1882 *Board of Directors, Deseret Hospital*

DR. ROMANIA PRATT PENROSE

MARINDA HYDE

WOMEN OF FAITH AND HEALING

LUCINDA BATEMAN, M.D.

THE FIRST MEDICAL SCHOOL *in North America was established in Philadelphia in* 1765, *with curriculum and standards far different than those we know today. More than a century later Johns Hopkins opened its doors and stood alone in* 1893 *as the first school of medicine to require a college degree before entrance—with the unparalleled stipulation that women be admitted on equal terms with men as the condition of a half million dollar endowment provided by a group of Baltimore women (Chesney* 1943*). This followed* 50 *years of struggle by women in America to prove themselves as capable of practicing medicine.*

ESTER ROMANIA BUNNELL PENROSE

Elizabeth Blackwell, an English woman and the first woman to receive an M.D. degree in America, had graduated undaunted in 1849 after applications to multiple institutions were rejected. The first American woman doctor was Lydia Folger Fowler in 1850. That same year the first national women's rights convention was held in Massachusetts, and the Quakers founded the Women's Medical College of Pennsylvania at Philadelphia, the first such school in the world. In 1870 the University of Michigan became the first state university to accept women, and by 1871 there were about 600 women practicing medicine throughout the U.S. Six were from medical schools recognized by the AMA; the rest were from sectarian colleges and special schools for women (Lovejoy 1957).

Involvement of LDS women in medicine began early with the heroic efforts of pioneer midwives who combined faith healing and spiritual gifts (as strongly encouraged by Church leadership) with the new medical practices of Thomsonian herbal medicine. Traditional male doctors of the time were distrusted and belittled for their barbaric and often unscrupulous practices. Mormons, male and female, were urged to rely on the Lord first, and then on medical caregivers within the faith. Patty Sessions, the matriarch of Mormon midwifery is said to have assisted in the birth of 3,977 babies, and many other midwives recorded more than a thousand deliveries. Besides obstetrics and gynecology the midwives were often called upon to remove bullets, amputate limbs, set bones, perform autopsies, declare criminals dead after hanging, and serve as undertakers. Ann Carling often rode urgently by horseback to care for sick Indians in nearby settlements (Carter 1950).

As Mormon pioneers entered the Salt Lake Valley in 1847, the American Medical Association was founded, and Simpson introduced the use of chloroform as a general anesthetic. In the period that followed Pasteur and Koch developed the germ theory of disease, Lister pioneered the concept of antiseptic surgery (1865), and the building of the railroad (1869) made transportation to centers of education in the East more feasible (Bushman 1976).

Eliza R. Snow, president of the women's auxiliary, spoke in 1872 from the Ogden Tabernacle regarding Brigham Young's desire for women to study medicine and provided funds through the organization for women to study (Woman's Exponent 1873; Terry 1964). Mormon women felt it degrading and unseemly for a man to attend a woman in childbirth or to treat female disorders. In a July 1873 meeting Eliza Snow again insisted that if women were to be considered equal with men in the medical profession they would have to be trained at the same schools and armed with the same degrees:

"We want sister physicians that can officiate in any capacity that the gentlemen are called upon to officiate, and unless they educate themselves, the men that are flocking in our midst will do it." (Salt Lake Stake, General Retrenchment Association Minutes, 1873).

Brigham Young proclaimed from the pulpit in 1873:

"If some women had the privilege of studying they would make as good mathematicians as any man. We believe that women are useful not only to sweep houses, wash dishes, and raise babies, but that they should study law . . . or physic [physiology]. . . . The time has come for women to come forth as doctors in these valleys of the mountains." (Noall 1974; Bushman 1976; Terry 1964).

A number of courageous women responded to the call often at great financial sacrifice, leaving husbands and children, to travel east to reputable medical schools. The first to return was Romania Bunell Pratt Penrose, who in 1877 at 38 years of age graduated from the Women's Medical College of Pennsylvania. After four years of practice in Utah, she returned to the East for specialty training in eye and ear infirmities and later performed the first successful cataract operation in Utah territory. Parley P. Pratt, Jr., divorced her during the rigors of her medical training, and she later remarried (Terry 1964).

