians" ("My Childhood" 80). Throughout this speech, La Flesche Picotte constructs a representation of herself that makes it clear she understands both the mostly white audience in front of her—by forwarding white gender ideals—and the "work of an Indian girl" which is ahead of her (80). This phrase demonstrates her early embrace of

multiple identity factors. She is not just an "Indian" or a "girl" but an "Indian girl" who cannot separate her race and gender and has much work ahead of her if she is to accomplish her goals of going to medical school and returning to put her "communitist values" into practice and to make a better life for her people.

Once in medical school, she continued her connection with her family despite the distance. Through the letters she sent home to her sisters, she "began to reform her family's health before she even graduated from medical college," suggesting treatments for minor ills and reminding her family of healthy practices such as keeping the flies out of the house (Mathes 85). At her medical school graduation one of the main lecturers at WMCP noted that for La Flesche Picotte:

> The impulse to a professional career was not of recent growth, nor from friendly suggestions from those who had watched her course. It came as an inspiration when at home with her people, and was born of a desire to see them independent, so far as she could make them, of the too frequently unskilled, and oftener indifferent, attention of the reservation doctor. ("Better than a 'Medicine Man'" 67)

Her desire to see the Omaha "independent" of the white, government-appointed reservation doctor fueled not only her mission to become a doctor but also many of her health practices once she had completed her training.

In her later speech, "My Work as Physician Among My People," La Flesche Picotte declares in the first paragraph that she is reporting on "my work among my people" and that after medical school she went back to Nebraska to "practice medicine among the people of my own tribe" as she had intimated she would in her graduation speech (133). La Flesche Picotte clearly links herself to the Omaha and declares herself to be a better physician to

them saying that when she arrived on the reservation “there was another physician there. But [she] found that [she] had most of his practice in three months' time, for [she] understood their language and they felt [she] was one of them, so [she] had the advantage” (“My Work” 133). Her earlier ideas about having an advantage over a white physician quickly bore out when she moved back to the reservation and was soon the sole doctor for twelve hundred Omaha. She notes:

> Diseases among the Indians are different in some ways from what they are among whites. They are very apt to run into epidemics. For instance: one person will have sore eyes, and almost immediately every woman and child in the tribe will have the same trouble. Last fall a number had it, but I told them how to use separate basins and towels, and many were saved from it. (133)

Here, we can see multiple ideas at play. First, while we know that the diseases themselves would not have necessarily been different, lifestyles were. Now that new diseases had been introduced to Native populations, some of their traditional cultural practices enabled these diseases to spread quickly among them. La Flesche Picotte’s awareness of this allowed her to pinpoint the reason and see the solution. Once she made her people aware of how to stop the spread of sore eyes “many were saved from it” (133). She counsels her people to improve their health and their lives and to make them less dependent on doctors. Despite her allopathic training, La Flesche Picotte realized that it would be best for her patients not to need her at all. To this end, she once said “I believe in prevention of disease and hygiene care more than I do in giving or prescribing medicine and my constant aim is to teach those two things” (qtd. in Starita 265). Her focus on prevention aligns her more closely with other women doctors with training in irregular medicine than with male doctors with allopathic

training. Unlike Blackwell, whose allopathic training and male mentorship led her to remove herself from patients more than Hunt, Taylor or Smith, but less than men doctors, La Flesche Picotte's race and gender work in concert to keep her medical practice and writings focused on whole patients.

Once graduated, she began implementing health reform practices for the entire Omaha people. Many scholars have noted or described her focus on health reform measures, encouraging the Omaha to add screens to their windows to stop flies, getting the communal drinking cup replaced with drinking fountains and disposable cups, and working to keep healthy people out of communal rooms where the sick lay.[106] What they do not note, however, is that her push for these reforms also demonstrates her knowledge of, and belief in, germ theory. It is, of course, germs that make each of the above dangerous and even a basic understanding of germ theory at this time would have put her at the front of Euro-American medical knowledge. Around the turn of the century, allopathic medicine was beginning to accept germ theory and, in response, to incorporate ideas of prevention into their practice. La Flesche Picotte, at the beginning of this movement, combined her understanding of germ theory and her knowledge of traditional Native practices to help keep her people healthy.

