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THE CONTRIBUTION OF MEDICAL WOMEN DURING THE
FIRST FIFTY YEARS IN UTAH

A Thesis

Presented to the
Department of History
Brigham Young University

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by
Keith Calvin Terry

July 1964

PREFACE

Throughout the territorial period of Utah there were more women engaged in the medical arts than men. This high percentage of women was in part due to the field of medicine in which they specialized. The two major medical fields were obstetrics and gynecology. Both were closely aligned with the home and the female.

Because of the obstetrical practice of early Utah medical women, many distinguished themselves in the field and offered a vital service to the several communities. All of the early medical women were undegreed as compared to the standards of the United States. Most of the women were known popularly as midwives or lady doctors. What they did was basically no different than thousands of other American midwives during the same period of time. But Utah's midwives and lady doctors were motivated by a religious dedication that elevated the practice to a religious "calling." This, along with their service, gave rise to schools of midwifery where ladies could train for the profession. By the eighteen-seventies Utah had established several schools to train ladies in obstetrics.

The medical field began to broaden among Utah's ladies. After receiving a "call" from the Mormon leader Brigham Young, several women traveled east to Philadelphia to study medicine. Upon their return, holding degrees from an accredited college, schools of obstetrics and nursing branched out until by 1900 there were scores of trained midwives throughout the state.

This thesis points out the contribution of these dedicated Utah

medical women and points up their attitudes and training in the field of medicine.

Credit and sincere appreciation is due several persons:

The background and service of these medical women in Kate B. Carter's compilations stimulated the writer to go deeply into the subject. Her works in detailing the biography of most of these ladies has been a great aid.

Dr. Eugene Campbell has encouraged my writing this subject into a thesis. His assistance throughout the study is appreciated.

To my wife, Ann, her encouragement and hours of reading the first draft are sincerely appreciated.

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CHAPTER I

MEDICAL WOMEN IN WORLD HISTORY AND THE UTAH TERRITORY

For most medical women in history the practice of medicine began in the home. It seemed more the maternal habit to ease the pains of families and neighbors in distress. In ancient Athens, Agnodice, a Greek lady eager to expand her medical knowledge, disguised herself as a man and studied surgery and obstetrics under the noted doctor of that era Herophilus.¹ The Hebrews record that women practiced the art of mid-wifery. But there is a certain amount of both fact and fancy connected with accounts of medical women and ancient lands. The Old Testament mentions how the Hebrew midwives outwitted Pharaoh and "saved the men children [of Israel] alive."² The assumption is that those midwives had received training at the medical school in the Temple of Sais, in lower Egypt, a school where gynecology and obstetrics were taught by women.³

However, women were not notable in the history of medicine. Except for royalty or outstanding persons in peculiar situations, regardless of medical contribution and service rendered, as a rule the names of women were not recorded. Trotula of Salerno, a lady who assisted in medical teaching along with several other women during the

¹Henry E. Sigerist, The Great Doctors (Garden City, New York: Doubleday, 1958), pp. 25-26.

²Exodus. 1:15-20, King James Version.

³Kate Campbell Hurd Mead, A History of Women In Medicine (Haddam, Connecticut: Haddam Press, 1938), pp. 64-66.

dark ages, was one of the exceptions to the rule. She was a noted teacher of her time.⁴ For the most part the history of women in medicine is silent down to the middle of the nineteenth century. By the second half of the nineteenth century women practitioners were just beginning to be recognized on a somewhat equal level with male physicians.

America reluctantly produced the first woman doctor, Elizabeth Blackwell, who had come from Bristol, England, and made numerous attempts to enter several colleges of medicine. To one of her applications for admittance to study, one professor frankly replied, "'You cannot expect us to furnish you with a stick to break our heads with.'"⁵ Determined in her efforts, Elizabeth received the consent of the medical students and faculty of the Medical Department of the Geneva University at New York to enter the school. Studying along side her male colleagues, she was recorded as the first woman to gain a medical degree in 1849.⁶

The first American woman doctor to receive her degree was Lydia Folger Fowler. She graduated from the Rochester Eclectic Medical College in Rochester, New York. Lydia Fowler, a member of the same family as Benjamin Franklin, was appointed to the staff at the college from which she received her degree where she soon after gained a professorship.⁷

That year, 1850, witnessed the beginning of the Quaker founded

⁴Ibid.

⁵Elizabeth Blackwell, Pioneer Work for Women (New York: E. P. Dutton, 1895), p. 49.

⁶Ibid., p. 61.

⁷Esther Pohl Lovejoy, Women Doctors of the World (New York: Macmillan Co., 1957), pp. 12-14.

Woman's Medical College of Pennsylvania at Philadelphia. This was the first chartered accredited female medical school in the United States, and became the vanguard of all similar institutions. Today, it is still one of the outstanding medical colleges for women in the United States. Philadelphia is proud of this landmark in emancipation of women into the medical field. It was America that led the world in the struggle to permit the woman the right to assert herself with intelligence and authority in the ancient fight against disease and pain.

Medicine, as it was practiced by women, has its roots in the isolated regions of the expanding nation in the mid-nineteenth century. In most sections of the country, following an ancient pattern, women were striking back at the infirmities of the human race. As in earlier times, the one area of medicine that challenged the wit and strength of women was the practice of midwifery.

Female midwives stood their moral ground in the art of delivering babies against the encroachment of male doctors. The mid-eighteen hundreds was the era of woman in obstetrics. One outspoken woman authority of the times declared, "Man midwifery is unscriptural and unnatural, it is an insult to the female mind, an outrage on female delicacy."⁸

Far to the west, in the Rocky Mountains, the pioneers felt that midwifery was the practice of women. To the arid valleys of the Utah region came women skilled in the occupation of midwifery and general nursing. From these few women developed a program of training for future midwives who were to settle themselves throughout almost every

⁸Sarah J. Hale, Biography of Distinguished Women (New York: Harper and Brothers, 1876), p. 585.

colony in the Mormon empire.

After a quarter of a century of colonizing, Utah had produced many midwives, but no trained woman doctors. Due to the strict moral code of conduct, male doctors were seldom called in to attend to female diseases and childbirth. Thus women doctors were needed. A plea for women doctors came from the Mormon church leaders. This brought forth a small group of young women in the eighteen-seventies who felt it their duty to travel east to obtain degrees in medicine. The first group attended Woman's Medical College of Pennsylvania, where they studied and graduated. Upon the return of these new women doctors, schools of midwifery gained rapid acceptance throughout the territory. The newly educated women doctors opened series of classes in obstetrics that caused a change in habits of midwifery and medicine in Utah.

This is the history of those noble women who came into the territory, struggling to relieve the burden of poor medical service. This is an account of how well or how poorly they conducted the art of midwifery. From the first year the pioneers entered the region in 1847, down to 1896 when statehood was achieved, though there were male physicians in the field of medicine, Utah depended on its women. This is a study of their contribution.

CHAPTER II

EARLY UTAH MEDICAL PRACTICES

The first medical women of Utah practiced the profession of midwifery many years before they settled in the desolate valleys of Utah. They were aiding the ills of the Mormons in Nauvoo before any thought was given to the trek west. As the early immigrants started across the rolling prairies of the Iowa country, several women, such as Mother Sessions, discovered new remedies for curing without the aid of tried herbs and drugs.¹ By the time the Mormons were clearing the ground and erecting log and adobe houses the midwife bustled about caring for the sick.² The first decade³ in the valley points up the fact that midwives proved to be on hand for more than delivering babies. Though they were generally the only assistance available while the mother gave birth to a child, they were also more than a nurse to comfort the ill; they proved to be the doctors and in many cases surgeons of the region.

There were few doctors of medicine of the orthodox practitioner type. Those men that did enter the valleys in the first decade were

¹Journal of Patty Bartlett Sessions. MS L.D.S. Church Historian's Office, Salt Lake City, Utah.

²It is almost impossible to separate the religious life from the secular life of the early pioneers of Utah and since few, if any, accounts of early midwives or medical women other than those belonging to the Mormon church can be found, it is the intention of the author to point up the position of Mormon midwives and medical women as they functioned in the society. However, wherever accounts show of women other than Mormon involved in medicine in Utah, this will be mentioned.

³1847-1857.

not accepted as a necessary means of gaining relief for the infirmed. The people ridiculed them and gave them the title of "poison doctors," a title referring to those accredited practitioners who administered drugs.⁴ Even Brigham Young, along with his counselor Willard Richards, both leaders in the heirarchy of the Mormon church, belittled publicly the shiftless poison doctor of orthodox medicine. In the Mormon newspaper, The Deseret News, the following article appeared in 1852:

Doctors and Lawyers of Deseret. Two physicians have removed to one of our most distant settlements, and gone to farming. Three more have taken to traveling and exploring the country, three have gone to California to dig gold or for some other purpose, and one has gone to distilling, and we are beginning to get some alcohol which is desirable for gentlemen's shoe blacking, hatter's water proofing, chemical analysis, washing the bodies of the sick that they be made well, when such there be. Those physicians who remain, have very little practice, and will soon have less, (we hope).⁵

However, there was a class of titled male doctors of high standing in the pioneer community, receiving the sanction of the leaders of the church--the Thomsonian or Botanical doctors. This Thomsonian doctor practiced medicine while providing for his own family in an acceptable trade other than medicine. Willard Richards was the foremost Thomsonian in the region and practiced the herb medicine with praise from most people. The title Thomsonian came from the name of Dr. Samuel Thomson, a New Englander who was born in New Hampshire in 1769. "Raised in a wilderness area, he spent much of his childhood wandering in the woods."⁶

⁴Poison doctors refers to those few professional men of degree-attained status. Those men were accredited practitioners. The title stems from their method of giving drugs of a foreign, narcotic nature and also the practice of surgery. Most of these orthodox doctors were confined to surgery in early Utah.

⁵Deseret News (Salt Lake City), September 18, 1852, p. 3.

⁶Robert T. Divett, "Medicine and the Mormons," Bulletin of the Medical Library Association, 51 (January, 1963), 3.

One day he discovered a plant with singular branches and pods. Of his first experience with this plant he said, "I had the curiosity to pick some of the pods and chew them; the taste and operation produced was so remarkable that I never forgot it. I afterwards used to induce boys to chew it merely by way of sport, to see them vomit."⁷ This plant, lobelia, became Thomson's "Emetic (sic) Herb,"⁸ the foundation of his medical system. He often had trouble with orthodox doctors, and, when in 1813 he acquired his first patent on his system of medicine, his name became anathema to that method. He had violated one of medicine's most cherished ethics in patenting his system instead of freely sharing it. Thomson and his agents sold his book, New Guide to Health; or Botanic Family Physician, along with a license--to practice medicine--for \$20.00. His teachings ultimately fathered botanic medicine. The Thomsonians flourished in Nauvoo and later in Mormon settlements.⁹

Because of the strict adherence to almost every utterance of the leaders of the Mormon church, either public or private, the general membership allowed only a Thomsonian doctor or midwife into their sick rooms. The midwives soon learned from the Thomsonian doctors and many were considered Thomsonian midwives. In the eyes of the community this qualified such a midwife to practice that form of medicine.

There was an hostile attitude that prevailed among the Utah settlers that made it virtually impossible for the degree status physicians to penetrate the average Mormon home. The mode had been set by tradition, but certainly the leadership of the Mormon church helped

⁷Ibid.

⁸Ibid.

⁹Ibid.

to perpetuate the unfriendly feeling toward professional doctors. Those orthodox doctors who settled in Utah, who were members of the church, did not devote their full time to the medical profession. They entered into political affairs or scholastic endeavors.¹⁰ Those who were not members of the Mormon church generally left the territory after struggling for a period of time.¹¹ However, this was not always the case. Within a decade the U. S. Army was sent to Utah and brought with it "gentile" doctors. This gave the orthodox doctor "gentile"¹² patients who were, at times, fearful of Mormon doctors or midwives.

Utah settlers followed two basic procedures in caring for their sick: faith or spiritual healing, which was always first and foremost; and/or a Thomsonian medical doctor or the most qualified midwife. The first method, faith healing, held a prominent position in the doctrines of the church. The practice of spiritual healing by "laying on of hands" was common. The laying on of hands was a religious function whereby a male member, or members, holding the "higher Priesthood" would place their hands on the infirmed and call down a blessing from God. The act was generally accompanied by anointing the head with several drops of consecrated olive oil. In some cases women of the church were permitted to perform this function.¹³ This method of administering to the sick received wide acclaim by the members of the church and also by the

¹⁰Blanche E. Rose, "Early Utah Medical Practice," Utah State Historical Quarterly, X (Year 1942), 14-16.

¹¹Deseret News, Sept. 18, 1852, p. 3.

¹²"Gentiles": In Mormon usage, persons not of the church; used as such in this thesis.

¹³Brigham Young, "Building Up Zion," Journal of Discourses, XIII (1871), 155.

journals and publications of the period. They record miraculous healings. For example, in the Millennial Star, a Mormon magazine published in London, can be found the following titles of articles: "Several Cases of Miraculous Healings by the Power of God," "Consumption Healed by the Power of God," "The Blind Restored," "The Healing of Cholera," "Leprosy Healed," and others.¹⁴

President Brigham Young stated in the Salt Lake Tabernacle, July 24, 1853:

. . . I am here to testify to the hundreds of instances of men, women and children being healed by the power of God through the laying on of hands; and many I have seen raised from the gates of death and brought back from the verge of eternity; and some whose spirits had actually left their bodies, returned again.¹⁵

Even though Brigham Young preached faith healing, he was also practical when it came to the need for a specialist in surgery and setting of broken bones. He instructed the people in what his opinion was as to the doctor: "I think them necessary . . . in case of broken bone, or where skillful mechanical or surgical aid is necessary."¹⁶

But it was Brigham Young's brother who made the paradoxical statement as to what medical aid one should accept, "Look at this thing. There is a class of people here that do not believe in sustaining professional doctors."¹⁷ He let the people in the Tabernacle know he was of that class. Then he proceeded by saying that even though he claimed to be of the class of nonbelievers in doctors, there were

¹⁴Benjamin Brown, "Five Cases of Miraculous Healing," Millennial Star, XV (September 24, 1853), 634-636.

¹⁵Brigham Young, Journal of Discourses, op. cit., I, 240.

¹⁶Ibid., XII, 142.

¹⁷Deseret News, Jan. 20, 1858, p. 367.

those of the opposite class in the community who "when they are sick, the very first motion they make is to call upon a doctor as quick as possible."¹⁸ Then he asked the interesting question, "Which of these two classes are right?" and answered his question with, "Neither of them."¹⁹ He pointed out that in different cases he would call in a surgeon. But assuming he understood the nature of the disease he felt he was well enough qualified to cure the ailment through treatment and, of course, by the aid of God. He pronounced this his duty.

