The medical practitioner who paved the way for women doctors in America

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Image 1. Harriot K. Hunt was the first woman to apply to Harvard Medical School. Though she was prevented from attending, she set an example for female practitioners of medicine. About a century later, Harvard Medical School finally welcomed its first female class, shown here, in 1945. Photo from the Francis A. Countway Library of Medicine/Harvard Medical School

When Sarah Hunt fell ill in 1830, she was treated with the poisonous “remedies” of her era. Male physicians gave the 20-something Bostonian medical blistering (a concoction of ingredients, usually cantharides, spread onto the skin to produce skin abrasions) and ointments containing mercury (likely rubbed on her uterus, the place most women’s problems were still thought to have stemmed). When these treatments showed no results, the family doctor moved on to leeches. Unsurprisingly, even after months and a revolving door of doctors, Sarah’s condition kept getting worse.

Her older sister, Harriot, was beside herself. “I marveled — all this agony — all these remedies — and no benefit,” she would write in her 1856 autobiography, “Glances and Glimpses: Or Fifty Years Social, Including Twenty Years Professional Life.” In desperation, the sisters decided to do something highly unusual for the time: They began searching through medical texts themselves in hopes of finding a cure.

Unbeknownst to Harriot at the time, she was taking her first step to becoming what cultural historian Ruth J. Abram would call “the mother of the American woman physician.” While Harriot Hunt’s name might not be widely known today, throughout her long career in medicine, she used her skills in medicine and politics to blaze a trail for the inclusion of women in the ranks of professional physicians in the United States.

From the ancient Greek physician Metrodora (the author of the oldest medical text) to Dorothea Bucca (the late 14th-century physician who held a chair of medicine and philosophy at the University of Bologna), there is a well-documented account of women practicing medicine across human history. But by the 17th century, women were increasingly becoming excised from the study of Western medicine.

Though female healers continued to practice home remedies and treatments, men who were allowed into the university system had taken over as authorities in the field. Even midwifery, long considered a women’s space, was slowly becoming more male as degree-yielding “man-midwives” entered into the picture in the 1700s.

At the time Sarah fell ill, no American women had access to formal medical training. On a local level, a Boston directory at the time indicated that about 18 percent of white employed women were practicing nurses — alongside occupations that included widow, teacher, librarian and ladies’ hairdresser — but doctor was not listed as an option. The few women who did advertise themselves as physicians were largely self-taught.

But the Hunt siblings were uniquely positioned. Their liberal religious parents, Joab and Kezia Wentworth Hunt, strove to give their children a progressive education. Before Sarah had fallen sick, the sisters opened a private school of their own for girls which, as Harriot later explained in "Glances," they modeled off of their own upbringing: offering an education that trained pupils for more than just a good marriage.

"I see no possible reason why young women, unless they are absolutely needed in the domestic circle — even then, self-reliance should be taught them — should not be trained to some healthful remunerative employment," Harriot opined.

That kind of free-thinking sensibility may have been what let Harriot to eventually seek the care of an English naturalist by the name of Elizabeth Mott. To the rest of Boston society, Mott was considered a quack. And it was true that Elizabeth and her husband, Richard Dixon Mott, were unconventional for their time. The couple were homeopathic practitioners of "botanic medicine," a movement that revolved around the beneficial properties of herbs, grasses, fungi, shrubs and trees made famous by the 18th-century self-trained herbalist Samuel Thomson.

The Dixons' splashy newspaper advertisements may have raised eyebrows, but Sarah had been treated with everything conventional medicine had to offer. As Harriot wrote about the Motts' practice: "[B]ehind all of this, was something new, which offered at least a change of treatment, if not a chance of a cure."

When Elizabeth entered the Hunt's Fleet Street residence for the first time, Harriot got her first look at female medical practitioner. She was instantly struck by her sympathetic bedside manner and air of authority. Slowly, under the care of Elizabeth, Sarah's health began to improve (though the more likely reason was that her body was finally allowed to recover from all the "treatments" she'd been previously subject to).

The sisters were spellbound by Elizabeth's skills and bedside manner. When Sarah recovered, the siblings decided to give up teaching in exchange for an apprenticeship with her. For the next two years, they would learn anatomy and physiology under Elizabeth's counsel. In 1835, when Elizabeth left for Europe, Sarah and Harriot took over her Boston practice.

It's true that, at least by today's standards, the sisters' work might not be considered medical. Their treatments, as American Magazine noted somewhat snottily in an article published in 1910, "seem(ed) to have been largely the application of sympathy, cheerfulness, common sense and water."