One year later (1878), Ellis Reynolds Shipp returned from the same institution with the medical degree Eliza R. Snow and Brigham Young had convinced her to pursue. Regarding her training she wrote:

"It was only through the divine interposition of Providence that I was enabled . . . to pass through the ordeal, and . . . had I fully realized the magnitude of the undertaking I [might] have shrunk from it." (Terry 1964).

She delivered thousands of babies, including President N. Eldon Tanner, and as a warm, dedicated physician and loving mother was described by Ralph T. Richards as "unquestionably the outstanding woman of her time." (Richards 1954). Before her death in 1939 she was elected to the Utah Hall of Fame (*Deseret News* 1939).

Martha Hughes Cannon achieved her medical degree in 1880. Sixteen years later she was elected to the upper house of the state legislature, defeating her own husband and becoming the first woman state senator—even before women had the right to vote. Under her influence the Utah State Board of Health was established.

These women, together with a half-dozen others, set up practice and literally transformed the quality of medical care in the state by training midwives in more progressive techniques. Ellis Shipp's students alone are said to have numbered nearly 500. Their labors opened doors that led

Cindy Bateman is a resident in internal medicine at the University of Utah Medical Center

ELLIS REYNOLDS SHIPP

Utah from an era of distrust and medical isolationism toward more modern medical practice (Terry 1964).

THESE WOMEN WERE TRULY HEROIC pioneers in the history of LDS physicians, but what is the status of LDS women physicians today? My family physician throughout childhood was Dr. Beulah Ream Allen Jarvis, born in 1896. Widowed at a young age, survivor of two years in a Japanese POW camp during World War II with her two young children, beacon of wisdom and truth, she stood high on a pedestal as my ideal of total womanhood.

As a college student I met Dr. Anne Osborne Poelman, an outstanding radiologist at the University of Utah schooled at Stanford. I later read a speech given at BYU by Dr. Marian Brubaker, Alpha Omega Alpha graduate of Stanford and clinical professor of dermatology at the USC School of Medicine. These great Latter-day Saint women inspired me to pursue a career in medicine.

During college I encountered an attitude toward female physicians which perceived them as aggressive, independent women who somehow became less attractive and more intimidating, by virtue of their education and profession, and who were willing to forfeit family for a traditionally male career. On my mission in Thailand, my heart ached for the malnourished, sick, and homeless refugees I encountered. So, in spite of the stereotype I returned determined to join the ranks of healers. Years later, thumbing through the Collegium Aesculapium directory as an intern, I found few female names besides my own. When colleagues at regional meetings assumed I was the wife of my doctor brother, I began to feel a sense of isolation and longed for the first time to know about other Mormon women serving as physicians. The study outlined below grew out of a desire to find the women physicians of modern day Mormonism and unite them on common grounds of experience, needs, and goals.

STUDY METHODS

A 10-item questionnaire was mailed to 264 women whose names were gathered from various lists and sources, including the Utah State Medical Association records of female physicians, female BYU alumnae grouped as medical professionals, the Collegium Aesculapium membership directory, University of Utah medical students, personal references, and many telephone calls. Records of the Church Historical Library, Genealogical Library, University of Utah Medical Library, BYU Harold B. Lee Library and the Women's Research Institute were not helpful since medical association records do not list religion and LDS records either do not list the profession of women or are not easily accessible.

There was no way to know who were actually physicians and practicing Latter-day Saints, but a form letter sent with the survey asked for a reply if they wished to be included on a list of LDS women physicians.

Of the total 264 surveys mailed, 40 were returned unopened for outdated addresses, 16 came back indicating they were not LDS or not MDs, and 67 completed surveys were received, a 32 percent response rate. Of the group, 10 of 21 medical students, four of five interns and four residents returned completed questionnaires; the remaining were physicians beyond the training stage.