The general body of the Mormons pronounced the same method their duty. Only the main body of settlers had no formal rule to follow when it came to knowing who was a qualified physician and just whether he understood the nature of the illness. This led to many interesting and sometimes pathetic incidents in childbirth throughout the settlements that recurred for decades. Not until the turn of the century did some forms of primitive cures vanish.

One noted author, Dr. Ralph T. Richards, in his book Of Medicine defines the period from 1847-1871 in Utah as the "pre-medical period."²⁰ He divides this period into two geographic areas, "the Colonies and Great Salt Lake City."²¹ The majority of settlers were outside the latter area, and in the vast area of "colonies," Dr. Richards states, "there was not a single graduate of a regular or allopathic medical college in the entire area."²² (He has reference to the pre-medical

¹⁸Ibid.

¹⁹Ibid.

²⁰Ralph T. Richards, Of Medicine, Hospitals, and Doctors (Salt Lake City: University of Utah Press, 1953), p. 13.

²¹Ibid.

²²Ibid.

period.) However he does mention that there were Botanical or Thompsonian physicians in some of the colonies. This may not be accurate for a Dr. John Riggs is listed as the "only doctor south of Salt Lake City for many years."²³ But Richards' study does point up the alarming fact that in most areas of Utah Territory there were no trained physicians of recognized degree status. This lack contributed more than anything else to the rise of midwives who were often "lady doctors."

At best the medicine practiced by these stout hearted midwives or lady doctors was inferior to the U.S. standards of most of the period from 1847-1880. However, at the time of the migration to Utah the world was menaced with epidemic diseases; cholera, typhus and yellow fever, diphtheria, and influenza made periodic invasions, with disastrous effects. Malaria, typhoid fever, and tuberculosis were prevalent at all times; and the diarrhoeal diseases of infancy were generally a major source of all the killer diseases. Only smallpox was under control, through the discovered immunization by vaccination, but the fear of vaccination kept the people from reaping its benefits, and smallpox took a heavy toll of life for many decades.²⁴ The "humoral theory" of the ancients was still accepted. The humors were the body fluids: blood, phlegm, and yellow and black bile. When the humors were in balance, the body was in a state of health. When the balance was disturbed, disease appeared. Treatment was directed toward a restoration of the normal balance, and this was done by bleeding the patient, purging,

²³Emma N. Huff, ed., Memories That Live, Utah County Centennial History (Utah County: Daughters of Utah Pioneers, 1947), p. 101.

²⁴Joseph R. Morrell, "Medicine of the Pioneer Period," Utah Historical Quarterly, XXIII (Year 1955), 128.

inducing vomiting, and flushing the bowel with enemas. The cultists (Thomsonians) used mild herbs, emetics, and warmed the blood with cayenne pepper. To the settler, the fear of bleeding (the standard method of treating most diseases) was intense, but the fear of purging (i.e. administering heat, cold, or some form of remedies) was only slightly less. No method of treatment used by orthodox doctors inspired confidence, and many felt that they were safer without such treatment.

But looking back upon the practice of medicine along the Mormon frontier, one must keep in mind that the year the Saints came into the valley of the Great Salt Lake was the year that the American Medical Association was organized. This was the start of a national movement toward better medicine. It would still be over a decade from that point before Pasteur discovered anaerobic bacteria, the great element in paving the way for Lister to introduce antiseptic surgery in 1867. This wonderful discovery opened the body of man to surgery never thought possible before this time. All these discoveries were taking place while the world and the women of pioneer Utah at times blundered; however, they experimented, trying medically to save those that could be saved, and they called down a blessing from God on those that appeared beyond human aid.

In early Utah it fell primarily the lot of the women in the settlements to fill that much needed position, as experimental as it was, and they were eager to be up and about their service helping the sick and confined. Aware of the antipathy that had grown up against the poison doctors, the midwives grew confident in their own school of medicine, and they perpetuated their school for decades.

CHAPTER III

EARLY UTAH MIDWIVES

The first settlers came down into Salt Lake Valley in 1847 when Brigham Young led the vanguard in midsummer of that year. The first group was comprised of men and several women. Also, the Mississippi saints and a detachment of Mormon Battalion men came shortly after the first group. And by September of 1847 two large wagon trains of families came into the valley. Two days after the arrival of the latter train the grand old dame of Mormon midwifery, Patty Bartlett Sessions went to Lorenzo Dow Young's wife, Harriet Page, and attended her while Harriet gave birth to the first anglo-boy born in the Salt Lake Valley. Patty Sessions fondly wrote in her journal: "It was said to me more than five months ago that my hands should be the first to handle the first-born son¹ in the place of rest for the Saints, even in the City of God. I have come more than one thousand miles to do it since it was spoken."² Patty Sessions rightly deserved the honor, but she was not the only woman among those early settlers who was skilled as a midwife.

Among the women who settled in the valley that first year were several qualified midwives, by virtue of experience and church acceptance. A decade before the Mormons trekked to the Rocky Mountains,

¹The first anglo-child born in the valley was young Elizabeth Steel, the daughter of John and Catherine Campbell Steel on August 9, 1847. Kate B. Carter, Heart Throbs of the West (Salt Lake City: Daughters of the Utah Pioneers, 1948), IX, pp. 220-221.

²Patty Sessions Journal, op. cit.

certain women had been "set apart"³ by the first leader of the Mormons, Joseph Smith Jr. This gave a midwife status and purpose as well as a feeling that she was a servant of God.

Throughout the journey west women were giving birth to children, and midwives were called on to help deliver the children in the wagon box. In the valley the first baby born was probably born in a tent. Most of the Mormons spent the first year living in tents and it was under these conditions that midwives such as Patty Sessions were called to help with the sick and deliver babies.

In November Patty explains the conditions under which she labored:

The wind blew the tent down and tore it to pieces. I was sent for to go to Sister Brown. It snowed. I staid all night. . . . Put Sister Brinkerhoff to bed with a son, born 8 o'clock a.m. . . . Saturday, 6. Put Sister Huffaker to bed with a son born half after 12 a.m. Then put Sister Thomas to bed with a daughter born 1 o'clock p.m. . . ." ⁴

In a land that had to be subdued by sweat and many hands, children on the Mormon frontier, as was true in other regions of America, were necessary and highly desired. Thus, the first year in the valley yielded a bumper crop. Many did not reach maturity, but judging from the record of births, there were no other kind except "normal" births that first rugged year. The husband would come calling for the midwife and she, always on call, would leave her shelter and attend to the mother giving birth night or day. This was considered a woman's job.

Women were taught in the society to feel that a man in the

³"Set apart." The leaders of the Mormon church laid their hands on the head of the "called" person and according to religious order blessed the woman to the task of being a midwife. This was a common practice in the Mormon religion for a variety of "callings," i.e. missionaries, special offices, etc.

⁴Patty Sessions Journal, op. cit.

bedchamber attending to female conditions and ills was immoral. This trend of thinking preserved itself throughout the early Utah settlements. Husbands, as well as wives, were against the medical practice of allowing male doctors to attend to female ills. They "considered it to be, as many have openly said, quite as offensive as for the strange man to visit the young woman's bedchamber when she was well!"⁵ In a few cases of impending disaster, a skillful physician has been rushed into the bedroom by a sensible midwife, thereby averting a tragedy.

But due to such religious opposition to male doctors the midwife system of medicine continued from time of settlement down through to the turn of the century and several decades beyond that time in the outlying areas. Thus the communities supported their midwives with reverence and devotion, and attributed to them a certain authority and a capacity for mercy.

It would be impossible to cite all the hundreds of midwives that entered Utah, or were raised in Utah in the whole complex of pioneer settlements, for some were sporadic in their service, others reluctant to be known by such a title. Still others pursued the practice with drive and dedication and can be found listed in the histories of the counties of Utah. It is not the purpose here to name biographically all the many who worked so diligently in the profession, but rather to discuss a cross section of a few of these women.

Among the midwives of early Utah there were a number with more than average ability. Out of this number the following contributed distinctly to the practice and stand out as women worthy of note.

⁵Cecil J. Alter, "Addenda," Utah State Historical Quarterly, X (Year 1942), 49.

Patty Bartlett Sessions

Patty Sessions, of whom some mention has already been made, was one whom Brigham Young would visit when he needed a tonic or tea to pep up his energy. For a decade, Patty Sessions reigned as the most experienced midwife in the Salt Lake Valley. She left a diary explaining her habits of midwifery and common forms of drugs and remedies that show ignorance, as well as good sense. From July 1849 to December 1851 Patty recorded the births of 69 babies at which she had assisted as midwife.⁶ Most of those births were recorded in her journal as such:

Monday, 12. Put John Chase's wife to bed with a daughter born 4 a.m. at the saw mill. Tuesday 13. Put Clarissa, wife of Lewis Babison, to bed with a son born 11½ a.m. . . . Wednesday, 21. Put Susan, wife of Job Sidwell, to bed with a son born 1½ a.m.⁷

Patty Sessions labored most of her professional career in Salt Lake City, until 1872. Then she, in her declining years, moved to Bountiful where she helped with her own family, but did little active work as a midwife beyond that time.⁸

Zina D. H. Young

An active woman all her life, Zina Young gave great service as a spokesman for the midwives, being one herself. Probably no midwife excelled in other pursuits that tended to compliment the profession as did Zina Young. She was one of the plural wives of Brigham Young and the one wife who cared for the ill and confinements of the other wives. She apprenticed as a young lady in the east under her mother's

⁶Patty Session's Journal, op. cit.

⁷Ibid.

⁸East of Antelope Island (Davis County, Utah: Daughters of Utah Pioneers, 1948), p. 288.

guidance. By the time she had settled into the Lion House (the apartment building in which Brigham Young housed his several wives), Zina Young was well accepted by the family and friends as a competent midwife. A close friend of hers, Emmeline Wells, had this to say concerning Zina as a midwife:

In the sickroom, she was a ministering angel having always something to suggest that would be soothing and restful; she was a natural nurse, and she invariably inspired confidence, in many cases one of the most successful remedies.⁹

Apart from the fact that Zina Young was a midwife, her abilities as a public servant religiously and politically were great contributions to medicine. She tried to improve the health facilities of Salt Lake City and bring about an awareness of the need for more skilled midwives, as well as medical doctors. As one of the leaders in the female Relief Society, the women's auxiliary organization of the L.D.S. Church, she on a number of occasions was instrumental in getting women to accept the latest developments in medicine, particularly when it came to the art of midwifery.

Josephine Catherine Chatterly Wood

In southeastern Utah the woman who excelled above average was Josephine Wood. Late in the scene of midwifery, Josephine Wood did not begin to practice until 1883. Even then she consented only because she had been "called" by the Bishop to become a midwife. Training in midwifery was not available to Josephine. She was among the unskilled but highly experienced, having an abundance of common sense. She was a "lady doctor" having gained status by trying to relief the sick

⁹Emmeline B. Wells, "Zina D. H. Young," Improvement Era, V (1901-1902), 44.

and attend to the mothers. In her first years of practice she was so frightened while attending a childbirth, where she was the midwife, that she demanded the Bishop stand beside her.

She was known to the people of Bluff as "Aunt Jody" and endeared them to her through her medical service. At one time she nursed a young man back to health "when his face was cut open and full of gangrene."¹⁰

She lived and served the people of the region in southeastern Utah as the only medical person for twenty-five years.¹¹ The people of that area felt a great loss at the death of "Aunt Jody."

All of the above mentioned women were lacking in technical skill; however whatever they lacked they made up for to a great extent in common sense. They each possessed a sympathy and devotion which made them seem as though they were angels of mercy to persons they attended. In a diary of the times is written this anonymous poem dedicated to midwives.

She calls no hour of night or day her own;
Through heat and cold she goes her rounds alone
Here, to bring some mortal into being
There, to ease some soul that must be fleeing.
She listens earnestly to tales of grief
Forgets herself that she may give relief
To bodies suffering or tortured minds;
In service to all men her pleasure finds
May God forever bless her with his grace.
For now she's gone, O, who will take her place?¹²

There were those ready to take the place of the midwife--obstetricians, ultimately. Yet, a certain simple, homey attitude that cast

¹⁰Claire W. Noall, "Mormon Midwives," Utah State Historical Quarterly, X (Year 1942) 134.

¹¹Ibid.

¹²Levi Mathew Savage, "Family History Journal, March 28, 1876-1883." Mimeographed copy, Brigham Young University, p. 57.

an aura about these ladies was always present. Their duties in the average home helped to give them this special reputation.

CHAPTER IV

THE DUTIES PERFORMED BY UTAH'S MIDWIVES

What were the special duties of midwives and how did they endear themselves to the people? In the Valley of Salt Lake midwives did give comfort and aid to sick and diseased and in some cases even performed surgery. Yet, their chief efforts and skills were with the mothers delivering babies. If serious illness required the attention of a skilled Thomsonian, men such as Dr. Willard Richards or Dr. Priddy Meeks were called in to perform the medical task. But the Mormons were a colonizing people. President Brigham Young urged the members to settle throughout the Great Basin, which area covered hundreds of miles. This policy, pursued with typical dedication, generated many settlements hundreds of miles from any skilled doctors. It is under this primitive frontier conditions that one sees how vital and fundamental to the health and welfare was the early Mormon midwife. Off in a wilderness that divided her from any experienced practitioners, the midwife plunged into all fields of medicine. Bold in her profession, one only needs read the journals and letters of the time to see the sincere reverence the small isolated Mormon communities held for these noble ladies of meager formal medical training.

In northern Utah, Ogden and Logan and smaller communities, each community had its noted women of medicine.¹ In central Utah from Provo

¹See Appendix B for communities and midwives.

south to Nephi for a number of years only one orthodox doctor² was available for a number of settlements each of which had its several midwives who were accepted as doctors and performed as such to the best of their abilities. Further south the settlements were scattered, and even more reliance was placed upon the midwife. These were called Angels of Mercy. A few had received some type of professional training, either in the East or in Europe, but the vast majority were mothers and ladies who "had no professional medical attention. Out of necessity, gentle, helpful, courageous women, without a lesson in nursing assumed the medical care of the community."³ They assumed this responsibility, not only because they had some talent for medicine, but also because their religious leaders made it a "calling." That is, they felt that it was God's will for them to become midwives.

Down in the southeastern corner of Utah, at Bluff, Josephine Wood, of whom mention was made in Chapter Three, was one of the many inexperienced midwives called by a Bishop. When he "called" her to officiate as the midwife of the community she declined saying, "I am green as a cucumber, and I don't know how babies are born."⁴ Not one to give up easily, Bishop Nielson promised her a blessing--this persuaded "Aunt Jody" and she accepted the "call."