Yet, at the time, even licensed physicians did not have what we would consider a thorough training (remember the leeches). One didn't need to go to university to be considered a physician. Formal medical-school training was still in its infancy, and unlike the years that medical students of today must devote to formal study, just two years of schooling was required by the University of Pennsylvania's Medical School when it opened its doors in 1765.

Moreover, there was more to what the sisters were doing than just providing basic comfort. The two adopted Elizabeth's practice of looking for insight in their patients' history, which remains a mainstay of Western medicine today. As "Women and Work: The Labors of Self-Fashioning" points out, the sisters valued "the continuity between past and present, between what is suffered and what is done." As Harriot observed: "The physician must not only be the healer, but often the consoler."

In 1840, Sarah married and left the practice. Harriot continued on alone, practicing in the house that she and her sister had paid for thanks to their medical practice. She felt driven by a mission to offer something that the many physicians who treated Sarah neglected: compassion.

“Medical science, full of unnecessary details, lacked, to my mind, a soul,” she wrote.“[I]t was a huge, unwieldy body — distorted, deformed, inconsistent and complicated. Pathology, so seldom taking into consideration idiosyncrasies, temperamental conditions, age or the state of the spiritual body, would have disheartened me, had I not early perceived that the judgement — the genius — of each physician must decide his diagnosis.”

Harriot’s conviction led her to the activities that would ultimately have more of an influence on the history of medicine than her own practice did. In 1843, she formed a group called the Ladies’ Physiological Society. “The formation of this society was one of the events in my life; and gave me the first hint to the possibility of lecturing to my own sex on physical laws,” Harriot wrote. The society ultimately evolved into the Ladies’ Physiological Institute, which attracted 454 members its first year “in spite of the prevailing view that it was immodest and disgraceful for women to talk about the human body,” according to Harvard University’s Radcliffe Institute for Advanced Study.

In Maratha Verbrugge’s compelling study of 19th-century women and health reform, she sees the Ladies’ Physiological Institute as presenting an opportunity for middle-class women to gather and popularize the idea of women in medicine, something the society spells out in the first article of its constitution: “…to promote among Women a knowledge of the HUMAN SYSTEM, the LAWS OF LIFE AND HEALTH, and the means of relieving sickness and suffering.”

In 1847, Harriot learned that Elizabeth Mott had returned to the States, and was very ill. She and Sarah had not seen Elizabeth for years, and they went to her bedside. “I found her sick unto death,” Harriot writes. The sisters, unable to do anything, stayed by her side. Elizabeth died shortly after. It was around this time that Harriot decided to apply to Harvard Medical School.

It was a question that many of her patients had been asking her. “These and many similar interrogatories strengthened my purpose,” Harriot wrote, in the aftermath of Elizabeth’s death.

But she felt less confident about her prospects. On one hand, it felt almost laughable that a woman, who had been practicing medicine for years, with a mind “thirsting for knowledge, lavishly bestowed on all sensible and insensible male applicants, might be allowed to share the privilege of drinking at the fountains of science.” On the other hand, no woman had attended Harvard College’s medical school before, and she knew how conservative the board was.

Her initial application was turned down. At a meeting of the president and fellows of Harvard College, they voted it was “inexpedient” to accept her to attend medical lectures. But after learning that another woman had been accepted to practice medicine in Geneva Medical College in New York that same year, Harriot decided to campaign the dean, Oliver Wendell Holmes, to be reconsidered. (The other woman was Elizabeth Blackwell, who would go on to become the first woman to be granted a medical degree in the U.S. Blackwell had been rejected from two other schools before applying to Geneva, where, reportedly, the student body voted her in as a joke.)

In her 1850 letter to the “Gentlemen of the Medical Faculty of Harvard College,” Harriot concluded her application pointedly:

> *“Shall woman be permitted all the Medical advantages she desires? Shall mind, or sex, be recognized in admission to medical lectures?*
>
> *An answer will be awaited with deep interest.”*

This time, amid growing debate over the role of women in medicine, Harriot was accepted to attend medical lectures. So were three black students: Martin Delany, Daniel Laing and Isaac Snowden, who all planned to practice medicine in Africa. But when the male student body caught wind of what was happening, they were outraged at the prospect of having to study alongside both black men and a white woman.

They jumped into action to stop Harriot’s campaign short with two petitions to the faculty:

> *Resolved, That no woman of true delicacy would be willing in the presence of men to listen to the discussions of the subjects that necessarily come under consideration of the student of medicine.*
>
> *Resolved, That we object to having the company of any female forced upon us, who is disposed to unsex herself, and to sacrifice her modesty by appearing with men in the lecture room.*

In face of the protests, the school’s faculty met privately with Harriot to convince her not to attend the lectures. She eventually acquiesced. "The class at Harvard in 1851, have purchased for themselves a notoriety they will not covet in years to come,” Harriot later reflected. The event created so much backlash that the Harvard Medical School later created a formal policy against women attending lectures; the school wouldn’t open its doors to women until 1945.