SURVEY RESULTS

The 67 respondents studied at 32 medical schools, completed residencies in 22 states, are practicing in 19 states and in 14 different specialties, and graduated from medical school in a distribution from 1933 to 1990 (Tables 1–5, page 43). These figures are comparable to a survey of 301 female physicians in Illinois (Schermerhorn 1986).

Sixty-six percent are married, 19 percent single, 9 percent divorced, and 6 percent widowed. Of the married women, 46 percent are married to physicians, and the remaining 54 percent are married to men with various occupations listed in Table 6.

Of the total respondents, 67 percent have children compared with 45 percent (Ducker 1987) and 62 percent (Schermerhorn 1986) in studies of women physicians of unspecified religion. The average number of children per mother is three (2.9), slightly higher than in the studies by Ducker and Shermerhorn, at 2.6 and 2.0 respectively. Most mothers use a combination of child-care arrangements, but 21 percent have live-in hired help, 17 percent rely on family members, 14 percent hire baby-sitters, 5 percent use day-care centers, and 2 percent somehow manage on their own or with help from friends.

Only 7 percent are not practicing (two retired, one unlicensed FMG, and two mothers), 24 percent practice part-time, and 69 percent practice full-time. A large majority practice clinical medicine (84 percent), with 7 percent, 6 percent, and 3 percent listing combined responsibilities, academic/research, or "other," respectively. Hospital-practice setting, which includes physicians in training, ranked highest (42 percent), but solo (16 percent) and partnership/group (16 percent) were common, with 4 percent HMO, 6 percent combined settings, and 15 percent "other," such as public health.

Preceding page: Barbara Hurst, M.D., head resident in obstetrics and gynecology at the University of Utah Medical Center.

At right: Elizabeth Hammond, M.D., chief of cardiac transplant pathology, examines heart tissue to determine if rejection is present. She does all cardiac transplant pathology for the University of Utah Medical Center, LDS Hospital, and the Veterans Hospital.

When asked the question "Would you go through it all again to become a doctor?" 84 percent said yes, 9 percent were uncertain, and 7 percent said no. Some of their responses are listed below:

SURVEY COMMENTS

YES

- Medicine has been very rewarding so far. I have been able to limit the demands it has made on me by sticking to an urgent care center and not taking calls from home.
- The best profession next to being a mother. It fulfills mothering instincts. I was self-employed and independent. I had to work because my husband died before our son was born, and it allowed me to retire early.
- I have always enjoyed medicine and have loved the challenge. I would have liked, and still would like, more time for myself, family and other activities, but there is always a tradeoff.
- I was able to get my training and then have children, and was able to participate in their early years by working half time. I intentionally chose a field that had regular hours.
- I always wondered if there were other LDS female doctors, where they were, and how medicine went for them. I managed to stay active in the Church with my husband and children—and work—and felt each had an importance for me. My practice grew rapidly in the Mormon community and thrived because of it.
- I have thoroughly enjoyed my field for 28 years. I "went through it all" before most women did and have made time for family, church, travel, and professional associations.
- I am a happier woman and a better woman doing what I love.
- I find great joy in my practice. However, I knew from the start it was a spiritual calling for me. This helped greatly during the difficult days of training.
- I love my career as chief of pathology in an acute-care, 400-bed hospital and have worked full-time since entering medical school. Family support from husband and children has been fantastic with the long hours and many demands.
- It keeps my mind active and the satisfaction obtained from practice is incomparable! My eldest son feels the same way. He can't imagine anything that would have been as fulfilling as medicine.
- There is no other profession that gives you the personal gratification and inner joy that being a physician gives.
- We waited a little while to have children and to go through most of the training. My last year of residency I was half-time and my practice is half-time. So far it works, and I'm happy being able to be both a physician and a mom.
- I trained initially in clinical genetics, then stayed home five years with children and returned in 1985 to retrain in anesthesia.
- I have not advanced academically (clinical assistant professor) or within our group but do what I like and am willing to earn less than my colleagues. My husband and children have been supportive of my work. I've been active in Church, almost always having a calling except the year my husband was an intern.
- I joined the Church in 1976 after the "wheels were in motion" for me to begin medical school in 1977. I sought counsel from several Church leaders and got my patriarchal blessing, expecting that a 26-year-old woman would be advised to get married and have a family—not so! I received strong counsel to pursue my career in medicine. If I received the same counsel and promptings again I would do it.