Still another lady who was inexperienced in midwifery was Elizabeth Burns Ransay who had been "called" by Brigham Young and "set apart" to

²Dr. John Riggs practiced in Provo in 1851 and was the only orthodox doctor south of Salt Lake City. Emma N. Huff, ed., Memories That Live (Utah County, Utah: Daughters of Utah Pioneers, 1947), p. 101.

³Hyrum A. Campbell, ed., Providence and Her People (Providence, Utah: The Historical Society, 1949), p. 30.

⁴Noall, op. cit., p. 133.

be a nurse, midwife, and doctor. How intensely she followed this occupation can be seen in the following statement:

With confidence, faith, and the will to do, she successfully operated, amputated, set broken bones and cured common ailments of that period. She delivered over three hundred and fifty babes without losing a case. . . ."⁵

Inexperienced as they were, Milton Hunter affirms that "among the pioneer citizens of Utah rendering the greatest medical service were the midwives."⁶ Their great task was to try to offer relief in times of suffering. Their main work was obstetrics. In and out of hundreds of homes, these ladies became so well loved by the families they served they were called endearing terms such as "Grandma Davies,"⁷ or "Aunt Polly Ann"⁸ as if they were relatives of everyone in the community. They saw a great deal of suffering, and some felt quite helpless to know how to save a life. For example, in Utah's Dixie during the eighteen-sixties they feared the "summer complaint."

There was always the lurking fear of disease that killed children. First it was the "summer complaint" that took off the babies. It is difficult to know how many succumbed to dysentery so prevalent during those first summers in Dixie; it was said by old timers that there were years when more new-born babies died than lived.⁹

It is no wonder that some began to theorize that fruit was harmful

⁵Kate B. Carter, Our Pioneer Heritage (Salt Lake City: Daughters of Utah Pioneers, 1959), II, 102.

⁶Milton R. Hunter, ed., Beneath Ben Lomond's Peaks (Weber County, Utah: Daughters of Utah Pioneers, 1944), p. 343.

⁷Lydia Walker Forsgren, ed., History of Box Elder County (N.P., N.D.), p. 162.

⁸Carter, Our Pioneer Heritage, op. cit., VI, 456.

⁹Karl Andrew Larsen, I Was Called to Dixie (Salt Lake City: Deseret News Press, 1961), p. 139.

to little children.¹⁰

Obstetrical Practice

As has been mentioned, the main duty of the midwife was to attend to the mother at childbirth. This service far out-numbered any other single task the midwife performed in her profession. The midwife would respond to the call of a husband, or some other member of the expectant mother's family at any hour under good or poor conditions.

In the case of Sarah Heald Greenhalgh, her biographers record that "On many an occasion, after cooking a good meal for her large family, she would hear a knock at the door. Sometimes, in answer to the knock, she would be gone for a week."¹¹ One of the reasons the average midwife would spend days away from her home was the length of the confinement period thought to be necessary for a new mother. Generally, the mother spent ten days in bed before being allowed to move about.¹² If there were no older children, or a female adult relative to care for the new mother, then the midwife would perform a nursing function for those days of confinement. She would care for the household tasks: wash clothes, tend to the family and cook the meals. For this service the average charge during the years 1847-1880 was \$3.00.¹³ Although this may or may not have been paid in cash, as a rule the fee was paid in

¹⁰Woman's Exponent (Salt Lake City, May 15, 1873), 185.

¹¹Noal, op. cit., p. 123-124.

¹²This traditional concept of ten days of convalescence was modified after World War II. Today, mothers are encouraged to stand and walk about just hours after giving birth to a child.

¹³Hunter, op. cit., p. 343.

produce, flour, or some other item called "kind."¹⁴

Attending mothers in child birth, according to journals and diaries was routine for the most part. At times complications placed a strain on the "lady doctor" that made the job complex and strenuous. Such was the case of Hulda Smith who was attended by a degreed midwife from Stockholm, Sweden. In her journal Mrs. Smith neglects to record the "lady doctor's" name. When Mrs. Smith was in labor with her child, she underwent a trying ordeal. She recorded the incident with painful detail:

I had hard, lingering labor, and I fully believe it was one calling for instrumental assistance, which she /the midwife/ understood, but at that time our people were so prejudiced against doctors that even she, being a woman, was under far greater restraint. . . . When she found my case a difficult one, she tried the old methods of accomplishing the delivery. When all else failed, she caused me to be lifted from the bed and placed in a very trying and unusual position, and finally the strain on the bones became so great that they gave way. The baby burst through with a rush. The pelvic bones were broken in two places. She thought the changed position had worked wonders. "Yes," I said, "but it nearly killed me."¹⁵

It nearly killed a number of women who underwent the various methods that were devised by experimenting midwives. Some of the midwives had the expectant mother lean over a chair, others would be propped up in bed in position to give birth to the new child. Whatever method was incorporated, the often-spoken phrase, "She is going down into the valley of death" was not far from the truth. There were cases of deaths.

Among the midwives, Patty Sessions records two rather shocking

¹⁴Huff, op. cit., p. 101.

¹⁵Hulda Cordella Thurston Smith, "The Journal of Hulda Smith, Pioneer of 1847," Heart Throbs of the West (Salt Lake City: Daughters of Utah Pioneers, 1946), VII, 206.

deaths that may well have been avoided in later years. One was the patient of Susannah Richards, a midwife in Salt Lake City. While she was attending the mother, the arm of the child protruded from the cervix, and could not be put back. Susannah called in Patty Sessions and after examining the case, Patty, in turn, sent for another midwife, Sister Shearer. The three tried to remedy the problem. They had sent for the doctor, but he was unable to attend the case. The protruding arm obstructed normal delivery and the ladies realized it had to be put back. They were not successful in their attempts and the child died. The mother felt a strong pressure on the left side of her body and in great pain she also succumbed. The doctor arrived about the time of the deaths and with the aid of the midwives removed the child from the mother. The child had broken through the uterine wall and was laying in the abdominal cavity. The infant was buried in the arms of the mother.¹⁶

Midwives Doctoring Children

Generally, however, few mothers died in childbirth according to the diaries and histories that were kept. The midwives were quite successful in saving the mothers. Regretably, the area of most concern was the death of the child after a successful birth.

The death rate among children in the first two years was alarming. This can be seen in the journals of Julina Lambsen Smith when she laments the deaths in her family:

In 1869 a daughter was born to Sarah /her husband's second wife in polygamy/, but our Heavenly Father saw fit to leave her with us for only a few days. When my second baby was only eight months old, the Angel of Death again visited us, this time bearing away my first-born, our little chatter-box, the delight

¹⁶Sessions, op. cit., p. 108-109.

of our home.¹⁷

Still another midwife was helpless in her own family. Lucy Flake who witnessed a number of deaths in her rounds as a midwife lost four of her children before they reached maturity. She tells of losing one of her infant sons:

Little George was still sick, sometimes better and then worse. I did all I could with medicine and faith. . . . For a long time I did not blow the candle out at night. . . . I went out in some brush to pray, and asked my Father in Heaven to take him from his suffering, I felt I could not endure it longer. The prayer was simple, but from my heart. I went to him, he breathed a few times then passed away so sweetly."¹⁸

The greatest killers of children on the frontier were diarrheal diseases. It was recorded under many titles in death certificate nomenclature, such terms as "teething," "diarrhea and convulsions," "dysentery," "canker and diarrhea," and "inflammation of the bowels." Most of these were caused by infectious food and water. Milk was probably the most dangerous. The children generally died in the first or second year. Dr. Ralph Richards explained the symptoms:

A child affected with the disease may be restless and excited in the beginning but as the fluid loss progresses the patient takes on a peculiar ashen pallor, the eyes are sunken, listlessness and later coma supervene. At any time during the attack convulsions may occur. Fever is usually moderate but may be very high during the terminal stages. In fatal cases the child seems just to "waste away" for several days though death may come within twenty-four hours.¹⁹

Other diseases that caused the deaths of small children were typhoid fever, diphtheria, and flu epidemics, but the major killer was

¹⁷Noal, op. cit., p. 139.

¹⁸Lucy Hannah White Flake, "Autobiography and Diary of Lucy Flake" (Brigham Young University Library), Copied by B.Y.U.

¹⁹Richards, op. cit., p. 140.

diarrhea.²⁰

The midwife many times was intimately affected by a death in the community. She felt some responsibility for these losses. And yet she was a party to praising mothers for having no contact with an orthodox physician. One can detect the feeling these women held toward doctors as evidenced in the minutes of a meeting of the Cooperative Retrenchment Association²¹ of which Zina D. H. Young, one of Utah's foremost midwives, was vice-president. "During this meeting several ladies expressed: 'The Sisters in Ogden and Evanston, . . . attend to their sick themselves and do not employ doctors, which [is] praiseworthy.'"²²

These minutes also indicate a desire to help each other further their knowledge of medicine and a tendency to over simplify the causes of disease. One sister (woman) declared to the group: "When entering a sick room, they should be self-possessed; all fevers are brought on by colds. The best cure for yellow fever is castor oil and brandy toddy."²³

The issue of doctors came up again in the same meeting. One of the ladies "regretted that there was so much sickness among them" and ironically she regretted, "that sending for a doctor had become so prevalent."²⁴

This condition of prejudice toward the physician carried itself

²⁰Ibid., p. 20.

²¹See page 34 .

²²Woman's Exponent II (July 16, 1873), 26.

²³Ibid.

²⁴Ibid., p. 27.

down to the turn of the century in some isolated communities of Utah.²⁵ But in the more progressive areas, in the major communities, a movement began in the late 1870's that caused the average adult to concede the advantage in accepting the male orthodox physician. Some of Utah's most promising young men were receiving degrees in medicine.²⁶

Midwives as Undertakers

Modesty prevailed even in laying out the dead in early Utah as in other areas of the west. "In cases of infants or women, the midwives often did the necessary preparation for burial."²⁷

If there was ice available, the body was packed about with bottles filled with ice. If not, then the services were speeded up because of decomposition. Caskets were home-made from available lumber and lined with black cloth. Funerals were simple in the Mormon society. They were held under the direction of the local ward Bishop with the Relief Society called in to help the family with meals and cleaning.²⁸

Jane Simon, one of the leading midwives of Bountiful, had some fine linen she had brought from Wales and "there was one sheet she always used for laying out the dead."²⁹

Midwife as Druggist

Almost every family had a garden plot with herbs growing in

²⁵Aird G. Merkley, ed., Monuments to Courage (Beaver County, Utah: Daughters of Utah Pioneers, 1948), pp. 91-92.

²⁶Brigham Young's nephew, Seymour Young, was one. There were others from Salt Lake, Provo and Ogden as well as smaller communities.

²⁷Carter, Heart Throbs of the West, op. cit., VI, 316.

²⁸Ibid., pp. 338-339.

²⁹East of Antelope Island, op. cit., p. 287.

it.³⁰ The average mother was quite well acquainted with the standard remedies of the times, and how to mix them.

But there was something special about the home-concocted pills and potions of the midwives who learned their recipes from such Thomsonian doctors as Priddy Meeks.³¹ In every region there were remedies that were peculiar to that area. It would be difficult to list standard herbs and drugs and expected results because each medical person maintained his own theory that a certain herb or drug would give the desired medicinal aid.³² When a certain cure was desired, a list of specific herbs that generally would fit the need of a stimulant, or an astringent, or a bitter, was consulted.

The early midwives tried preventative medicine in the form of herbs and roots to "keep the system flowing." They hoped that most maladies could be cured by a good strong enema that would supposedly flush out the disease.³³ Certainly there was a degree of success enjoyed by the midwives in their administration of herbs as medicine. Today there is a school of health food enthusiasts that has shown some positive results in keeping regularity, but to administer "lobelia" for a possible case of pneumonia was as futile as the record indicates in the case of Sarepta Marie Spence.

Certainly this is one of the most tragic cases of an early midwife

³⁰Merkley, op. cit., p. 90.

³¹Priddy Meeks was the most well known Thomsonian in Southern Utah. His great faith in lobelia, an herb medicine that to him could cure any illness, gained wide acceptance in his time.

³²See Appendix A, p. 83.

³³Priddy Meeks, Journal of Priddy Meeks: 1879-1882 (Copied by B.Y.U., 1937), p. 73 .

who wrung her heart in despair for lack of medical understanding.

Martha Spence Heywood's small son and daughter had contracted the measles. She bathed her children in saleratus water and gave them regular doses of sage tea and saffron tea. The daughter Sarepta Marie had a canker in the mouth that was causing some difficulty. A neighbor observed Sarepta Marie complaining of stomach pains and advised the mother to keep bathing and rubbing the child, for the measles, he thought, had turned inward. This she did. In the meantime the boy improved. However the little girl's condition worsened. When her breathing became obstructed the mother sent to a neighbor for some lobelia. The distressed mother wrote:

On Wednesday the 12th of March I first gave her the lobelia in doses of tincture. It was several hours in her system without operating. I gave her rhubarb to work it off, which she did, and passed some phlegm and at this time I discovered the hard phlegm stuck to her mouth and was more convinced that the difficulty lay in her chest. She again took a turn for the better after this first administered lobelia and my spirit again revived. She seemed easier Thursday night when I went to bed and being very much exhausted, I fell into a heavy slumber and woke up by her calling me. When I had come to myself, I found her in very great distress with her breathing. I had some onions and I put them under her arms and oiled her well. Mrs. Bigler assisted me in putting her feet in water. It was two o'clock when she came in and we bathed her feet, which seemed to ease her breathing a little, but until daylight she appeared to be dying. Between six and seven she revived again which comforted me much. As I had had a night of keen anguish, my hopes revived much during the day, although she was quite feeble and low. Louisa Barber watched that night and encouraged my hope which continued till the next night, when I had again to weep over her as dying. She was so restless and suffering, I determined that if she lived till I could give her a regular lobelia emetic I would try it--knowing that she could not live without having the phlegm removed. About twelve o'clock I gave her the emetic which operated well in her system, but about four o'clock she had the appearance of dying and I again gave her up. Oh, my poor hear, how it was wrung with anguish but again she revived and called "Mamma," which word once more made me crazy with joy which continued 'till she was really bad and the only thing to desire or hope for was to have her father come in time to see her once again. He did arrive on Thursday, 18th, about six o'clock in the evening. She had been dying all day and the night before and when

he came she stretched her little arms to him and called him "Papa" and all that night would call to sit on papa's lap. She died next morning about eight o'clock, being sensible to the last breath she could draw and ceased to breathe and the bad smell ceased. I washed her little body myself on my lap and dressed her in her own clothes. The last sewing I did for her was to make her a pair of shoes of white cloth.³⁴

Women were forced to learn about the nature of medicine. Midwives needed proper schooling; there were too many deaths similar to little Sarepta Marie's. Granted, the midwives did save some of their seriously ill patients, but how much more successful would they have been had they understood more fully the principles of anatomy, administration of drugs and as simple a thing as infection caused by improper hygiene and sanitation. But by the eighteen-seventies the basic conditions of midwifery had altered very little, if any, for half a century. Most of the methods used in curing the ill and delivering children were traditional, things they had learned from their mothers or grandmothers. These would have been adequate in the light of what they knew until 1860, but in that decade some of the finest discoveries were coming to light.