Though Harriot never received the formal training she so wanted, in 1853, she was delighted when the Female Medical College of Pennsylvania honored her with an honorary degree. “Courtesy and respect had led many of my patients for many years to address me as Dr., but the recognition of that College was very pleasant after 18 years practice,” she wrote of the occasion. Moreover, her ousting from Harvard would prove significant in the longer arc of women’s history — it pushed her to see the field of medicine through a political lens.

In 1850, Harriot attended the first National Woman's Rights Convention alongside luminaries like Lucretia Mott, Lucy Stone and Antoinette Brown-Blackwell, to make the case that women should receive a medical education. She soon became a leading voice in the women's movement in her own right (though historian April R. Haynes rightly calls Hunt out for limiting her gaze to matters of white feminism in her book "Riotous Flesh: Women, Physiology, and the Solitary Vice in Nineteenth-Century America").

In the next few years, Harriot began to gain national notoriety for refusing to pay her federal taxes. In an 1853 address to the "Authorities of the City of Boston, (Mass.) and the citizens generally" she announced that she would no longer pay into a system that refused to count her vote. "Taxation without representation is tyranny," she said, echoing the words once aimed at the British crown by Boston politician James Otis.

Linking other women's reforms to the right of women to the earn an income, Harriot began lecturing widely on the importance of women physicians, and continued to practice herself.

In 1856, she published “Glances and Glimpses,” a documentation of her career, struggles and hard-won successes. But she wasn’t done making a splash. Five years later, to mark a quarter century of practice, Harriot decided to throw herself a “silver wedding.” The Boston abolitionist weekly, the Liberator, reported gleefully on the union of “Miss Harriot K. Hunt and Harriot K. Hunt, M.D.,” in which Harriot gave herself a golden ring — a tongue-in-cheek symbol of her marriage to her profession. According to one account, over 1,500 guests attended the party, including three generations of her patients. Harriot continued to see patients until her death, in 1875.

The history of American women in medicine is not linear. As Hunt’s story shows, it progressed in fits and starts, with disheartening regressions and hard-won triumphs, a pattern that continued long after her death and bleeds into today.

Had Harriot lived just five more years, she would have seen, according to estimates by historian Regina Markell Morantz-Sanchez, some 2,000 women practicing medicine. In 1893, Johns Hopkins Medical School would open its doors to women. And by 1900, according to Marjorie A. Bowman in Women in Medicine, somewhere around 6 percent of all physicians would be women. Today, according to data from the Kaiser Foundation, an estimated 34 percent of the nation’s physicians are female.

Harriot’s tireless devotion her craft helped paved the way forward. Today, although she was denied a spot in Harvard during her lifetime, her autobiography holds a place of prominence in Schlesinger Library at Harvard University Medical College.

Quiz

1 Which of the following ideas about the role of women in medicine did the author develop the LEAST in this article?

(A) the limitations placed upon women's admission into medical school

(B) the role of female-driven activism in the United States

(C) the importance of Elizabeth Mott to Harriot Hunt's interest in medicine

(D) the historical role of women in medicine

2 How did Harriot Hunt change over time?

(A) At first she was a teacher, then she became interested in medicine after her sister fell ill. She would go on to advocate for the inclusion of women in both medicine and politics.

(B) At first she was studying herbal medicine with Elizabeth Mott, then her sister became very sick. Finally she became the first woman to graduate from Harvard with a medical degree.

(C) At first she was rejected from Harvard Medical School, then she spoke in favor of women's rights. After proving her skills as a physician, she was able to attend Harvard Medical School.

(D) At first she was active in the women's rights movement. Then she was prevented from going to medical school and began focusing on science. Finally she learned enough to cure her sister's illness.

3 How is this article organized?

Why did the author MOST LIKELY choose this organizational structure?

(A) by chronology; to reveal how the limitations placed upon women in medicine in the United States have fluctuated over time

(B) by problem and solution; to develop a series of medical treatments that were pioneered by female doctors for specific ailments

(C) by cause and effect; to explain why Hunt became interested in medicine and how this influenced her involvement in women's rights

(D) by compare and contrast; to highlight the different challenges faced by activists who fought for women's rights and change in medicine

4 What purpose is served by including specific statistics about the number of women currently practicing medicine?

(A) They describe the significant challenges still facing women seeking to become doctors.

(B) They help explain the impact women's rights leaders like Hunt have had on the medical profession.

(C) They introduce an alternative perspective about Hunt that the author is seeking to challenge.

(D) They give insight into why female doctors are often responsible for medical discoveries.