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# WOMEN IN WHITE: A RETROSPECTIVE LOOK AT MEDICAL EDUCATION AT ONE SCHOOL BEFORE TITLE IX

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WOMEN IN WHITE:  
A RETROSPECTIVE LOOK AT MEDICAL EDUCATION AT ONE SCHOOL  
BEFORE TITLE IX

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DISSERTATION

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A dissertation submitted in partial fulfillment of the  
Requirements for the degree of Doctor of Philosophy in the  
Studies in Higher Education in the College of Education  
At the University of Kentucky

By  
Karen Clancy

Lexington, Kentucky

Director: Dr. John R. Thelin, Professor of Educational Policy Studies and Evaluation

Lexington, Kentucky

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## ABSTRACT OF DISSERTATION

### WOMEN IN WHITE: A RETROSPECTIVE LOOK AT MEDICAL EDUCATION AT ONE SCHOOL BETWEEN WORLD WAR II AND TITLE IX

The *Women in White* generation of women physicians who graduated from American medical schools between World War II and the enactment of Title IX were trailblazers. They successfully pursued and achieved physician careers during a time when doctoring was still considered “man’s work.” They helped to clear a path to a modern medical student culture where women and men had more choices.

In a 2008 oral history interview, Dr. Jacqueline Noonan, world-renowned pediatric cardiologist, discoverer of the congenital heart condition known as “Noonan Syndrome,” and the first woman appointed to a chairman role at the University of Kentucky College of Medicine, said it was exciting to observe and experience the cultural changes brought about by increasing numbers of women physicians. Rather than devoting all of their lives only to work, Noonan observed that many women were interested in professional careers balanced with family life and personal time. Because of the cultural changes brought about by women, she believes today’s medical men are making these same choices as well.

The *Women in White* trailblazer generation of women physicians pushed agendas which were not typical. They successfully pursued professional careers, defined their own domestic roles, and brought a new dimension to medicine. These women became leaders of medical associations, chairs of academic departments, discoverers and scientists, and givers of compassionate and innovative care in their communities. The trailblazer generation of women physicians helped pave the way to contemporary medicine.

Keywords: women doctors, medical students, medical school, history of higher education, student culture

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Karen Clancy

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December 2, 2016

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A RETROSPECTIVE LOOK AT MEDICAL EDUCATION AT ONE SCHOOL  
BETWEEN WORLD WAR II AND TITLE IX

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This work is dedicated to the memory of my mother Fay P. Ashbrook  
so we will remember.

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# CHAPTER ONE: FRAMEWORK

## INTRODUCTION

Historical growth, economic expansion, social transformation, and fundamental changes in health care and medical education characterized the post-World War II era in America. Even so, women comprised only a small percentage of the American physician workforce up through the 1960s and early 1970s. “Doctoring” was still considered man’s work. The pursuit of medical education and professional physician careers required long hours, physical challenges, and mental competition in a man’s world.

Nevertheless, some women pursued and achieved successful medical careers during the period. What was student culture and early professional career experiences like for these women? What were their challenges and hurdles and how did they succeed? How can we use their lessons in contemporary higher education today?

## RESEARCH QUESTIONS

This study documents and analyzes perspectives and memories of experiences of women who graduated with an undergraduate medical degree from the University of Kentucky College of Medicine during the 1960s and early 1970s. My primary methodology is to conduct and draw from oral histories and to examine primary source data. It is an exploratory oral history study of the perceptions, viewpoints, recollections, and memories of women who graduated from one state medical school in the generation just before enactment of Title IX.

The *Women in White* perspectives are compared and contrasted with two classic works that describe male and female separate spheres in earlier periods of medical education.

One source chronicles a typical male medical culture in the 1950s while the other describes lonely pioneer medical women who pursued professional careers in the late 1800s and early 1900s.

This study is titled *Women in White* because it is a retrospective review of women physicians looking back to their medical school and early career years in the 1960s and 1970s.<sup>1</sup> My central research question is: How, according to these oral histories, did the perceptions of academic, professional, and social experiences of these women physicians compare and contrast with the insights provided by the classic 1950s study of male medical students in *Boys in White: Student Culture in Medical School*?