A school of obstetrics and general hygiene was imperative. As new medical discoveries were springing up, there had to be some centralized form of instruction so the average midwife could learn the latest improved methods in medical science. Lives depended on this.

It was in the early eighteen-seventies that just such discussions caught on among such leaders as Brigham Young, Zina Young, and Eliza R. Snow. The medical movement in Utah had moved through some bitter, and at times amusing, stages.

³⁴Carter, Our Pioneer Heritage, II, op. cit., 72-73.

CHAPTER V

WOMEN INVOLVED IN THE MEDICAL MOVEMENT IN UTAH, 1847-1875

The medical movements in Utah were closely aligned with church doctrine. It was the influence of certain women, primarily Zina D. H. Young, that softened the attitude of Brigham Young toward a more positive study in accredited medicine. But long before Brigham Young's attitude toward medical training had shifted there were some interesting changes in medical practice in Utah. In most of these movements women were as involved as were men.

Ill health was a very real thing with all of the early settlers of Utah and was always a topic of conversation in meetings, conferences, and private groups. Willard Richards, one of Brigham Young's counselors in the hierarchy of the church was a Botanical doctor and spoke as the medical advisor for the church. Once the mormon leader had arrived, one of his first medical functions was to begin a Council of Health in Salt Lake in 1848 and the recorded minutes read: "Willard Richards had a medical conference in his wagon in the afternoon; similar meeting had been held during the past three or four weeks."¹

This council was attended by church leaders, midwives, doctors of the Botanical school and anyone else who wished to learn of herb treatments. It endured for a decade. At one time a "gentile" who was

¹Journal History, February 21, 1849. A compilation of L.D.S. Church history recorded daily at the L.D.S. Historian's office. Private library.

visiting in the territory attended one of the councils of health, and afterward called it a female Dorcus society, where they talked over various aches and pains and cures. She relegated all the members to the lowest class of ignorance. She further described it as a meeting of wretched fanaticism.² Whatever good it did or did not do, the Council of Health was one of the first attempts at an organized health program.

The first organized study in obstetrics came in 1855. Dr. France, in the Deseret News in June of 1855, makes mention of this class when he wrote: "P.S.--It has been intimated to me that I ought to have announced through the 'News' the opening of my class on Midwifery, & c."³ The class was held on May 1, 1855 and in an advertisement in the Deseret News, Dr. France did earlier mention that it would be held. The fee for the midwifery class was \$10.00 with the privilege of attending the other class likewise.⁴ Either the charge for Dr. France's lectures was too exorbitant, or the instruction met with disapproval by the public, for there is no more mention of it in the Deseret News, nor have any journals or diaries recorded a continuation of succeeding classes in the first school of midwifery.

For almost two decades the records remain silent concerning any more organized courses in midwifery and nursing. This was the era of provincial attitudes and theories among the midwives; each little settlement maintained its own school of thinking in the practice.

²B. G. Harris, The Mormons at Home (New York: Dix & Edwards, 1856), p. 189.

³Deseret News, June 6, 1855, p. 13.

⁴Carter, Heart Throbs of the West, op. cit., VII, 223.

The next step toward the organized study of obstetrics was a health movement in physiology. Classes were organized by the church sanctioned Co-operative Retrenchment Association to instruct the ladies in the study of the function and nature of the body. The C.R.A. met bi-weekly to promote the study in the Salt Lake area. The ladies studied the field of physical well-being in detail. The first of these classes in physiology was held July 25, 1872.⁵ The classes were directed to Mrs. Sarah Kimball. To encourage the women to attend, the following notice appeared in the Women's Exponent.⁶

The organization of physiological class. . . promised to be. . . of much valuable information and consequent good results for our ladies. There is scarcely any, perhaps no other branch of education which can be made practically and individually useful especially to women, as the study of physiology. Yet it has heretofore been sadly neglected; and even ridiculed by many unthinking people.⁷

An enthusiastic notice appeared two months later:

The Physiological class, organized some weeks ago. . . meet. . . on Tuesdays and Thursdays. Ladies interested in the study of physiology will find it very advantageous to connect themselves with this class.⁸

And even later:

The Physiological class under the supervision of Mrs. Sarah E. Kimball is progressing finely. Books appropriate for students commencing the study of Physiology have been ordered and received and may be obtained by application to Miss Mary E. Cook at the schoolroom, the Social Hall.⁹

⁵Women's Exponent, I, August 1, 1872, p. 37.

⁶A bi-monthly news magazine published by the Relief Society of the Church. It contained information and news on a national-international scope as well as local Utah.

⁷Women's Exponent, op. cit., p. 37.

⁸Ibid., p. 66.

⁹Ibid., p. 93.

The meetings in physiology continued until March, 1873. Mrs. Sarah Kimball made the greatest effort to get the women to see the value of adopting this branch of biology to the home. Evidently, however the C.R.A. grew weary of the subject, because the course title, beginning in March, was changed to Ladies Educational Association. There is no more mention of physiology.¹⁰

In the fall of 1872 Utah's most cultured lady, Eliza R. Snow, initiated another movement toward improved medical practice. Behind all dynamic movements stands a strong personality and Eliza R. Snow as head of the female Relief Society of the church, an organization of ladies designed to help the needy, had the ability to inspire people, especially the women, to action. During that fall Mrs. Snow delivered a talk in the Ogden Tabernacle that pointed out the need for women to study medicine. Principle points of this talk became the standard cry of prominent women for the next three decades. In her talk she referred to President Brigham Young's desire that the female Relief Society draft female students to study medicine. She said:

He wants a good many to get a classical education, and then get a degree of medicine. So far as getting the degree is concerned, there would be no advantage, but in connection with the degree, the female practitioner stands on the same grounds a man does.¹¹

Here she states one of the complex reasons for obtaining a degree. That is, it was sought, not so much because of value of title, but because it placed the woman on equal footing with the male doctor and thus be recognized as equal in knowledge and ability. It must be remembered that these same women were speaking out on woman suffrage,

¹⁰Ibid., p. 157.

¹¹Women's Exponent, September 15, 1873, II, p. 63.

and to have women M.D.'s would be a wedge in a professional door. Mrs. Snow goes on with her plea hoping to gain a commitment from the women assembled:

Are there here, now, any sisters who have ambition enough, and who realize the necessity of it [being a student of medicine], for Zion's sake, to take up this study. There are some who are naturally inclined to be nurses; and such ones would do well to study Medicine, if they are inclined to do so. If they cannot meet their own expenses, we have the means of doing so.¹² Those who go through this course should be young women. We have, in Salt Lake City, a Mrs. Barker, who proposes to teach.¹³ But there are many branches you need to study before going to the expense of being boarded abroad to study.¹⁴ You need to study Physiology, Anatomy, and other kindred branches.¹⁵

Mrs. Snow did not see outstanding results from this remarkable plea, at least not for a decade. However, two women did fulfill the request that came from Brigham Young through Mrs. Snow. Both graduated from Women's Medical College of Philadelphia.¹⁶ It was the latter part of her speech concerning nursing that had immediate results. She asked for women to go into the field of midwifery:

Then another class of women is wanted more advanced in age, who are natural nurses, and would be willing to study obstetrics; this lady [Dr. Mary Barker] is going to give a series of lectures for their benefit.¹⁷

¹²Mrs. Snow may not have foreseen how much financial assistance this project would require, for a number of women students had difficulty financing their schooling even with the assistance of the Female Relief Society. It was a characteristic of the leaderships of the church during this era to not count the cost.

¹³See p. 41. Dr. Barker was proposing to teach classes in midwifery and nursing in general. This was to be a preparatory course before the young women were to go East.

¹⁴She must have had in mind the Eastern seaboard of the United States and not Europe. None of those who studied medicine outside of the territory, in this era, traveled to Europe.

¹⁵Women's Exponent, op. cit., II, p. 63.

¹⁶Dr. Romania Pratt-Penrose and Dr. Ellis R. Shipp.

¹⁷Women's Exponent, op. cit., II, 63.

She continued in her talk and asked that these women register for classes, which were to be held in Salt Lake City. In her talk she noted that it was the hope of President Young that at least one woman from every settlement would come in to take the course offered. She informed them that from eight to twelve ladies had already registered. Then in her closing remarks she gave one of the reasons why the ladies should be trained in midwifery, and it reflects the attitude expressed by eastern women as well as the Mormon women. Her reason for the training was: "so that we can have our own practitioners, instead of having gentlemen practitioners. In ancient time we know that women officiated in this department, and why should it not be so now?"¹⁸

Not only in Ogden did Mrs. Snow make her feeling known on this issue, but also at a meeting in Provo that same month President Smoot, the Stake President, mentioned that he "met Sister E. R. Snow in Salt Lake City, canvassing for students in view of opening a school of medicine and surgery for instruction of females."¹⁹

This school did open and it was the most successful up to that time. When the school began in the spring of 1874, there were about thirty in the course and Dr. Mary Barker was the instructor.²⁰ Not all of the students came from the energetic soliciting of Mrs. Snow. At least one student came as the direct results of Mrs. Zina D. Young,²¹ who begged her to do so. When the prospective student, Mrs. Rachel

¹⁸Ibid.

¹⁹Ibid., p. 58.

²⁰Carter, Heart Throbs of the West, op. cit., XI, 173.

²¹Zina D. H. Young. Wife of Brigham Young. Herself, at this time, a midwife and leader in the Female Relief Society of the church.

Woolly Simmons, declined, Mrs. Young assured her that the Ward Relief Society would pay for the lectures. "She insisted so I consented, but I borrowed the money as I did not like to be under obligation to the public in that manner."²²

Upon completing the course, Mrs. Simmons began to practice as a midwife and made a considerable amount of money in the following years.

The next schools of midwifery were not conducted until Dr. Romania Pratt returned from the East with her degree. That era introduced the most advanced schooling in the art of midwifery in Utah. It was during that period of time that Utah began to regard the contribution of women in medicine with the same respect that they were given in the East.

²²Carter, op. cit., XI, 173.

CHAPTER VI

WOMEN "DOCTORS" WITHOUT M.D. DEGREES

Before the advent of skilled women doctors who held a degree from an accredited American Medical institution, there came into Utah a group of women who were recognized as medical doctors, but lacked a degree, or if they held a degree it was from a European institution and its validity was questionable in medical circles of the times. This period was roughly from 1860 to 1877. These women performed a much needed function in the communities where they resided and were among the first to convince women of the need for uniform instruction in female diseases and obstetrics. During this time there was no consistent system for the study of medicine and certainly if a lady, or a man for that matter, had studied under a competent physician or physicians then he or she was considered qualified to enter the ranks of the medical profession.

There were several such women practicing medicine in Utah with the title "Physician and Surgeon." These women, who will be listed on the following pages, were forerunners to actual degree-status doctors. The most well known among these several women was Ellen Brooke Ferguson.

Non-degree status doctors:

Ellen Brooke Ferguson

No record has been found to substantiate the traditional view

of the Daughters of Utah Pioneers that Ellen Brooke Ferguson was a certified medical practitioner, or that she had ever graduated from a recognized medical institution. However, her husband was a doctor, and she had studied the profession in London in the 1850's; this seemed to give Ellen Ferguson the freedom to advertise herself as an M.D. in 1878. Granted, a great deal of experience coupled with formal learning did qualify her to a greater degree than the common midwife, but she was not degreed. She apparently went about her practice with no opposition and in the advertisement she did give herself the title "Physician and Surgeon."¹ She further explained in her solicitations, "Special attention given to obstetrics and diseases of children, also diseases of the throat and lungs."²

In the fall of 1880 Ellen Ferguson devoted her full time to further clinical study of obstetrics, gynecology and minor surgery in New York. Spending two winters at this observation, she returned to Salt Lake City qualified by the standards of the board of directors of the Deseret Hospital to be appointed to the position of "house physician and surgeon of the hospital."³ A fighter for women's rights, Mrs. Ferguson involved herself politically to the extent that her practice became secondary. She ultimately traveled east as a widow and mother of four and was presumed to have died in New York.

¹Woman's Exponent, op. cit., VII, 8.

²Ibid.

³Snow, op. cit., p. 46-47.

⁴Woman's Exponent, op. cit., II, 56.

Mary A. Barker

Probably the next most popular non-degree doctor was Mary Barker. She ran a weekly ad that read: "Mary A. Barker M.D., ' Office opposite Old Constitution Building, Main Street. Office hours 10 a.m. to 3 p.m.'"⁴

Supposedly she had graduated from an eastern school of medicine.⁵ If this claim were to be substantiated, then Mary Barker was Utah's first lady physician holding a degree from an American institution. She did hold classes in obstetrics. Among her students were Zina D. H. Young, Julina Smith and Edna L. Smith, all wives of prominent leaders of the church. Little could be found to indicate how extensive her practice was, but if office hours are any indication, apparently Mrs. Barker attended to other functions as well. Quite possible she tutored in the field of arts which was the practice of other women during this era.⁶ However, she may have been so involved in obstetrics that her office hours were limited.

Mrs. Carpenter:

One doctor, who is little known, was Mrs. Carpenter. Not even her first name is remembered, but she did advertize her profession as is indicated in the following ad: "Mrs. Carpenter, Physician and Surgeon, whose office is 'The Townsend House, Room No. 50.'"⁷ She was another lady doctor who claimed to be a physician and surgeon. Yet this may have been a loosely applied title of the times.

⁵ Ibid.

⁶ Mrs. Ellen B. Ferguson M.D. in addition to medicine, taught drawing, elocution and music.

⁷ Woman's Exponent, op. cit., II, 56.