YES, BUT . . .

- Mixed feelings! Most days I would say yes. Current bed crunch (secondary to nursing shortage) and medicolegal environment adds extra stress. Right now I'm "maxed out" with responsibilities—Relief Society president as well as chairman of several committees and physician groups.
- Knowing what I know now would make it a much harder decision. If I thought there was something else I could do which could provide the same satisfaction, ego strength, etc., but be less time consuming, I'd sure consider it.
- Medicine has taken its toll on my private life. Add the enormous responsibility of being in a primary care profession to being a mother and "sometimes wife"[divorced] to the responsibility for a large extended family, and to Church attendance and assignments; add in a few personal medical problems like migraine headaches . . . and it can spell periodic disaster. The Lord has been with me at all times. Without that guidance in patient and family care decisions I sometimes wonder how I would have succeeded at all.
- In a similar set of circumstances I would do it again. I have enjoyed the education and the challenges. I think I will have a nice career. I feel like it has made me "less marriageable" because I seem to intimidate a larger subset of men than I did as a teacher. That has been the only source of conflict for me as I would like to marry and have a family.
- Most of the time I would. I like the idea of having control over my schedule when I finish residency and contribute in a significant way to society. I do wish I had more exposure to different professions growing up and realized how many options there are.
- Not if it were my choice. I felt called to the work, and if I felt so again I would have to say yes.
- I'm tired and feel that no one outside of medicine has the least idea of the endurance and effort required to do this. I am a third year radiology resident. I started medical school as a single parent with children ages one and a half, six, and seven. They are now nine, 14, and 15 years old. I am still a single parent. Medicine has been worth it to me, but this life-style has also been hard on the kids and prevented me from being able to remarry, secondary to lack of time and emotional energy.
- Getting through school was challenging, but trying to manage a career and family has been much harder. If I were doing it again I would have more household help and maybe a smaller family.
- It's not an easy way of life. But its very rewarding, and my family is proud of me.
- Women in medicine do not enjoy the privileges and opportunities of their male colleagues, although they may excel them in intelligence and competence. Knowing I would be unlikely to succeed in solo practice, I opted for basic research and clinical practice in a university setting. I was successful academically, but I am afraid I did not do very well financially, earning about 60 percent the salary of my male colleagues.

NO

- The job is too stressful and time consuming. There are other things I'd rather do that would be rewarding and more healthy on a psychological, physical, and mental basis. I feel I will be able to work and raise a family, so this is not the issue.
- Too many unreasonable demands on time, and too little reward.
- The cost has been too great for me and my family. I appreciate my training and enjoy my work, but medicine is changing. Between the lawyers and insurance companies, it is too big a hassle.
- Although I find the work and patient care rewarding, challenging, and fulfilling, I want a more stable life-style.

DISCUSSION

In a world where women were just gaining credibility as medical caregivers and had in earlier centuries been feared for their healing powers and even burned as witches, the early Mormons elevated to almost heroic status the women called by Joseph Smith and Brigham Young as midwives and doctors. In the early years there were more women engaged in the medical arts than men, and it was common practice for women to call upon the Lord to bless their patients. Zina D. H. Young, a midwife and outspoken advocate of medical advancement in Utah, mentions numerous occasions of "washing and anointing" of women by women prior to childbirth (Bushman 1976).