Both sets of knowledge can be seen in La Flesche Picotte's autobiographical literature as she describes the breadth of her practice noting that her patients "come for many things besides medicine; for help in business matters or questions of law and advice in personal affairs" ("My Work" 133). Her multiple-pronged interactions with her patients are documented throughout her diary as well. Except for a handful of days where she notes feeling very sick or that she was traveling out of town, La Flesche Picotte's entries contain

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[106] See Starita, Powell, and Mathes.

evidence of both treatments and advice given to patients, often at the same time. For instance, on September 24, 1910, she writes:

> Maggie
>
> Martin Parker came in to tell me about
>
> stomach trouble- told her how to cook
>
> her food & 2 Rx. Jennie Menick
>
> came in to see me about her cough
>
> —gave her 2 prescriptions—
>
> talked to her about making a home of their
>
> own.[107]

Here, La Flesche Picotte has not simply given prescriptions and turned them away nor has she only counseled them. She has given medicine and advice, fulfilling her self-appointed duty to these two women both to treat their physical illnesses and to help improve their lives. On November 15, 1910, she says "Henry Morris came in & visited me talking about his health treatment and tribal affairs & results of election." They talked of health and tribal affairs, same conversation, same sentence. There is no division for La Flesche Picotte here between her medical and tribal duties. Even when she is not dispensing life advice, the reader can see the attention she gives her patients. So, when "John Springer phoned for me [La Flesche Picotte] to come down- he felt quite sick- pain in stomach & vomiting," she "ordered special diet and medicines and for him to report in a day or two" and "[h]e said he would do so" (12/10/1910). She prescribes both medicine and dietary changes and she makes sure to tell him to report back soon (and to note in her diary that she did so). She clearly feels an

[107] For quotes from La Flesche Picotte's diary I have kept as close to the original as possible, including preserving the punctuation and line breaks in the entries.

attachment to her patients and they reciprocate. Later that same day, this attachment is laid out when she recounts a sad episode of a still-birth saying:

> The
> baby was malformed and died
> before birth. Their [the parents'] trust in me
> was touching in the extreme- they
> never made a remonstrance altho'
> it was so hard to see her suffer.
> She made a good patient. (12/10/1910)

She does not assume she has their trust just because she is the doctor, but they do trust her, and she is touched by it. Each of these practices is influenced by all the parts of her identity. Her training allows her to be on the front line of understanding germs and how they create illness and spread through a community, her community gives her the language and cultural knowledge necessary to treat her patients physical, social, spiritual, and relational health, and her gender opens doors for connections with other women and ties her to a larger tradition of women doctors who cared about treating a whole patient.

This is not to say that La Flesche Picotte did not employ allopathic methods along with preventative ones in her everyday work. Pripas-Kapit notes that she "perceived Omahas' growing trust in allopathic medicine as evidence of 'progress,' writing to the commissioner of Indian Affairs in 1893 that 'some still have faith in their Indian doctors, but they will go for help to a regular physician quicker and in more cases than to their Indian doctors'" (61). I argue that her training in allopathic medicine explains this perception. She was taught throughout her course of study that allopathic treatments were the most effective

and, while she often focused on prevention and did not disparage the traditional medicines of her people, she makes it clear in her texts that she believed allopathic medicine was best. Evidence of her treatments are clearly spelled out in her texts, unlike in the other works discussed in this project. Not only does she say she prescribed for them, a common phrase in Hunt's text, but she also often gives details about the orders given or the condition of the patient. The first diary entry reads:

> Was called to Mrs Guy Stablers at 9 pm
>
> to see girl with tonsillitis. Gave
>
> her alcohol sponge. (La Flesche Picotte)