Netta Anna F. Cardon

A convert to the Mormon religion, "Dr." Netta Cardon had earlier graduated from Geneva Hospital, Geneva, Switzerland. She joined the church in 1854 and was a graduate at that time. What type of degree Dr. Cardon held is not known. Nevertheless it is the opinion of Milton Hunter that she graduated as physician and surgeon. Shortly after her baptism Dr. Cardon immigrated to Utah where, before she settled in Ogden with her newly acquired American husband, she was told by President Brigham Young that she should use her medical knowledge in helping the sick without pay. This she apparently did. She set broken bones and did some surgery; nevertheless, she was commonly thought of as a midwife.⁸ Dr. Cardon died in 1907 never having acquired the status due one who was a physician and surgeon in a region that needed professionals so desperately.

Sophie Ruesch Mathis

Sophie Ruesch Mathis, the little known doctor of Washington County, was also of Swiss origin. First Sophie Mathis studied in Germany as a young lady and later in Naples, Italy. The year she graduated is unknown. She did join the Mormon church in Switzerland, and by 1861 she was among the Mormons who traveled south of Salt Lake to become part of the Cotton Mission begun during that year. "Dr." Mathis worked among the Swiss people in Washington County. She, like Dr. Cardon, was considered a midwife rather than a physician and surgeon. There was a great deal of Thomsonian theory in Dixie during this period, and certainly some of "Dr." Mathis' knowledge could have been utilized.

⁸Hunter, op. cit., pp. 345-346.

Yet in several areas of medical theory it may have been just as well that "Dr." Mathis did not practice extensively, because, for one thing, she was of the school of "blood letting." Through the years "Dr." Mathis' services were in less demand and she spent the latter part of her life hardly exercising her knowledge of medicine at all.⁹

Emeline Grover Rich

The wife of a general authority of the Mormon church, Charles C. Rich, Emeline Grover Rich had been set apart by Brigham Young in 1864 to be a midwife in northern Utah. If she attended the course that was offered in 1873 by the Female Relief Society, no record has been found. In 1881, however, Emeline Rich did feel a need to expand her knowledge in the field of medicine. The Morgan Medical College at Morgan, Utah, was opening and she enrolled the first year the college opened in 1881.¹⁰ The following year Mrs. Rich graduated with a degree in medicine. Mrs. Rich joined the faculty as "professor of obstetrics." It is doubtful if Mrs. Rich ever taught a course for the college because it was defunct by the fall of 1882.¹¹

Dr. Rich returned to her home having improved her technique for caring for the sick. It would be unfair to the qualified women doctors of the time who had attended larger, more recognized institutions of the East to classify Mrs. Emeline Rich's training and practice in the same academic light as theirs. At best Dr. Rich was a highly trained, knowledgeable midwife. Her services to the mothers and young people

⁹Carter, Our Pioneer Heritage, op. cit., VI, 398.

¹⁰Robert T. Devitt, "The Medical College of Utah at Morgan," Bulletin of the Medical Library Association (N.P., January 1960), XLVIII, 4.

¹¹Ibid., p. 6.

of northern Utah were great. Despite her limited training, she did save lives.¹²

These women were involved in helping to save lives and to cure the ills of the time, and the knowledge they possessed was valuable. They were not accepted, for the most part, by the male degreed physicians of the period, but then neither were the few women who had degrees from the East.¹³ The world of Utah was not ready to accept women doctors on the same level as men. It was more than simply the field of medicine; women were not recognized professionally in most fields. Regardless of the prejudices that held women back, the medical women mentioned in this chapter had not attained the excellence that would have qualified them for equal standing with many of the male physicians of the era.

There remained a void at this time in the medical profession-- a void that only qualified women physicians could fill. Waiting in the wings were a handful of women readying themselves for the finest moment thus far in contribution of women to medicine.

¹²Carter, Our Pioneer Heritage, op. cit., VI, 420.

CHAPTER VII

WOMEN DOCTORS WITH AN M.D. DEGREE

From the heart rending semi-crude practice of midwives came the dawning of a new era among the women involved in medicine. The pivotal point rightly belongs in the hands of the Mormon leader, Brigham Young. Cautious, and at times bitter toward orthodox doctors during the first two decades in the Great Basin, Brigham Young in his latter years detected, along with the world, a new phase, and some remarkable authentic discoveries in medicine. He had not been blind to the value of known cures, but because of the lack of scientific understanding of the human body, he refused to endorse the practice of blood letting and heavy intake of drugs. As a matter of fact, a year after the Mormons came into the Utah region, while most were still housed in the walled fort in Salt Lake Valley, Brigham Young asked Dr. Willard Richards and his wife Hannah, an English nurse, to teach some basic forms of caring for the sick and to see that some women were trained in this field. Obviously, his mind was not closed to the suffering that spread from home to home and left many in agony and death. However, it took years to bring the average person to an acceptance of new discoveries and theories in medicine.

A new era in medicine was starting, women were seriously thinking of studying medicine. Elizabeth Blackwell had opened the doors for women doctors and in a few years Philadelphia's Women's Medical College offered enrollment to the women of the world. In 1873, from the pulpit,

Brigham Young cried out, "The time has come for women to come forth as doctors in these valleys of the mountains. . . ." ¹

From the membership of the church came two women who heard their prophet's plea and desired to heed the "call." These first women set out to gain a medical degree at the most logical place--the Women's Medical College at Philadelphia. The first to travel east was Romania Pratt, and second, Ellis R. Shipp. Behind them came all the others who will be listed in the following pages.

Romania Bunnell Pratt Penrose

Romania Bunnell Pratt Penrose was caught up by President Young's words and eager to go east. She had her mind made up. Born in Wayne County, Indiana, Romania's first memories were of the several Mormon settlements rather than her birth place. Her parents were members of the Mormon church and Romania knew no other religion. Romania's family moved west to Salt Lake City in 1855, minus her father, who had died in a vanguard trip to the California gold fields. In Salt Lake City Romania married Parley P. Pratt, Jr. ² and had six sons and one daughter by this union. When President Young made his plea for women doctors, Romania convinced her husband that she should study medicine. They sold their house and Romania sacrificed her inherited piano that her mother had shipped across the plains in a wagon. A dentist, Dr. W. H. Groves, also advanced some money to encourage Romania to go east to study. ³ Leaving her five sons with her mother, ⁴ she left Salt

¹Brigham Young, op. cit., XVII, p. 21.

²This was the son of Parley P. Pratt, the Mormon Apostle of that era.

³Carter, Our Pioneer Heritage, op. cit., VI, 366.

⁴Romania Pratt lost one son and one daughter--both in infancy.

Lake City to study medicine in New York City. She pursued her studies for a year then returned to Salt Lake City without sufficient funds to continue her schooling. At this time Brigham Young advised her to return to the east and gain a degree. He made the necessary arrangements for financial aid and this time she traveled to the Women's Medical College at Philadelphia. After four years of study and internship, and by that time thirty-eight years old, she received her Doctor of Medicine degree in 1877.

She practiced medicine for two years in Salt Lake City, then traveled east once again where she specialized in eye and ear infirmity. Along with otolaryngology she took courses in hydropathy, the cure of certain diseases by water treatment. Back again in Salt Lake City for a more permanent stay, Romania had neglected her home and family so severely that her twenty-year marriage to Parley P. Pratt, Jr. was dissolved in divorce.

A woman of ability, Dr. Pratt set about to establish herself professionally. With her specialization in eye and ear infirmity, she was soon considered the authority in the state and patients came to her with their maladies. She has been credited with performing the first successful cataract operation in the territory.⁵

A medical authority among women, Romania was approached by a committee, headed by Zina D. H. Young, to conduct classes in obstetrical science, and with dedication Dr. Pratt opened a series of lectures. These were first held in her home; then after the opening of the Deseret Hospital, the classes were held there.

With the professional standing that Dr. Pratt Penrose (she married

⁵Carter, Our Pioneer Heritage, op. cit., VI, 368.

President Penrose) had attained, the Female Relief Society asked her to serve on the staff as a surgeon at the newly organized Deseret Hospital, which she did intermittently for the decade the hospital remained open.

After the turn of the century and having joined the state medical association, she was on many of the same medical listings as were the male practitioners.⁶ Dr. Pratt Penrose was a consulting physician at the Dr. Grove L.D.S. Hospital when it was completed in 1904.

Dr. Pratt retired from practice in 1912 after thirty-five years of service. A physician of eye surgery, Dr. Pratt Penrose in her waning years ironically became blind and remained so until her death November 9, 1932.⁷

Ellis Reynolds Shipp

Dr. Ralph T. Richards said, "No one did more toward solving this problem [medical training and aid among the Mormon women] than Dr. Ellis R. Shipp, Utah's Grand Old Lady! Unquestionably the outstanding woman of her time."⁸ There was no professional pretentiousness about Dr. Shipp. From the day she was encouraged to seek a medical degree, until she died in 1939 she was a dedicated, warm person and above all a loving mother.

In one of her later writings, she recorded the trial and sacrifice she endured to go east to Philadelphia and study:

It was in the summer of 1873 that I was first spoken to on the

⁶Membership card of Dr. Romania Pratt Penrose, on file at the Utah State Medical Association Building, 1895.

⁷Deseret News, Nov. 10, 1932, p. 1. Rose, op. cit., p. 29.

⁸Richards, op. cit., p. 233-234.

subject of studying Medicine by Sister E. R. Snow. There was much being said upon the subject about this time. President Young favored the idea. In fact it originated with him, to have some of our sisters obtain a medical education. When the subject was broached to me, as being one to step out in this direction, I thought it would be what I would love and delight in, if this knowledge could be obtained here. But the thought of leaving home and loved ones overwhelmed me and swept from me even the possibility of making the attempt. . . .

At nineteen I married, and fortunately for me my husband was a man of superior intelligence and education. It was he who urged and encouraged me onward and explained many a problem to my understanding and assisted me in surmounting many a difficulty.

As I retrospect it seems to me a strange class of circumstances that finally determined my going to attend Women's Medical College of Philadelphia, and I feel that it was only through the divine interposition of Providence that I was enabled ever to bring myself to pass through the ordeal, and it might have been that had I fully realized the magnitude of the undertaking I would have shrunk from it.

However, upon the morning of November 10, 1875, the parting words were spoken, and oh the agony of that parting can never be known save by experience! Even though years have elapsed I cannot think upon it with composure.⁹

For Dr. Shipp this was the supreme sacrifice--surely Abraham could have felt no more sorrowful when asked to offer up his son, for Dr. Shipp writes as she is bouncing along on the train:

Moving swiftly along in the car, I thought my heart would break this morning. Oh, how long it seems before I can see my treasures /her husband and small children/ again. Two years and a half. Oh, for power, do I pray to endure this painful separation, and to gain the knowledge for which I have sacrificed so much. Never will I forget this morning--nor the sadness upon the faces of my loved ones as I bade them good-bye. The parting is too painful to dwell upon. My heart aches so sadly I must endeavor to divert my thoughts, or I fear my strength will fail me.¹⁰

Her strength did not fail her. She suffered many weeping nights of loneliness, but after her arrival at school she plunged into her studies. She was up at 4:00 a.m. each morning and she mentioned how much really hard work was required to gain so little knowledge.

⁹Ellis Shipp Musser, "The Early Autobiography and Diary of Dr. Ellis Shipp," (Brigham Young University Library: N.P., N.D.), pp. v-vii.

¹⁰Ibid., p. 142.

At first Ellis Shipp roomed with her friend and fellow Mormon, Dr. Romania Pratt, but due to a conflict of time schedules, Mrs. Pratt suggested that Mrs. Shipp move to other lodgings. This seems to be a rift between the two future prominent women of Utah. She states this much in her journal:

I take up quarters in my own little room tonight, it is very cozy and comfortable and I think I shall enjoy it very much. Truly much better than to be in a palace where my presence was not agreeable.¹¹

Dr. Shipp interrupted her studies after one school year to return to Salt Lake City, there to spend a glorious summer with her family. Her agonies were renewed when she returned for her final eighteen month stay at school. This time Dr. Shipp entered school pregnant. Her accounts of dissecting under her maternal condition demonstrate further her zeal to succeed. During the spring semester she gave birth to a daughter. Financial conditions were never favorable, but somehow money did continue to arrive from home, and finally this longed for graduation came, and Dr. Ellis Shipp stepped up to receive her degree on March 14, 1878. To her great surprise and delight, the same season she graduated her husband, Milford Shipp, passed "the Salt Lake Bar as an attorney and counselor at law," an undertaking she was unaware of until he had completed it.¹²

Home from study, Ellis wasted no time establishing herself in an office in the "Old Constitutional Building" in the heart of town. Her advertisement read, "Special attention given to obstetrics and diseases of women."¹³ In the city, there were a number of competent

¹¹Ibid., p. 152.

¹²Ibid., p. 236.

¹³Women's Exponent, op. cit., III, 8.

male physicians to handle most of the major surgery, so like her fellow women practitioners, she devoted her efforts more to the women and children of the city.

Apparently Dr. Shipp did well in her practice, because a year later she opened her first medical class to teach obstetrics.¹⁴ She conducted these first classes in her home and was influential in promoting more progressive techniques of midwifery. Her classes in midwifery and nursing soon became more extensive. At the request of the Relief Society, she traveled up and down the territory of Utah. In her efforts to teach correct methods of midwifery, her influence was felt in all the major settlements. She was a fountainhead of knowledge, for students who graduated from her classes in Salt Lake City would in turn train two or three local ladies in their respective communities who, for one reason or another, were unable to travel to Salt Lake City.¹⁵ Directly trained midwives from Dr. Ellis Shipp's classes number "almost 500."¹⁶ This staggering number indicates the quantity of graduates who received qualified instruction during Dr. Shipp's active years as a Medical Doctor. Her philosophy of training and her justification for her dynamic efforts was, "Society, through ignorance and sins of omission, is responsible for half of the infant mortality as well as for many deaths and disabilities of mothers."¹⁷

In her routine practice of medicine, and particularly obstetrics

¹⁴See classes in obstetrical teaching, p.

¹⁵Musser, op. cit., p. iv.

¹⁶Deseret News, Feb. 1, 1939, p. 3.

¹⁷Ibid.

Dr. Shipp would offer the following service (in the city), receiving her standard compensation. Her services included prenatal care of the mother, delivery of the child, and ten visits after the birth when she would bathe mother and infant, make the bed, and sometimes cook a bowl of gruel if the mother's appetite failed; in fact, she did anything she could do for the comfort and well being of her patient. The price? "Twenty-five dollars when it was convenient."¹⁸

In addition to classes in obstetrics, office hours, and attending the sick in their homes, Dr. Shipp was a member of the Deseret Hospital staff. This project took some of her busy hours and she tried, along with the other members of the organization, to make it a successful operation. However it did close its doors ten years after commencing.