A modern portrait of Mormon female doctors is painted by the survey responses compiled above. Because of difficulty in identifying appropriate subjects, poor and incomplete address information, the transient nature of physicians in training, and the sensitive issue of "Church activity," the data collected in this survey may not be an accurate representation of all LDS women who have become or are becoming physicians. The data does show that there are many LDS women serving as physicians, scattered widely across the country, often isolated from each other, with variable support systems.

They are well educated, from diverse backgrounds, and have professional interests similar to other American women in medicine. Nearly half marry other physicians, and a large majority marry professionals or well-educated men, in proportions similar to national statistics (Shermerhorn 1986). Notable differences in this small survey are that Mormon women are a little more likely to be married, have children, and have more children than their non-Mormon counterparts.

The majority of LDS women practice medicine full time, but like other female physicians, probably are more likely than men to work part time, interrupt their training or career for childbearing, work in salaried positions, and go into primary care specialties. (Bowman 1986).

Although a few list financial security as motivation, the majority stay in medicine because of intellectual, emotional, and spiritual rewards in spite of the demands and stress. This is typical of broader studies that show women in medicine have high overall life and career satisfaction (Ducker 1987, Shermerhorn 1986). In light of the inherent stress of managing a family and career, combined with the relative rarity of LDS physicians both male and female, and the lack of official Church encouragement, the degree of devotion to medicine among Mormon women is remarkable.

Is It OK for Women to Be Doctors?

One unspoken question is: Can women be good physicians and good Latter-day Saints? The answer was certainly "yes" in the 1800s, but somehow approval faded in the early part of this century, more typical of American culture than of the hardy Mormon pioneers. Most present-day Mormon women are preparing for careers, but medicine seems somehow less acceptable—perhaps less feminine. The results of this survey suggest this is untrue. What better career for bright ambitious women than one encircling strong moral principles of love and service, with high job satisfaction, fair financial compensation, and potentially flexible working hours. The training and work are challenging, but when compared to entry-level jobs the balance in quality life for self and family weighs in favor of medicine.

Building Support from Within

Second, how can we better support Mormon women physicians emotionally and spiritually? Our numbers are growing rapidly.

In the four 1987–88 academic classes the University of Utah School of Medicine had 19 percent women (low compared to the national average of 31 percent), but 38 percent of those women were practicing Latter-day Saints. Only 24 of the 67 survey respondents trained at the University of Utah, even though Salt Lake City was the center of data collection, suggesting the presence of many others in training and practice elsewhere. Several studies have demonstrated that women become less active in the Church with increasing education, while men of similar education are more active. This may be true with LDS women in medicine, who often feel unvalued, misunderstood, and isolated in spite of their exhausting contributions.

There is a growing body of literature that suggests the attitude of a spouse toward working women is the main factor in their ability to cope well with the demands of multiple roles. Role conflict has been shown to have little effect on professional performance, a moderate effect on family life, but a devastating personal toll (Drucker 1986). Comments from Mormon women in this survey suggest that support from husbands, family, and fellow Latter-day Saints often makes an important difference in their sense of personal worth and well being.

Do Mormon men feel uncomfortable with women in the role of caregiver, healer, and wage earner? Do LDS male physicians relate less well to female colleagues both individually and as a group than non-LDS male physicians? This study does not ask or answer these questions, but hints they deserve attention. All members of the Church will benefit from the presence of women like Ellis Shipp, Beulah Allen, Anne Osborne Poelman, and Marian Brubaker as happy, active, valued, involved participants in

the Church family. We must stand together with the gospel of Jesus Christ as our common denominator rather than professional status or gender.

Contribution to the Collegium

The third question is what can Mormon women doctors add to Collegium Aesculapium? First, the friendly and genuine inclusion of women will more accurately reflect the very real presence of women in the medical community and offer strong feminine attributes to the organization, which will in turn convey a message of their value to the Church as a whole. Mormon women may lend particular compassion and insight to the issues of world hunger, birth control, teen pregnancy, child and spouse abuse, and depression. The effect of good men and women combining strengths as both physicians and disciples would be unparalleled.