Here, we get to see her treating a specific disease with a specific treatment, something we rarely get in the polished published versions of the life stories of women doctors. On October 3, 1910 she reports that Mrs. Rufus "was sick with stomach trouble. Pulse-80 2 prescriptions," each day from November 5th to the 8th she "attended to Noahs ear face and neck" because he had a "Bad infection," and on November 19th "Robt Mitchell came in for prescription for a bad cold on the lungs" and she "gave him prescription for cough syrup as well as for xternal application" (La Flesche Picotte). These details and her obvious knowledge of diseases and their treatments, both medicinal and sometimes surgical, once again demonstrate her allopathic training.

However, she consistently writes of her non-medical work alongside of it, and both demonstrate her commitment to treating the whole person. Heart-histories, which I have argued in this project came out of seeing patients as whole people in need of more than just a physical diagnosis and treatment and were used especially by women doctors, are not as easy to see in La Flesche Picotte's writings as they were in Hunt's case, for instance. The diurnal

form of the diary and short speeches do not leave much space for detailed accounts of patients, and so in-depth heart histories written by La Flesche Picotte do not abound. I argue, however, that heart histories appear in her writing in snippets; there are many small moments when La Flesche Picotte records personal details about her patients, often sad and often about women. However, at least one in-depth fully developed heart history does exist in her second speech at Hampton. La Flesche Picotte tells the story of a sick young Omaha woman and how she, and other Omaha Hampton alumni, took care of the patient and her family over the course of a few days. La Flesche Picotte says:

> Word came to me late one night that a young woman, a returned Hampton student, was very ill. She had had consumption for a year and had taken the grippe. I started early next morning … I found a one-room house; the whole family occupied it. The sick girl was lying in one corner of it, but the family had given up one quarter of the room to her. It was a pathetic sight, but no one at Hampton would need feel ashamed of that quarter of the room. Her bed had sheets and pillow-cases. Photographs of Hampton buildings and teachers were fastened thickly on the wall … The girl and everything in her quarter of the room were clean and neat as could be. When I saw her I did not think she could live through the day. She looked up at me, but couldn't speak … After giving her stimulants, she revived enough to tell me about herself. She had had no food for four days. I left medicine for her, which was all I had with me … Then I got a sled and drove back to her house, with two other Hampton students, taking with us milk, eggs and beef. We cooked a meal for the family as well as for her, and stayed as long as we could … After that I went every day to see her as long as she lived; sometimes twice a day, often staying to cook a meal for the family. She

> lived two weeks … I could not get there the day she died till too late to see her … The Hampton students I took out first to see her and other Hampton students did much for her comfort. ("My Work" 133)

It is immediately clear why she has chosen this case, out of hundreds, for telling on this occasion; the link to Hampton pulls in her audience from the start. They are likely to feel bonded to this woman because she was one of their own. La Flesche Picotte assures them that the woman was living up to the standards of a Hampton student, while at the same time demonstrating her plight. She is starving and sick, but her space is clean, and she has surrounded herself with images of Hampton. The woman and La Flesche Picotte are both on display in this story. The woman has done her duty as Hampton graduate and so does her doctor. Not only does she work to heal with medicine, but she also brings food to nourish the patient, and her family and friends to comfort her and care for her in the doctor's absence. La Flesche Picotte's training in allopathic medicine may not have taught her to employ heart histories in speaking about her patients, but her knowledge of traditional modes of storytelling as part of the healing process could have. The use of storytelling is also rhetorical as she works to identify with the students in the audience and to build her ethos as a caring medical professional.