I also analyze how the memories of experiences of these women compared and contrasted to the findings that Geraldine Joncich Clifford described in her edited anthology *Lone Voyagers: Academic Women in Coeducational Institutions, 1870–1937*, which examines women as graduate students, professors, and administrators in historically male turned coeducational institutions, circa 1870 to 1937.

My hypotheses are that:

- The socialization and group dynamics of the students featured in the *Boys in White* at the University of Kansas Medical School in the 1950s contrast significantly with the individual and collective experiences described by the *Women in White* at the University of Kentucky in the 1960s and early 1970s.
- The recollections of the *Women in White* reinforced and more closely replicated experiences of their earlier counterparts in graduate and professional schools as described by Geraldine Joncich Clifford in *Lone Voyagers: Academic Women in Coeducational Institutions, 1870–1937*.

## **BACKGROUND**

To understand the significance of this research study, we will briefly examine the history of American medicine and the contextual circumstances of women pursuing professional medical careers. This first chapter provides overviews of the history of American medicine, the history of women and American medicine, and the birth of the University of Kentucky College of Medicine.

### **American Medicine: Before the Twentieth Century**

In the earliest years of American history, “doctoring” was considered a man’s profession. Organized medical schools excluded women.<sup>2</sup> Formal learning at institutions such as colleges, universities, and professional schools was reserved primarily for men. If educated at all, women were usually self-taught to read and write in support of the needs of their families. Their roles were marriage and motherhood. Early American women visionaries such as Abigail Adams, Mercy Warren, and Judith Murray promoted the education and betterment of women.<sup>3</sup>

The notion of educating women gained more widespread acceptance in the nineteenth century. Changes in the American economy along with the desire for better-educated mothers and a “Christianized” western frontier paved the way for assorted configurations of female education. Outstanding women’s academies and seminaries offered a variety of studies including religion, liberal arts, and the sciences. By the mid-1800s, Normal schools and co-educational high schools began to gain popularity.<sup>4</sup>

The earliest generations of women physicians developed a separate sphere. In 1849, Elizabeth Blackwell became the first woman to graduate from an American medical school.

After multiple attempts, she “accidentally” gained entrance to Geneva Medical College on a fluke. Once there, she was allowed to complete her studies. Blackwell later created a women’s medical school at the New York Infirmary for Women and Children. She and other pioneers pushed through gender barriers pursuing professional physician careers, traditionally considered to be men’s work.<sup>5</sup> In those early years, women such as Mary Frame Myers and Hannah Myers Longshore went to medical school while also tending to their families. However, they experienced personal and professional hardships.<sup>6</sup> Women found themselves trying to balance demanding careers with social acceptance and family life. Furthermore, early women physicians often aligned themselves mostly with the preventative philosophy of medicine while leaving the business of curative medicine up to the men.<sup>7</sup>

By 1880 there were five women’s medical schools, some sectarian schools, and a few coeducational schools that accepted women. Nonetheless, fierce debates about female access to traditional medical schools raged on. Male physicians did not welcome their female colleagues. Men excluded women for a variety of reasons including fear about their neglect of domestic duties and the prevailing notion that women were inferior, weak, and passive. Traditional medical schools cited overcrowding of the profession as one reason for the exclusion of women. However, personal economics is more suspect. Male physicians believed medical school training should be reserved for limited groups of men who would rightfully become family breadwinners, whereas women should rely on the incomes provided by their husbands.<sup>8</sup>

The most challenging opposition to women’s participation in professional medical training and physician careers came from the scientific and medical communities. Barbara Solomon discusses historical developments of the period in her book *In the Company of*

*Education Women: A History of Women and Higher Education in America*. She noted that Darwinian Theory labeled women as biologically inferior. And in 1873, Dr. Edward Clarke, a retired Harvard Medical School professor, wrote *Sex in Education*. Clarke studied seven Vassar students and concluded that the “stresses of education stood to endanger a woman’s female apparatus.” According to Solomon, the American medical community fully embraced both of these notions. Solomon described studies such as those of Dr. Mary Putnam Jacobi and the Association of Collegiate Alumnae, which later disputed Clarke’s theory. The progressive new studies revealed that both women and men benefited from coeducation.<sup>9</sup>