Sixty years of territorial-statewide service left such an indelible mark on the field of female medicine that Utah honored Dr. Shipp by electing her to the Utah Hall of Fame before her death January 31, 1939.¹⁹

Dr. Margaret Curtis Shipp Roberts

A sister²⁰ to Dr. Ellis R. Shipp, Dr. Margaret Roberts waited for Ellis to complete her degree at Women's Medical College, then she packed up and journed east. In 1882 Dr. Roberts²¹ was back in Utah to lend her support and knowledge to the growing school of Utah

¹⁸Carter, Our Pioneer Heritage, op. cit., VI, 372.

¹⁹Deseret News, February 1, 1939, p. 3.

²⁰A plural wife of Ellis Shipp's husband.

²¹Dr. Margaret Curtis Shipp became the wife of B. H. Roberts, one of the officials of the L.D.S. Church.

doctors. Dr. Shipp pays great respect to her "sister" Maggie in her autobiography. It was Maggie who looked after Ellis Shipp's children while Ellis was at the college. The two women cared a great deal for each other.

Dr. Roberts centered her practice in Salt Lake County with the disadvantage of more travel and the advantage of less competition. She helped to organize the first school of nursing under the direction of the Relief Society of the church. This school was similar to the other schools of midwifery in that some women left this institution with a degree to practice midwifery. However, this school, started in 1902, was undoubtedly the most successful due to its long duration, which lasted until 1916.²² Dr. Roberts taught courses in the school for a number of years. Her first class consisted of 100 students, and the account indicated that she performed this service without remuneration. Throughout her years as a physician Dr. Roberts did not neglect her role as the mother of nine children.²³

Martha Hughes Cannon

She was both a politician and a surgeon. Her talents lent themselves well to the time of Statehood. Dr. Martha Cannon returned to Utah in 1882 after graduating from the Woman's Medical College in 1880 and staying on in Philadelphia to receive two more degrees,²⁴ one in oratory which aided her throughout her career. Dr. Cannon practiced general medicine for a year then accepted the "draft" to become

²²Carter, Our Pioneer Heritage, op. cit., VI, 374.

²³Ibid.

²⁴Bachelor of Science, University of Pennsylvania and Bachelor of Oratory, National School.

"second resident physician of the struggling Deseret Hospital."²⁵

Because of difficulty with the United States government over plural marriage, Dr. Cannon married Angus Mann Cannon, director of the Deseret Hospital in secrecy and "went into voluntary exile in England." Martha had immigrated from Wales as a young lady, but her desire was to return to the West. During her stay in Europe she visited a number of hospitals and collected information on public health.

Back in Utah in 1896, Martha was elected to the Upper House of the newly established State Legislature. This gave her the honor of being the first woman State Senator, a singular honor in a time of woman suffrage owing to the fact that women could not vote. "By the irony of fate, she defeated her own husband, running for the same office on the Republican ticket. It is said that he never forgave her for her boldness in running against him and defeating him."²⁶

Her victory was a victory for public health in Utah. With energy and determination she set about to establish a State Board of Health.²⁷ In a bill before the legislature she coupled a plea for a State Board of Health with sanitation rules that would quarantine animal diseases. During her term of office she helped to set up "an appropriation for a hospital for the deaf, dumb and blind at Ogden, Utah."²⁸ This was her great contribution to the medical society of the state, and she led in the field of women in medicine by creating legislation that would

²⁵Rose, op. cit., p. 30.

²⁶Ibid.

²⁷Deseret News, July 1, 1932, p. 1.

²⁸Ibid., p. 383.

aid the state and give knowledge of hygiene on a uniform basis throughout the state.

As so many of the other women in medicine did, Martha lent her support for woman suffrage. As an able speaker she toured the West with William Jennings Bryan. She attended conventions in the east and was a speaker at the World's Fair in Chicago. Dr. Cannon spent most of her latter years in Southern California where she worked in the orthopedic department of Graves Clinic until her death July 11, 1932.²⁹

Elvira Stevens Barney

Dr. Barney was a school teacher for most of her adult life, but having a special desire to one day study medicine, she saved a sizeable amount of money in her middle age and traveled east to study medicine. At fifty-one years of age she received her degree in 1883. At that time, Dr. Barney was the oldest to study medicine in the territory. On her return she offered her services to the Relief Society to teach obstetrics, anatomy, and physiology. Her degree appeared to be more an honor, than as a profession, for she did not have an active practice.³⁰

Belle A. Gemmell

Dr. Belle A. Gemmell was not a member of the Mormon faith. She was the only doctor during the era of this work who left the territory and gained a degree. Dr. Gemmell was the daughter of one of Utah's foremost physicians, Dr. W. F. Anderson, who was attending physician to Brigham Young. She was sent east by her family to study medicine at the University of Michigan Medical School and obtained her degree

²⁹Deseret News, July 11, 1932, p. 1

³⁰Carter, Our Pioneer Heritage, op. cit., VI, 389.

from the same institution in 1884.

After graduation, Dr. Gemmell practiced for several years in Topeka, Kansas, and Pendleton, Oregon. However she returned to her family in Salt Lake City where she assisted her father with his practice because he was in ill health.

Dr. Gemmell married a mining engineer, Robert C. Gemmell who became general manager of Utah Copper Company that operated Bingham's open pits.

Dr. Gemmell became a member of the American Medical Association, also the American Medical Women's Association, and the Association of University Women. While she was practicing she was appointed Salt Lake County physician and was a member of the staff at St. Mark's Hospital in Salt Lake City.

Before her death, Dr. Gemmell's name was attached to several philanthropic societies. Her service as a female doctor was more of a civic nature than a part of the obstetrical movement of the time. She lived to be 97 and was the last of Utah's original pioneer women doctors at the time of her death November 18, 1960.³¹

Caroline Mills

A young lady from Provo, Utah, Caroline Mills was one of the early women doctors. Her home town newspaper announced the news of her graduation in the following story:

Dr. Caroline Mills, wife of Hon. Frank Mills, Receiver of the Land Office, returned home this week from Iowa State University where she had just been graduated with distinction in the Medical Department.³²

³¹Deseret News, November 19, 1960, p. 4-B

³²The Evening Dispatch (Provo, Utah), May 8, 1895, p. 4.

Dr. Mills had received her encouragement to study medicine from Romania Pratt and did complete probably the most advanced course of study among all the female physicians who did no graduate study. Shortly after returning to Provo the Mills decided to move to Evanston, Wyoming. Here she established a practice. Later she moved to Randolph, Utah, in the northern part of the state. Here she had the distinction of being the first doctor in that area. A tribute paid to her indicates that she kept abreast of the times and did all that she could for the betterment of the community. Although her office was in Randolph, she was called to all the neighboring towns such as Garden City, Laketown, Woodruff, Fossil, and any others that needed her services.³³ Dr. Mills returned to Evanston and there continued her practice until her death.

Isabella Lambert

Isabella was one of the few midwives to ever make the transition from the practice of midwifery to medical study in the East and to receive a degree as a fully qualified M.D. At first she studied midwifery in Salt Lake in 1876, then left with her husband for settlement in Logan, Utah. Here she served as a recognized midwife working under a "call" by the new president of the church Wilford Woodruff. Later Isabella left her midwifery and spent years of study at Iowa's school of medicine where she received her degree in 1893.

Back in Logan at the age of 67, Dr. Lambert (she used her maiden name professionally) traveled throughout the Cache Valley³⁴ and was lauded with the saintly title of "an angel of mercy in times of

³³Mildred Hatch Thomson, ed., Rich Memories (Daughters of Utah Pioneers, 1962), p. 172.

³⁴The area around Logan, Utah.

illness."³⁵ Dr. Lambert, long a midwife continued to practice her herb remedies bringing down disfavor from fellow practitioners who were of the modern school of drugs. She retired from medicine a decade before her death at Salt Lake City, May 17, 1916.

Emily Atkins

A wealthy, cultured young lady, Emily Atkins grew up in Tooele, Utah, with a desire to study medicine. She studied under Dr. Romania Pratt who encouraged Emily to go east, as that was the only recourse of the times. She graduated from an eastern institution and decided upon Nephi, Utah, as the best area to practice her profession. Here she met the demands of society and performed her professional duty. A young, eager "stylishly" dressed woman, Dr. Atkins "met a tragic death"³⁶ in a buggy accident in 1889 at the age of thirty. She was the only woman doctor of the period to die in her youth.³⁷

Mary Emma Greene Van Schoonhoven

A graduate of the University of Ann Arbor, Michigan, Dr. Van Schoonhoven (most people called her "Dr. Van") set up her practice in Salt Lake City.³⁸ If her funeral notice in 1907 is any indication of her association with fine people Dr. Van Schoonhoven was well known and performed a great service in her community. One mention of her was "But should all those who love her place a rose on her grave she will

³⁵Herald-Journal (Provo, Utah), May 20, 1916, p. 4.

³⁶Carter, Our Pioneer Heritage, op. cit., VI, 391.

³⁷Ibid.

³⁸Deseret News, March 20, 1907, p. 5.

sleep in a paradise of flowers."³⁹ She died March 19, 1907.

With the coming of new doctors and skilled women, Utah placed with the modern progressive medical methods of the time. The excellence attained by this small group of lady physicians contributed to the high standards in the state. These women were eager to have the finest type of medicine possible in the homes. This attitude prevailed into the Twentieth Century, and there gained momentum.⁴⁰

³⁹Ibid.

⁴⁰This is evidenced by the writings of Dr. Ellis Shipp in the magazine Salt Lake Sanitarian and by the legislation brought forth when Dr. Martha Cannon became a state senator.

CHAPTER VIII

CERTIFIED MIDWIVES AND NURSES

A cry for trained midwives had gone up from the women leaders in Utah before women doctors traveled east for schooling. Organized classes in the territory in 1873 produced a number of midwives, but those classes were discontinued after a year. When Dr. Romania Pratt Penrose, Utah's first lady physician, returned from advanced studies in medicine, she was drafted by Zina D. H. Young, who represented the Female Relief Society, to conduct classes in obstetrics¹ which Dr. Pratt began in 1878.² She had advertized the courses and instructed her students to buy two books on medicine at a total cost for books of \$12.00. The books used were: System of Midwifery by Leishman and Puerperal Fever by Fordyce Barker.³

Six weeks after the course got underway the graduates from the school began to filter back to their settlements as the best qualified midwives up to that time.

When Dr. Ellis Shipp returned from the east after completing her studies in medicine, she also began classes in midwifery in 1879 as is indicated in the following advertisement: "Mrs. Ellis R. Shipp,

¹Rose, op. cit., p. 29.

²The author has found some discrepancy concerning the exact year Dr. Pratt Penrose returned from graduate studies. Rose, op. cit., p. 29 give 1879; Noall, op. cit., p. 137 gives 1878. The author has selected 1878 because Noall was citing a diary.

³Noall, op. cit., p. 137.

Physician and Surgeon, has opened her Medical Class at her residence in 13th Ward. Special attention given to obstetrics and diseases of women."⁴

Dr. Shipp had delivered a series of lectures on obstetrics in 1876 when she had been vacationing from school prior to her final eighteen months of study. Although that summer she had had only a year's experience at a medical college, the public had been eager to have her impart any knowledge she had acquired. Later, back home to practice in the territory, and holding a degree to prove her capabilities, Dr. Ellis Shipp began the most extensive series of courses of any physician in the history of Utah. One tribute to her states:

She will ever be remembered for the courses in nursing and obstetrics which she organized and conducted for so many years. Hundreds of women went out from her classes to take to all corners of Utah, and some of the adjoining states, instructions in the basic principles of obstetrics and home nursing. Only a bold mathematician would attempt to compute the number of infants' lives which were saved, and mothers who were kept from the infections at that time so commonly associated with childbirth.⁵

The records of Dr. Shipp's courses do not mention money. It is assumed that she did charge for her tutorage. If Dr. Pratt Penrose's charges were any indication of what the average price was, then Dr. Shipp's courses probably cost the student \$30.00 a term.⁶ Most of the courses taught by Dr. Shipp had enrollments of students from outside the Salt Lake area. This undoubtedly was due to the lack of physicians of any sort in some of the smaller communities. The local Relief Society leaders in the many small communities throughout the

⁴Women's Exponent, op. cit., VIII, 80.

⁵Rose, op. cit., p. 31.

⁶Women's Exponent, op. cit., VIII, 194.

territory would "call" a fellow member to enroll at Salt Lake City. Either one of the practicing midwives, who was untrained, but experienced would be selected to advance her knowledge, or possibly a young untrained woman was selected to begin her career. Whichever the case, those women who attended the classes in obstetrics required partial or total financial assistance, and this was often given by the local Relief Society. In the communities there was a ready clientele when the new graduate returned with her certificate of graduation.

Medicine was taking on a different complexion throughout the territory, and in the United States as a whole for that matter. New methods of sanitation were coming into use. All the improved methods indicate that Utah's people were striving to stamp out traditional ideas of medicine and establish the most advanced forms of medical science.

In the old settlements of isolated regions many of the traditional concepts persisted, especially concerning midwifery. If a woman had been practicing midwifery for decades, certainly she was more experienced than the young graduate, which was to be expected, but by 1893 the Territorial Medical Board had introduced territorial legislature for approval. Laws to regulate the practice of medicine were passed and put into effect by the authorities.

Section XII reads:

All persons practicing obstetrics in the Territory shall, within three months after the passage of this act, apply to the Board of Examiners /medical/ for a certificate and after passing a proper examination, shall be entitled to the same upon paying to the treasurer of said board, the sum of ten dollars. . . . Provided that all persons who shall furnish to said board, satisfactory evidence, by affidavits and otherwise, of having practiced obstetrics previous to the passage of this act shall receive a license without examination upon the payment of a fee of one dollar.⁷

⁷"Territorial Records." Record of Medical Board, December 24,

Names of women from every region of the territory were listed the month after the law went into effect. True the older midwives did not have to pass any sort of examination, but the new ones did and this made the program more effective. Utah's midwives rapidly advanced to graduates of obstetrical schools.

Two sisters, Sister M. Holy Cross and Sister M. Bartholmew came west to Salt Lake City in 1875 at the request of the Reverend Lawrence Scanlan, who later became the first Catholic Bishop of Salt Lake. He in turn had been acting on the request of the miners and smaller workers in the region. Utah had come into the mining operations at this time, and Salt Lake was the central location of the industry. Thus, these two sisters took upon themselves the task of establishing a hospital with a twelve bed capacity. This first hospital was located at 4th East and 15th South Street and later, when the sisters vacated it, it became the Deseret Hospital.