La Flesche Picotte demonstrates her medical practices throughout her written texts, and these practices were influenced by both her race and her gender. Multiple facets of her identity work together here to create her focus on healing practices which brought together multiple forms of medicine and made it clear that traditional and allopathic medicines could complement each other. Her push for prevention and hygiene and her devotion to caring for the whole person make sense, not only because of her gendered focus on helping women to

help themselves, but because of her objective, stated in her first speech before her career even began, to teach her people "how to take care of their bodies" ("My Childhood" 83). Throughout her career and her writings, La Flesche Picotte worked to "participate in the healing of the grief and sense of exile felt by Native communities and the pained individuals in them" by caring for her people physically, spiritually, and emotionally (Weaver xiii). At the same time, with these representations, La Flesche Picotte worked to convince her audiences that the Omaha deserved a place in the world and that they had the ability to take that place if given the chance. La Flesche Picotte's autobiographical literature demonstrates her representation of her medical beliefs along with her intersectional identity; her speeches serve as another genre which women in health fields used to craft their self-representations for public consumption. Analyzing her writing allows for an expansion of our typical understanding of what constitutes autobiographical literature and gives us a Native perspective on the ways that women in health fields navigated the shifting social and medical discourses surrounding them.

Concluding Words

As I began this project, I was studying women who wrote scientific textbooks and considering questions about the relationship between the fields of literature and the history of medicine. Reading about these women's work, writings, and lives exposed me to the vast number of women in science and health who have been understudied. As I dug into this research I began to realize that women in health care wrote many professional documents; they wrote patient notes, lectures, addresses, and textbooks. But they also wrote more than that. They wrote their lives. Using a variety of genres and styles they crafted representations of themselves and published them for public consumption. More than that I discovered that these texts were rarely discussed in scholarship about women in science or about autobiography. They had often slipped through the gaps of scrutiny, used to augment biographies and little else. I began to wonder what these texts could tell us about the gendered experience of being a woman in health fields in the nineteenth century.

My goal in this project was to fill gaps in current scholarship by demonstrating how the shifting social and medical discourses of this century affected the lives of women in health fields and discovering how reading the self-representations of women across time, field, and race shed light on how those changes affected the ways women wrote their life stories. Throughout this project, I have analyzed the autobiographical writings of women in health fields in nineteenth-century America in order to demonstrate that each woman created a representation of herself that illustrates the complex nature of identity construction. These constructions are especially fraught when the women are navigating multiple nodes of identity, are marginalized, and are writing in liminal moments for their social and professional circles. Dr. Harriot Hunt, Dr. Elizabeth Blackwell, Mary Gove Nichols, Susie

King Taylor, Adelaide Smith, and Dr. Susan La Flesche Picotte all fit into one or more of those categories. In this dissertation, I have argued that these women claimed agency over their own lives and careers by writing them for public consumption and that their self-representations were affected by a multiplicity of factors, including their gender and their medical training and beliefs.

Most scholarly works on women in health and science to this point have focused in on a single health field or a single woman who affected the landscape of medicine or science. These texts do important work, but their narrow scope can obscure connections. My study, unlike most, looks at workers across fields of health—from allopaths to homeopaths and from hydropaths to nurses. This allows scholars a better sense of the interactions in discourse between these practices, which were deeply connected at this time, that led to the use of similar strategies despite differences in rhetorical situation. While the sampling of authors and health care workers in my study is fairly small, the cross-section of fields, races, and classes seen in this project allows me to draw some conclusions about the ways these women chose to represent themselves. While scholars have addressed the professional writings of women in health fields, very few scholars in any field have analyzed the autobiographical literature of women in health at all, and almost none have done so at length. However, in this dissertation, I have extended the work of the interdisciplinary scholars who have come before me by focusing on self-representations in autobiographical writings. This reading is important because studies of professional writings cannot give a complete picture of the complex ways these women represented themselves textually. The women I have considered were also choosing to write about their own lives. By expanding my analysis across fields, I have contributed a reading of these autobiographical texts that illuminates intersections of

public discourse, medical discourse, and their combined effect on women of science at this time in ways that cannot be seen in other types of writings.