Hundreds of young women heading for careers in medicine need and would have a bastian of role models—realistic, seasoned, spiritual women from inside the fold—to counsel them regarding the conflicts inherent in balancing career and family. Perhaps educated women would begin to strengthen the Church in activity and devotion instead of struggling to be included or leaving the Church.

Much more can be done to identify and recognize LDS women in medicine, encourage communication, and build a network of support. We will all benefit from the addition of women to the medical profession in our struggle to heal the poor, sick, and dying among us.

BIBLIOGRAPHY

Blackwell, E. 1895. *Pioneer Work for Women.* New York: E.P. Dutton. p. 49.

Bowman, M.; Gross, M.L. 1986. *Overview of Research on Women in Medicine—Issues for Public Policymakers.* Public Health Reports. Vol. 101, no. 5, pp. 513–521.

Bushman, C.L., ed.; Arrington, C.R. 1976. "Pioneer Midwives." *Mormon Sisters.* pp. 44–65.

Carter, K.B., comp. 1958–74. *Our Pioneer Heritage.* 17 vols. Salt Lake City, Utah: Daughters of the Utah Pioneers. 6:426.

Carter, K.B., comp. 1930–1950. *Heart Throbs of the West.* 12 vols. Salt Lake City, Utah: Daughters of the Utah Pioneers. 3:136.

Chesney, A.M. 1943. "Early Years, 1867–1893," Johns Hopkins Hospital and Johns Hopkins School of Medicine: A Chronicle. Baltimore: Johns Hopkins Press. 1:204.

Divett, R.T. 1963. "Medicine and the Mormons." Bulletin of the Medical Library Association. January, Vol. 51.

Ducker, D.G. 1986. "Role Conflict in Women Physicians: A Longitudinal Study." *Journal of the American Medical Women's Association.* Vol 41, No. 1, pp. 14–16.

Ducker, D.G. 1987. "Life Satisfactions for Women Physicians," *Journal of the American Medical Women's Association.* March/April, vol. 42, no. 2, pp. 57–59.

Lovejoy, E.P. 1957. *Women Doctors of the World.* New York: Macmillan Co.

McCloud, S. E. 1984. *Not In Vain* (The story of Ellis Shipp, pioneer woman doctor). Salt Lake City, Utah: Bookcraft, Inc.

Noall, C. 1974. *Guardians of the Hearth.* Bountiful, Utah: Horizon Publishers. p. 15

Noall, C. 1944. "Superstitions, Customs, and Prescriptions of Mormon Midwives," *California Folklore Quarterly.* 3:111–12.

Richards, R.T. 1954. "Ralph T. Richards, In Memoriam." Selected Writings by the Staff of the Latter-day Saint Hospital. Summer, circular no. 3.

Rose, B.E. 1942. "Early Utah Medical Practice." *Utah State Historical Quarterly.* Vol 10.

Terry, K.C. 1964. The Contribution of Medical Women During the First Fifty Years in Utah. Masters Thesis. Brigham Young University.

Salt Lake Stake. 1871–75. [General or Cooperative] Retrenchment Association Minutes. LDS Church Archives. September 13, 1873.

Schermerhorn, G.R.; Colliver, J.A.; Verhulst, S.J.; Schmidt, E.L. 1986. "Factors That Influence Career Patterns of Women Physicians." *Journal of the American Medical Womens Association.* May/June, vol. 41, no. 3, pp 74–78.

Sessions, P. 1846–66 Journals. LDS Church Archives. February 10, 1846.

Woman's Exponent. 1873. LDS Relief Society. September 15, vol. 2, p. 63.

Young, Brigham. *Journal of Discourses.* 26 vols. Reported by G. D. Watt, 1855. Liverpool: F.D. Richards. Vol. 27, p. 21.

Young, Zina D.H. 1880–92. June 26, 1892. In private possession of Mary Firmage, Provo, Utah.

Preceding Page: Author Cindy Bateman, M.D., at the Univesity of Utah Medical Center.