These two sisters were not physicians, rather they were semi-trained nurses with more kindness and devotion to comforting the ill than technical ability. Their hospital was staffed by three doctors, Dr. Allen Fowler and Drs. D., and J. M. Benedict. The latter two "gave their service gratis."⁸ The original two sisters were joined the following year by Sisters M. Alcantara and Martina.

At that time, the Catholic population of Salt Lake City and Ogden together numbered not more than ninety souls. The little brick church with its cross of wood, which Father Scanlan had erected, was the only Catholic church in a region of 85,000

1892--October 4, 1915, p. 5-6. Located at the Utah State Historical Society Archives.

⁸Deseret News and Telegram (Salt Lake City), November 4, 1960, p. 11-D.

square miles. To eyes that had left the faith and culture of Indiana, the situation in the Great Salt Lake Valley did not look encouraging.⁹

The small quarters in the converted barn soon became cramped and larger accommodations became urgent. In the crowded conditions of the hospital, which housed the sisters as well as the patients, "the sisters were frequently obliged to sleep on the floor."¹⁰

By 1881 an entire ten acre city block was purchased ten blocks east of main street, a relatively unpopulated area of town (at that time). The property was purchased for \$6,000.50 which had to be borrowed from Salt Lake's St. Mary's Academy. With the aid of the catholic population and a number of fund raising projects the sisters were able to begin construction on the hospital that soon grew to become one of Salt Lake's finest most up-to-date structures.

In 1894, Sister M. Holy Cross, one of the original two founders was recalled to Indiana to the Mother House. Through intercession by Bishop Scanlan she was allowed to stay for one more year before her departure. She was replaced by another sister, Sister M. Lidwina.

Eager to be of help during the smallpox epidemic of 1900, at the request of Governor Wells to Bishop Scanlan, the sisters of the Holy Cross Hospital gave their services. An example of this service was when Sister M. Philips and Gadeline "were interned in the City Pest House, nursing the patients suffering from the dreadful disease,"¹¹ for two months.

One other notable accomplishment of these early sisters was the

⁹Our Provinces (Notre Dame, Indiana: Saint Mary's of the Immaculate Conception, 1941), p. 21

¹⁰Ibid.

¹¹Ibid., p. 23.

Holy Cross School of Nursing begun in 1901. The school was started to train young women for service in the hospital, but through the years it developed into one of the main schools of nursing in Utah.

Throughout the period of this study no woman of the above mentioned organization had received a degree from an accredited institution of medical training, but their contribution was, nevertheless, significant to the saving of lives in Utah. One thing must be said for the noble efforts of those first sisters; they came to establish a hospital and this they did admirably well.

The ladies of the L.D.S. Relief Society also made a noble effort to establish a hospital in Salt Lake City. This was known as the Deseret Hospital. The greatest force behind this endeavor was Eliza R. Snow who for many years had envisioned the great medical work that could be accomplished by the ladies of the church. Her dream, and certainly the vision of other ladies of the time, was to "alleviate the suffering of humanity."¹²

When the Catholic Sisters wanted to move their Holy Cross Hospital, from its old establishment to a new one, the Relief Society leaders obtained consent from the First Presidency of the Mormon Church to rent the vacated building. With a great deal of encouragement from some church leaders the Relief Society organized a Board of Directors and titled the organization Deseret Hospital Association. Miss Eliza R. Snow was made first President of the Board of Directors which consisted of the prominent women leaders of the church as well as the two leading female doctors: Dr. Pratt Penrose and Dr. Ellis R. Shipp..

¹²Eliza R. Snow, Eliza R. Snow An Immortal (Salt Lake City: Nicholas G. Morgan, Sr. Foundation, 1957), p. 46.

Miss Eliza Snow was not unmindful of the task before her. When offered the position as head of the association she said: "I accepted with the greatest reluctance--reluctance that approached nearly to obstinacy. I saw at once we were grasping a Mammoth. . . ."13 However, realizing the dire need for a hospital she thrust her efforts into the project.

When the hospital was fully staffed, there were nurses, clinical assistants, and visiting and resident physicians to care for the patients who began to patronize the establishment.

The board hoped to organize the services so that the hospital could offer the people in outlying regions of the church the benefits of the hospital facilities. The stake presidents of the Relief Society were made "members of the honorary committee, each one representing the interests in their respective localities."14

Apparently by 1884 the renovated barn of the original hospital with its twelve bed capacity was inadequate. Looking about, the board considered the adobe structure that had originally housed the University of Deseret, which had been recently vacated. This old University building offered the hospital the space for a fifty bed capacity, so it was selected.

The main function of the hospital was obstetrical.¹⁵ The hospital had to stress that it was a "benevolent and not a charitable institution."¹⁶ People of the church were shocked to think they had to pay

¹³Ibid.

¹⁴Ibid.

¹⁵Richards, op. cit., p. 233.

¹⁶Deseret News, August 15, 1883, p. 473.

\$6.00 a week and up for complete care. Few surgical cases were admitted to the hospital. The rooms were small and the St. Mark's Hospital offered better facilities for surgery. The services were primarily for women and children.

A report of the hospital was made in pamphlet form in 1893, after the hospital had failed for lack of finances. It states that between eleven and twelve hundred persons were treated at the hospital over a period of ten years. Also, the hospital had from six to seven thousand dollars a year expenditures, which was "almost covered by donations from Relief Society, Young Men and Young Women's Mutual Improvement Association, the Primary Association, mines,¹⁷ and fees paid by patients."¹⁸

One outstanding contribution made by the hospital was the "school of obstetrics and training of nurses,"¹⁹ that was opened June 1887. There had been other schools of this type begun earlier by the Relief Society, but this became an established institution that operated long after the hospital had become defunct. The report on the 1887 class indicated that about thirty students had received certificates "and have gone to distant parts of the country to fulfill important positions."

One possible reason for the failure of the hospital was a lack of sufficient obstetrical cases to patronize the hospital. Having babies was a home affair that remained such for decades after the turn of the century.

¹⁷It is interesting to note that the mining industry supported, in part, almost every hospital in Utah in the 1900's.

¹⁸World's Fair Leaflet 1893. On file at L.D.S. Church Historian's Office, Salt Lake City.

¹⁹Ibid.

CHAPTER IX

THE EFFECT OF UTAH'S MEDICAL WOMEN ON THE SOCIETY OF UTAH

Not for decades were the Utah midwives replaced by obstetricians and general practitioners, who were qualified by the increasingly rigorous standards of the American Medical Association. At the turn of the century in most of the minor communities of Utah certified midwives were delivering the majority of infants born. If anything, the standards met by qualified midwives tended to maintain this nineteenth century profession rather than destroy it, at least until the old midwives began to retire or die off and then these were gradually replaced by physicians and obstetricians.

According to the estimate of a Mr. Lee, who served for a number of years on Utah's State Board of Registration, Utah's highest peak of licensed midwives was from 1893 to 1906. During this period there were 467 registered midwives, but from 1906 to 1927 there were 207. The year 1932 was the last year in which midwives were initially registered, and there are presently six registered midwives practicing obstetrics in Utah.¹

It has only been in recent years that obstetrics as a medical field has been in existence. The earliest obstetrical specialist in

¹Eugene Wood, M.D. "The History of the Practice of Obstetrics in Utah," An unpublished paper delivered before the Utah Society of Obstetricians and Gynecologists in 1962, p. 10.

Utah who confined his work to obstetrics and gynecology was William Hunter M.D. In the medical records of the L.D.S. Hospital his name appears frequently. When Doctor Hunter later moved to Los Angeles, Doctor Mervyn S. Sanders took over his practice in a private clinic.²

Obstetrics and gynecology as a specialized field is relatively new in America. The American Board of Obstetrics and Gynecology came into existence in 1930 and the first examination was given in 1931. The first doctor in the State of Utah to take the examination offered by the Board was Doctor Vernon L. Ward of Ogden. To date Utah has 33 Board-certified men in the state of Utah. However, according to the 1961 Rocky Mountain Medical Directory, there were 60 physicians in the State of Utah confining their work to obstetrics and gynecology and of this 60, all are male doctors.³

When one remembers the efforts made by Utah's early women doctors, it is sad to note that the pendulum has swung the other way. Despite their contribution to medicine in the early history of the state, women no longer play a major role in the field.

The author has found, after interviewing young mothers, that today's young mother prefers a male obstetrician. There is little evidence to demonstrate the reason for this change in attitude, other than the breakdown of stilted female modesty of the nineteenth century on the part of women in the twentieth. But the change has become total, and today's mother feels a sense of security in having a male doctor attending her delivery.

A great deal of the confidence afforded male obstetricians is

²Ibid., p. 17.

³Ibid., p. 18.

certainly justified by Utah's remarkable record in reducing fetal death to the lowest in the nation as is indicated by the American Medical Association News:

At present, lowest infant death rates are occurring in the west North Central and New England states. Utah, the state with the best record had only 20 deaths per 1,000 live births in 1961, the lowest ever recorded for any state.

"If the level of survival attained in Utah had been achieved throughout the country last year," Foundation director George Bugbee observed, "some 27,000 more infants would have lived."⁴

One must bear in mind that today's obstetrician in Utah has modern hospitals, blood banks, antibiotics and rapid transportation to make the practice much more efficient than at the time of Patty Sessions, Zina Young, Dr. Ellis Shipp or any other of a number of the noble dedicated pioneers in the field.

Much credit must go to the enlightened ladies of medicine who strived, and with commendable achievement, to upgrade medicine in Utah to the level that it has now reached in the nation. The medical contribution of the average midwife in an area isolated from skilled physicians can only be estimated after reading and tabulating the credits given these women by friends in retrospect. Eulogies were paid these noble ladies from one end of the state to the other. Whole communities have been known to mourn at the death of a midwife as if she had been a member of the family.⁵ With continuous experience from day to day, year in and year out, handling obstetrics, setting bones, and curing infirmities, many of these women learned from experimentation how best to cope with particular medical problems. They could observe the effects of their remedies and advise with a degree of authority, based

⁴American Medical Association News (Chicago), October 15, 1962, p. 1.

⁵Noall, op. cit., p. 136.

on past experience what course to follow in prescribing a cure. For this reason alone, many were successful much of the time.

On occasions, many midwives were helpless and surely must have realized their limitations. They were limited whenever skills were required in which they had not been trained and at times the most elementary knowledge was lacking. Wherever they tried to handle such cases themselves instead of calling in a trained physician, then a certain amount of professional blame must be placed upon them. This did happen, but communities approved of it and the ladies were never censored-- certainly not by a group that was grateful for all their successes. A degree of ignorance did prevail in Utah that can be traced to faith healing and semi-complete reliance on authority in the church. There is no question that many miracles did happen and countless cases of near deaths were saved by some other source beyond scientific comprehension. But the fact still remains that lives could have been saved, especially after 1885 and in some cases earlier, had the people taken their sick and maimed to a qualified physician. The relatively simple cases of removing the appendix could easily have been treated by a licensed physician, but many people died with the appendix abscessed, having refused the help of doctors.⁶

The over-all medical pattern was favorable toward the midwives. They wanted to incorporate better methods of saving lives into their practices, yet they were limited by traditional medical practice, such as Botanic medicine, by modesty in the bedroom at childbirth, and by prejudice against the orthodox physicians. The very presence of the midwife in the settlement was a morale factor that cheered the people.

⁶Richards, op. cit., p. 17.

and gave them courage and faith in time of illness. This morale is hard, if not impossible to clinically evaluate. Charm, dignity and a general feeling of goodwill was part of the personality of these ladies and for this reason, if no other, they were a constant aid to the people they attended.

The female doctors that returned from the East holding degrees in medicine were the link between early midwives and the more qualified midwives. They were the dynamic force that helped to open medical doors throughout the state. They had the ability to convince the mothers that better more advanced practices had to be incorporated into the lives of the people. These physicians had the support of the leading women of the territory, and their combined efforts broke down the walls of medical isolationism. The major personality involved in this process was Dr. Ellis Shipp. Mention has been made of her in several chapters, but in her unassuming, studious, and indefatigable manner she did more toward instructing, advising, and writing than did the other medical women in the territory and still later in the state. Unquestionably she was the most outstanding woman in the field of medicine in Utah.

The Utah women physicians were not accepted as readily as were the men. Certainly they did not have the background and experience that some of the more prominent male physicians had. By the very nature of their position as wives and mothers of large families their time and energies were limited. The male doctors did bring them into consultation at times, but undoubtedly had these doctors been males their services would have been in greater demand. Regardless of this limitation, their influence with their own sex and with the small children was as great, if not greater and more extensive, than was that of the

male doctor.

Dr. Pratt's contribution in otolaryngology as the first specialist in the region ranks along side that of any male physician of the times. Dr. Martha Cannon's indefatigable efforts in the first state legislature offered an outstanding contribution. It was probably peculiar to the times, but nevertheless her actions upgraded the standard of health in the state. The combined efforts of these women helped to forge ahead in part the medical enlightenment of the times. Without them Utah would have lost lives and numerous trained nurses and midwives.

Most of the women physicians carried their services into the twentieth century and in some areas made a substantial contribution to that age. In the new century they witnessed the fruits of their labor by seeing a new age of enlightened young ladies and young men trained as professional doctors and nurses.

Utah's first medical women inspired this professional plea to the young career seeker:

One of the first departures made into the wide field of independent usefulness made by women in this territory was made by sisters into the profession of doctors. And in this especial sphere, our women have not only demonstrated their eminent fitness for that work, but they have proved that it can be made a most profitable field, financially, in which to graze for comfort and even wealth. I have no need to name any of our sisters who have so nobly made a success of this profession, for you are all acquainted with them and their works. What is now engaging our attention, is the way our ambitious girl shall proceed if she has decided to make a doctor of herself.⁷

The ambitious did proceed and there must have been young men moved toward the profession of medicine by witnessing the female physicians in action.

⁷Mary Howe, "The Medical Profession," The Young Woman's Journal, (1894), V, 77.

Among the women of Utah of the nineteenth century the midwives and, later, women doctors were esteemed highly by the citizens of the territory, later the state. In the field of professional status these women were an ensign to the hopeful young woman. They played a significant role in the fight for women's suffrage. Theirs was a stirring saga of service and dedication that has little parallel in the west.

CONCLUSIONS

An impression exists in the periodicals and general writings of Utah concerning women doctors that does not give an accurate picture as to the number or type of women doctors that practiced in Utah. Ralph T. Richards apparently is the single exception. He calls the medical period of Utah history from 1847 to 1875 the "pre-medical period" which throws some light on the fact that Utah was void of qualified accredited women doctors. In most writings there is no clear cut line between the school trained midwife and the accredited lady physician-- Utah had no accredited lady physicians at that time. This is not true with male doctors. An important fact is evident in light of current writings that still designates eight or ten women as accredited physicians.

