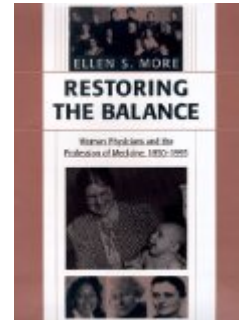


Ellen S. More. *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995.* Cambridge, Mass. and London: Harvard University Press, 1999. xi + 320 pp. \$49.95, cloth, ISBN 978-0-674-76661-7.



Reviewed by Katherine Burger Johnson

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In *Restoring the Balance*, Ellen S. More examines the difficulty faced by female physicians in stabilizing the demands of their profession with the societal expectations placed upon women. More focuses on three facets of the balance metaphor as it relates to women in the medical profession: the attempts to gain professional equality; the combining of personal, community and professional interests; and the efforts to balance the psychological, social, and physiological dimensions of their patients' lives.

Arranged in chronological order, More tracks women in American medicine from their entry into the practice of medicine in 1849 through the changes brought about by their acceptance into internships and professional societies. She then analyzes the shift from holistic medicine to scientific specialization. More also examines the relationship of female physicians to the suffrage movement in the late nineteenth and early twentieth centuries, as well as the feminist movement of the latter half of the twentieth century. More concludes with a chapter on "Reconciling Equality and Difference" in which she analyzes the prob-

lems still faced by women in balancing their family life and their careers.

More begins by examining the life and career of Sarah Dolley, M.D. (1829-1909). Dolley lived in upstate New York and in 1851 became the third woman in the United States to graduate from a chartered school of medicine and the first to complete a year's internship in an American hospital. The medical profession of the time considered balancing one's internal and external environments as necessary for good health, and it looked suspiciously upon the idea of "specialization." Thus, this one facet of balance, known as "holistic health" was the preferred concept in medical practice. Along with Dolley, most female physicians of the time married, raised families, and practiced medicine. The dimension of balance, including juggling their professional and personal lives, was accomplished with fewer problems than in later generations. However, gaining professional equality was another matter. In this chapter, and throughout the book, More integrates statistical information with the story of an individual doctor or a small group of women doc-

tors to show the reader how they "fit" into general society and the medical world as well.

More also looks at the relationship between the so-called "woman's sphere" and Victorian medicine, in which newly organized women's medical societies combined "the ideals of professional medicine, feminism, and maternalistic reform" (45). She points out that by this time women were not necessarily excluded from the existing local, male-dominated professional medical organizations, but suffered something that might be considered worse -- that of being marginalized. Joining together in women's medical societies brought female doctors strength of purpose as well as a forum for mutual support.

Women began entering the profession in greater numbers just as medicine began evolving into specialties, finding it harder to balance the expected scientific professionalism with feminist ideals and those of social reform. At the same time, local medical societies began linking to national groups, making connections with such local groups more important. The era of gender-specific medical societies (and schools) started to wane, with the largest membership continuing to be the older physicians. More raises an important question -- did these women remain committed to feminist ideals because they were doctors, or because of whatever experiences in the lives brought them to medicine in the first place?

The maternalistic view of patient care fit with the Progressive Movement and the call for social reform. Public health issues were at the forefront of concern for women's organizations and colleges. Women physicians were vital in helping create local and national health bureaus where the main concern was the health and welfare of women and children. But in the era of new specialization and scientific medicine, this concept of public health and preventative health care was marginalized along with the doctors (mainly women) who supported it.

More points out that women faced many obstacles in trying to balance career and home, including cultural traditions, gender stereotyping, quality of life considerations, and personal interests and values. As in other professions, women's career clocks tick at the same time as their biological clocks, leaving them in the vulnerable position of having to choose one over the other. More concludes the profession of medicine has changed in the last 150 years with women gaining a great deal. She believes that women could lose the ground they have gained. For women physicians to truly have balance will require a change in perspective by the profession, the corporate world, and the society at large.

The book is thoroughly researched and documented, with only the introduction and conclusion having less than sixty-three notes. Interviews with physicians provide a truly current and personal viewpoint. More's chronology is logically grouped, with diverse topics as gaining admission to medical schools; access to hospital affiliations; organizing for their own good; working as activists for public health; and their roles as feminists. More does a great job of integrating statistical information with her narrative, so the reader not only sees the "big picture," but is also presented with examples of how changes affected an individual female physician at a particular point in time.

More relies on collections related to the practice of medicine in upstate New York, and she states in her acknowledgements that her research began "as a small, highly focused study of the professionalization of medicine in one region of the country, upstate New York, during the years 1880-1920" (vi). At the suggestion of other scholars, she expanded her perspective by eighty-five years and included African American women, although the bulk of the material relates to physicians in the northeastern United States. One cannot help but wonder if female physicians faced the same situations in the same time periods in

the south, the midwest, and the west. The book would have profited by the inclusion of research on early female physicians, medical schools, and medical societies from other regions of the country. Although stated up front as a sampling, More's concentration in one geographic area detracts from the book's stated comprehensive objective.

Even with that criticism, More presents a strong argument for the idea that "balance" is a concept that deserves scholarly scrutiny and serves as an interesting paradigm in which to examine the history of women.

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