Near the end of the nineteenth century professionally trained women doctors were providing care to women and children. They also engaged in community leadership by giving public speeches about the importance of health and hygiene. Women physicians spoke in public health forums, at women’s club meetings, and at community events. These pioneer women doctors became community leaders who served as role models to young women, and they helped to shape American thinking about women’s roles. By the turn of the century, women comprised approximately five percent of the physician workforce. Surprisingly, that number remained constant well into the 1970s.<sup>10</sup>

### **American Medicine: Early Twentieth Century through World War II**

Most early American medical schools were proprietary and privately owned with minimal admissions standards and diverse curricula. Men who could afford to pay the cost of lecture tickets gained access. Medical school programs varied in duration and content. Students often became physicians through apprenticeship. Typical medical schools were

freestanding with limited facilities and resources, and they lacked affiliation with colleges and universities.<sup>11</sup>

By the turn of the twentieth century, physicians supporting scientific medicine were well on the way to professionalizing medicine. Scientific medical physicians were creating an industry where they had the autonomy to control entrants and define their practice standards. They created scientific medical associations, established credentialing systems and called themselves experts.<sup>12</sup>

In the early 1900s, the American Medical Association's Council on Medical Education partnered with the Carnegie Foundation to study and reform medical education. They hired Abraham Flexner to survey 155 medical schools in the United States and Canada. *The Flexner Report* published in 1910 had a profound and lasting impact that forever changed American medical education. Flexner wrote about the deplorable condition of American medical schools, chronicling them individually in his report. He also endorsed the new Johns Hopkins model of medical education.<sup>13</sup>

The new model called for two years of basic science lectures with laboratory course work, followed by two years of clinical rotations. Flexner's recommendations included physician licensure requirements by state licensing boards, completion of standardized curricula, and medical school affiliations with colleges or universities. Requirements also included student access to medical libraries, clinical facilities, and laboratories.<sup>14 15 16</sup>

Flexner's standards were readily adopted and remain the gold standard. The first four years of medical school were defined as undergraduate medical education. Following graduation, most states require one-year internships as part of the licensure process. Further specialty studies such as residencies are graduate medical education.



In the years following *The Flexner Report*, more than thirty percent of medical schools closed, especially those that were proprietary or designed specifically for women and minority enrollments.<sup>17 18 19</sup> Such schools usually had no affiliation with colleges and universities, and they failed to meet the costly new standards.

The politically empowered physician community established consistent medical education and credentialing standards, exerting more control over entrance to the medical profession. At the same time, declining numbers of medical schools meant fewer students and more competition for available student slots. Thus, women and minorities had even fewer opportunities.

According to Barbara Solomon, while the separate women's sphere in medicine flourished, the number of female physicians grew from 2,500 in 1880 to 9,000 or six percent of total physicians in 1910. However, following the Flexner report, the percentages of women physicians to total physicians dropped below six percent in the years between 1910 and 1950 (Table 1.1). Solomon explains the decline as a function of women's medical school closings, coupled with reduced slots available for women at coeducational schools.<sup>20</sup> Morantz, Pomerleau, and Fenichel suggest that more women went into nursing, social work, and graduate school during this period, which may have added to the decline. Discrimination in admission policies, the changing culture, and higher rates of women marrying may have also been factors.<sup>21</sup>

**Table 1.1: Percentage Women Physicians to Total, 1910-1982**

1910	6.0%
1920	5.0%
1930	4.0%
1940	4.6%
1950	6.1%
1960	6.8%
1970	8.9%
1982	14.0%

*Source: Barbara Solomon, In the Company of Educated Women, Yale University, 1985.*

*Women in Selected Occupations Table 5, page 127. Solomon obtained the statistics from the Bureau of Labor Statistics, the 1970 US Census, and various articles.*

Following the publication of the *Flexner Report*, widespread medical school closures meant drastic reductions in medical school graduates, contributing to nationwide physician shortages. The medical community looked for ways to fund and grow their industry. Physicians began to exert influence on the legislative process by lobbying for nationally supported health care programs. The Social Security Act of 1935 marked a permanent turning point for federally funded health care policies. Titles V and VI of the Act provided federal grants to states for maternal, child, and public health programs, creating new service opportunities and increasing health care jobs.<sup>22</sup> However, women continued to comprise low percentages of the total physician profession.