More significant than whether or not medical women held a degree is the impact they had on the communities. In a social history of Utah, it would be a serious error to overlook the influence the midwives and, later, the women doctors had on the social structure of the society. In and out of nearly every home in a region, these women were the news carriers and morale boosters in the society. They were a tangible evidence of medical aid. The average pioneer would no doubt recoil at reading a social history of Utah were there no mention made of medical women.

This work has described religious and social customs connected with medicine and explained some of the thinking behind the local

medical practices. The society as a whole tended to have greater confidence in the medical women than in orthodox male physicians. This offered the medical women a position of popular superiority in medical thinking and enough of them had the courage to make the most of their medical position. This led some women to make poor medical judgments due to lack of qualified training.

The work in chronological order has illustrated the rise and decline of the female medical practice in Utah. It has shown that those women were dedicated for the most part. Also, they collectively made it a paying profession. It was pointed out that they did a medical service that has left an over-all good impression with some alarming exceptions.

In short, to write the history of Utah without including a chapter, or part of one, devoted to interpreting and chronicling the activities of the medical women would be unjust and lacking in scholarship.

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APPENDIX A

HOME REMEDIES USED BY EARLY UTAH WOMEN DOCTORS AND MIDWIVES

The following list of remedies were common on the Utah frontier. The list of remedies is not complete, for there were hundreds of medical cures and drugs that were thought to be of value. The author has listed a cross section of the many he has found in journals and books about midwives.

- Asafetida bags: Place bag about child's neck during the winter months to keep away diseases. (This would cause a terrible odor in hopes of frightening the disease away. In the small school rooms of the period the odor reaked throughout the building.)
- Spring tonic: Sulphur and molasses.
- Colic: Catnip tea.
- Canker remedy: Steep together--tame sage, raspberry leaves, blackberry leaves; scorch a little borax and alum; add barberry, golden seal, cream of tartar; then put all these ingredients together and thicken with honey. (This was administered for sore throat, babies with summer complaint, and used in spring as blood purifier.)
- Typhoid fever: Slippery-elm poultices and slippery-elm and flax-seed tea.
- Fever in general: Peppermint, raspberry leaves, tansy and yarrow teas were valuable astringents.
- Blood purifiers and relief for dropsy: Waterdock, parsley, wild grape root, yarrow, dandelion, juniper berry, marshmallow, cherry bark, saffron and quaking aspen bark teas.
- Soothing and relaxing effects: Hollyhock root, catnip, spearmint, poppy-seed, asafetida and root teas.
- To ease bruises, sprains and swollen joints: Tobacco, wild sage and camphor gum.
- Teeth preserver: Parched corn, dried fruits and vegetables with skins on.

Dysentery: Wild rose root, raspberry leaves, wild peppermint, camomile teas. Also a raw potato in the pocket was a good preventive.

Throat congestion: Bacon or lard and pepper poultices.

Pneumonia: Onion poultices for the chest and onion syrup for cough.

Inflamation of the bowels: Caster oil and turpentine.

Laxatives: Rhubard root and grafenberg pills.

Baby powder: Burnt flour.

To drive out measles: White oat tea.

Burns: Soda

Sterilizer: Wood ashes.

To help relieve mumps: Hot packs

(East of Antelope Island, op. cit., p. 292.)

Bright's disease: Marshmallow tea.

Irritation of the kidneys or bladder: Ground hop pills.

Bronchitis: Garlic.

Worms: Garlic.

Menstruation: Tansy tea.

Cancer: Wood sorrel poultice.

Increase flow of urine: Carrot seed powder.

Measles, chicken pox, scarlet fever: To bring out eruptions, use saffron tea.

Yellow jaundice or sluggish liver: Dandelion roots gathered in the autumn and made into a tea.

Heart: Digitalis or foxglove.

Pains and gas: Oil of peppermint.

Tape worms: Pumpkin seeds.

Chillblains: Use equal parts mutton tallow camphor, olive oil and brandy.

Bleeding nose: Turpentine.

(History of Tooele County, op. cit., pp. 171-172.)

Earache and toothache: Hops and whickey made into a poultice.

Vomiting: Mustard tea.

Gathered breasts: Bran and olive oil.

Rheumatism: Celery

For blood: Kinnikinick.

Heart ailment: Lily of the valley.

Intestinal flu: Black pepper tea.

Kidney trouble: Yellow dock root.

Chapped hands: Mutton tallow melted and add carbolic acid, cool and form into a cake to be rubbed on hands and face.

White Liniment: One egg, fill the shell once with vinegar, once with turpentine.

(Memories That Live, op. cit., pp. 417-418.)

Stimulant:

Black pepper
Ginger
Hoarhound
Tea
Coffee
Catnip
Horseradish
Cayenne Pepper

Bitter:

Golden seal
Barberry bark
Mountain grape
Hops
Gum Myrrh
Quaking Asp

Astringent:

Barberry bark
Raspberry
Chokecherry
Sumach

("Journal of Priddy Meeks," op. cit., p. 217.)

APPENDIX B

A LIST OF UTAH'S MIDWIVES TO STATEHOOD

Northern Utah:

Jane Finch Argyle	Bountiful
Elizabeth Porter Waddoups	Centerville
Jane Simon	Bountiful
Ruth C. Carter Cornia	Bountiful
Margaret Bowman	Centerville
Harriet Steniforth	Davis County
Sarah A. Crockett	Davis County
Ellen Pincock Bennett	Layton
Ann Sinclair Scott Marshall	Bountiful
Catherine Aurelia Hinman Knowlton	Farmington
Kate M. Chase	Centerville
Eliza Belle Jones	Bountiful
Margaret Duncan	Centerville
Martha Ann Lewis Bingham	Riverdale
Mrs. Colvin	Eden
Mrs. Eggleton	Eden
Mary Billot Romrell	Harrisville
Mary Heathman Smith	Huntsville (Delivered David O. McKay)
Helen Blackwood Russell	Weber County
Hannah P. Child Elmer	Weber County
Jane Pavard	Weber County
Mary Ann Blanch Gibson	Ogden
Elizabeth Ivins Phillips Williams	Ogden

Polly Chapman Bybee Hammand	Ogden
Hannah Blanch Pidcock	Ogden
Polly Barker Child	Weber County
Phoebe Campbell	Weber County
Mary Ann Wallace	Weber County
Sarah Ann Berrett	Weber County
Kit Blodgett	Weber County
Salena Hathaway	Weber County
Mrs. Levi	Weber County
Mrs. A. H. Olsen	Weber County
Sarah Dunlap	Weber County
Mrs. G. A. Thomas	Weber County
Cinthia Fife	Weber County
Minerva Hickman	Weber County
Annie E. Blaylock	Weber County
Polly E. Barker	Weber County
Betsy Hendry	Weber County
Adeline Belnap	Weber County
Mrs. Love	Weber County
Mrs. E. E. Moyes	Weber County
Ada Wiles	Weber County
Mrs. S. A. Bennett	Weber County
Elizabeth Moffet Fraerer	Weber County
Lydia Rose Beckstead	Weber County
Emily White Drake	Weber County
Mary Woodcock Nebeker	Rich County
Ellen Bridget Gallagher	Richmond

Frances Farr Mills	Morgan County
Harriet Lambert Da Bell	Harrisville
Annie Bryceson Laker	Bear Lake Valley
Louisa Obray Gibbs	Paradise
Elizabeth Fluckiger Fuhriman	Providence
Livinia Ann Wall Tabot	Kaysville

Salt Lake Valley:

Patty Bartlett Sessions

Elizabeth Farmer Butterfield

Helen Alcy Tanner Maxfield

Zina D. H. Young

Elizabeth Clark Handley

Ann Catherine Hedvig Rassmussen Hansen

Marinda Allen Bateman

Margery Lisk Spence

Adaline Knight Belnap

Ann M. King Lewis

Jane Meredith Bedlow Simon

Betty Platt Blake

Margreth Clark Call

Sarah A. Crockett Layton

Western Utah:

Mary Ann Weston Maughan	Tooele
Mary Meiklejohn	Tooele
Jeannette M. DeLaMare	Tooele
Sadie Nickleson Edler	Grantsville

Hannah Potter Huggins Nay	St. Johns
Hilda Anderson Erickson	Grantsville and Ibapah
Elizabeth Wells Lee	Tooele
Lydia DeLaMare	Tooele
Naomi Chappell Gillett	Tooele

Eastern Utah:

Ellen Clegg	Heber
Christina Carlile Giles	Heber
Johanna Christine Handberg Nicol	Heber
Christina Howie Lindsay Muir	Heber Valley
Matilda Smuin Slauch	Vernal
Sarah Marinda Merrill Slagle	Park City
Mary Ann Collett Wamsley	Ashley Valley
Catherine Cameron Southam	Vernal
Wealthy Sheffer	Duchesne County

Utah Valley:

Mary Tyndale Baxter Ferguson	Spanish Fork
Martha Jane Coleman Southwick	Lehi
Eunice Pease Quimby Stewart	Payson
Emma Lucas Robinson	Springville
Elizabeth Hudson Brough	Lehi
Marian Mitchell Hand	Utah County
Ann Beesley Skinner Rawlings	Provo
Hannah Toppin Clark	Provo
Mrs. Vaughan	Provo
Mrs. Bent Johnson	Provo

Ann Elizabeth Clark	Pleasant Grove
Sophie Culmer	Pleasant Grove
Mary Ann Pratt	Pleasant Grove
Harriet Johnson	American Fork
Elizabeth Cummingham	American Fork
Hannah Walker	American Fork
Hannah Wilde	American Fork
Alice Steele	American Fork
Lucy Cox	Lehi
Ann Morris Creer	Spanish Fork
Susanne Richards	Spanish Fork
Mrs. Simmons	Spanish Fork
Mrs. Archibald	Spanish Fork
<u>Southern Utah:</u>	
Ellen Meeks Hoyt	Orderville
Paulina Phelps Lyman	Parowan
Mary Jane McCleve Meeks	Orderville
Florence Virginia Dutson Nielson	Fillmore
Josephine Catherine Chatterly Wood	Bluff
Ann Green Dutson Carling	Filmore
Jan Johnston Black	Sanpete County
Elizabeth Burns Ramsay	Sanpete County
Mary Ann Cheshire Ramsay	Richfield
Dinah Davis	Gunlock
Elizabeth Vaughan	Gunlock
Sarah Marinda Thompson Black	Orderville

Mary Ann Grayson Roper	Millard County
Mary Ann Dorrity Gay	Richfield
Susanna Goldthrope Heaps	Kane County
Anna Hess Milne	St. George
Encora Woodcock Batty	Washington County
Dorothy Reese Williams	Beaver County
Mary Ann Hunt Nielsen	St. George
Caroline Baker Rogers Hardy	St. George
Martha Longfellow Foster Hardy	St. George
Mary Alice Barker Shurtz	Escalante
Sarah Ann Arterbury Church	St. George
Hannah Brandon Shakespeare	Panguitch
Anna Cutler Galloway	Millard County
Elizabeth Malholm Kleinman	St. George
Regula Benz	St. George
Leonora Cannon Gardner	Pine Valley
Patience Foster Whipple	Pine Valley
Eliza Anderson Barton	Parowan
Lodica Abilena Marsh	Ephraim
Alice Parker Isom	Washington County
Matilda Jenkerson Stolworthy	Garfield County
Ellen Eyer Banks	Parowan
Harriet Buckley Higham	Beaver County
Mary Ursula Staheli Oberhansli	Manti
Mary Halley Stocks	Washington County
Lorentza Kristine Nielsen Larsen	Mount Pleasant
Christine Skelsgaard Peterson Monroe	Millard County

Anna Louise Steck	Beaver
Maria Sorensen Schow	Panquitch
Catherine Smith Crosland Young Rawlinson	Millard County
Levee Terissia Judd Terry	Washington County
Margaret Ellen Black Rowley	Castle Dale
Sarah Elizabeth Ashworth Sears	Gunnison

THE CONTRIBUTION OF MEDICAL WOMEN DURING THE
FIRST FIFTY YEARS IN UTAH

An Abstract of
A Thesis
Presented to the
Department of History
Brigham Young University

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts

by
Keith Calvin Terry

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ABSTRACT

When the Mormon settlers moved west to the Rocky Mountains in 1847 and later, there came with them a group of women known for their medical practice of obstetrics as midwives or lady doctors. As the settlers moved into the many regions of the territory of Utah, these midwives took on an increased medical responsibility. In some areas they were the only medical person within two hundred miles.

As a result of isolated settlements and a "call" from the leaders of the Mormon church, midwifery became a little more distinct than that practiced by the majority of midwives throughout the rest of America. With a religious motivation and a desire to serve most midwives began to be known as "lady doctors." In the records today, at times, it is difficult to distinguish between an early Utah midwife, who had little, if any, formal education and a degree attained female doctor.

The main medical service offered by these midwives was that of obstetrics and gynecology. In all of the larger settlements and most of the smaller ones midwives went about delivering infants. For three decades territorial Utah allowed midwives to begin practicing without requiring any legal approval. However, by the late eighteen-seventies new methods in medical training and scientific discoveries reached the capital of Utah and the government and church began to be more critical of midwifery and medicine in general. It was at this time that Utah received back several native daughters who had gone east and gained an accredited degree in medicine.

In the eighteen-eighties Utah experienced a rapid rise in trained midwives who received their schooling under the instruction of the

new female physicians.

By 1893 laws were passed in the territory which required ladies to be certified to practice midwifery. With the coming of new laws came greater emphasis on skill in the field of obstetrics. This new movement made it possible for Utah to have a high percentage of midwives with certificates that in turn promoted the ancient practice decades after eastern regions of the United States had turned the field over to general practitioners.

The greatest single contribution of these medical ladies was found in the morale of the small communities, isolated as they were from medical aid, other than the "lady doctors." People had great confidence in these ladies. Oft times they shunned the counsel of qualified physicians to adhere to the advice of a relatively unqualified midwife. A home remedy would be offered with some healing effect, but more often the opposite was true. The faith and trust that the communities heaped upon these ladies was reciprocated by the midwives in a whole hearted service to the communities.

The group of female physicians who had received a degree in the east did more to bring about medical improvements to the average Utah home than any single group at that time. Through their instructions to midwives and ladies' organizations they brought about more enlightened concepts of curing and caring for the family.

Those medical ladies, be they midwife or lady physician, hold a position of respect and admiration in the histories of Utah's communities.

This abstract, by Keith Calvin Terry, is accepted in its present form by the Department of History, Brigham Young University, as satisfying the abstract requirement for the degree of Master of Arts.

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