I have argued here that the liminal moment in which these women worked opened up spaces which empowered them to live and write new lives. They took advantage of shifting social and medical discourses to claim a place for their life stories in the public eye. At the same time, they actively crafted their representations for the public in order to support other women, uphold their beliefs about medicine, and demonstrate their support for women in healthcare. The self-constructions in the autobiographical literature in my study reflect the women's medical training as well as their gender and race. In studying these texts, I have also discovered similarities across them despite their vastly different rhetorical situations. Many women focused on relational identity building—a trait ascribed to much autobiographical writing by women—but, unlike other famous women of the time, those relationships were more likely to be professional than personal. Also, more than male "regular" physicians, women, especially those trained in or influenced by "irregular" medical practices, focus on whole patients and write heart-histories demonstrating this. Connections such as these illustrate the importance of analyzing texts across medical fields and across time; the influence of medical discourses on self-representations could not be clearly seen without the comparative nature of this project. Because of this, *American Women in Health Fields: Identity Formation and Cultural Positioning in Autobiographical Literature* makes important contributions to scholarship of both literature and medical history.

I have worked throughout this project to focus on the individual women even as I draw comparisons between them. I believe this is a strength; however, this breadth does limit an in-depth look into any of the fields. A project which dives deeply into the

autobiographical writings of men and women within a field could elicit different types of comparisons into how gendered experience affects their self-representations. Also, I was unable to examine autobiographical works of male doctors trained in “irregular” fields. A study to determine whether those texts treat patients in similar ways to the women in this study would expand our knowledge of how much gender and medical beliefs each affected the life writings of nineteenth-century healthcare workers. Because of time and space restrictions, the sample size of this project is fairly small. Increasing the sample size of the analyzed texts would also allow scholars to see if the trends I have laid out in this project are carried out in the wider selection of autobiographical literature by healthcare workers at this time.

The nineteenth century in the United States was a time of rapid change in social and medical discourses; these shifts, while certainly not all positive, opened up space for some women to live unconventional lives and to write and publish their stories. It may not surprise anyone that these women wrote their lives differently than their male colleagues; however, as I have demonstrated in this study, their autobiographical literature often did not look like those of the women who came before them either. Instead they made their own way combining their personal and professional lives, working with multiple genres to depict their truth, and writing the heart histories of their patients as they told their own. My hope in writing *American Women in Health Fields: Identity Formation and Cultural Positioning in Autobiographical Literature* is that it makes clear the benefit of reading the autobiographical works of women in the sciences as more than biography and that it encourages continued interdisciplinary study of these works to expand our understanding of life and the discourses of gender, race, and medicine in nineteenth-century America.

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ABSTRACT

AMERICAN WOMEN IN HEALTH FIELDS: IDENTITY FORMATION AND CULTURAL POSITIONING IN AUTOBIOGRAPHICAL LITERATURE, 1847 to 1910

by Amanda Cutaia Barnett, Ph.D., 2018
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American Women in Health Fields: Identity Formation and Cultural Positioning in Autobiographical Literature, 1847-1910, examines multiple genres across several health fields over a span of more than sixty years in order to view the ways that women in these fields represented their lives for public consumption. I argue that these women chose to construct their identities through autobiographical literature using power gained from liminal moments in the social and medical discourses to claim agency and advocate for other women. They demonstrated their importance to medicine and history by writing their lives for the public and, thereby, arguing that their stories mattered and deserved to be told. Each chapter focuses on how these women employed autobiographical strategies and navigated social and medical discourses to illuminate their lives as health workers. The women employed different techniques and genres; however, despite their apparent departures they all grappled with normative cultural and health-related discourses in their self-representations as they managed and disrupted the expected boundaries of these discourses. I analyze recurring experiences of being gendered (and reflections on these moments) and self-characterizations as professional women. I have discovered that, while the majority of the tactics these women use to write their self-representations are genre and situation specific, they do use some similar strategies—including heart histories and relational identity building. Bringing

together autobiography and women in science in my analysis augments both fields by giving us insight into the ways this subgroup represented themselves and illuminating the social and medical discourses of the time.