## **American Medicine: Post World War II to Title IX**

During World War II, expansion of health care services proved to be a matter of national defense.<sup>23</sup> Physicians were in critical demand both at home and abroad, and these shortages created new opportunities for women. By 1946, all but two medical schools were admitting women, although, even during the war, women were not permitted to do surgical residencies.<sup>24</sup>

However, the growth in opportunities for women was short-lived. Following the war, men came back. The Serviceman's Readjustment Act, better known as the "GI Bill" increased male enrollments in colleges, universities, and professional schools, causing women's percentages to drop.<sup>25</sup> Some schools still had quotas on female admissions. The argument that medical education was wasted on women remained popular.<sup>26</sup>

Health care services, training opportunities, medical jobs, clinics, hospitals, medical schools, and physician roles changed and grew after World War II. The United States government played a pivotal role by investing in clinical studies and research activities. American universities and medical schools were the units that were the most transformed. Medical schools added PhD programs in the natural and physical sciences as well as new clinical departments and specialties.<sup>27</sup> In addition to massive funding of studies, federal money was used to build and acquire research infrastructure at academic medical centers. The Health Research Facilities Construction Act of 1956 provided matching funds for facilities and equipment, and the National Institute of Health provided training funds.<sup>28</sup>

Likewise, from 1951 through 1966, medical school faculties grew. For example, in 1960, according to Kenneth Ludmerer, the *Harvard Medical School Dean's Report* gave an account of 850 full-time vacancies, reportedly 196 more than the previous year.<sup>29</sup> Medical

faculty added research roles to their clinical and teaching duties. The growth of biomedical research translated into many new treatment options for doctors and their patients.

The establishment of Medicare and Medicaid in 1965 provided expansive new payer sources for clinical services. Employer sponsored medical insurance programs grew.<sup>30</sup> The growth of public and private insurance programs meant more people could afford access to health care and hospital services. It also meant higher physician incomes.<sup>31</sup>

As demand for medical services began to rise, legislators soon realized new and improved hospitals were needed. So, they passed the Hill-Burton Act, which provided federal funding for construction. By the time the program ended in 1974, the government had spent \$14.5 billion and created 457,000 new hospital beds.<sup>32</sup>

In 1959, the Surgeon General's Consultant Group on Medical Education, headed by Frank Bane, published a report claiming that a 40,000 physician shortfall was expected by 1975. The legislative response was to pass the Health Professions Education Act of 1963, which provided federal matching funds for the construction of new medical schools or the expansion of existing ones. Additional federal legislation followed in 1965, 1968, and 1971.<sup>33</sup>

Fifteen new medical schools opened their doors in 1960, bringing the total to 86 schools. By 1980, there were 126 medical schools. Likewise, growth in medical school enrollments and budgets soared. In 1947–1948, cumulative medical school expenditures were \$70.6 million. The figures rose to \$882 million in 1965–1966 and \$4.8 billion in 1978–1979. Likewise, the Health Professions Educational Assistance Acts of 1968 and 1971 provided incentives for medical schools to increase matriculations. By 1980, enrollments had grown to 64,195 students, double the 1966 level.<sup>34</sup>

Increasing medical knowledge required specialization. During World War II, the military differentiated rank and pay by specialty rather than years of experience, making specialization even more desirable. Many physician veterans sought specialty (residency) training following the war. New medical school graduates joined the quest. After graduating from medical school (undergraduate medical education), young physicians sought specialty residencies and post-doctoral training for subspecialties. Specialty departments competed for the brightest residents, and students competed for the most desirable residencies. Medicare and Medicaid began to pay for specialty residencies in the form of graduate medical education. Residency positions grew from 5,796 in 1940 to 46,258 in 1970.<sup>35</sup>

Civil rights and feminist movements of the 1960s brought new visibility to the medical profession as a viable career path for women. However, despite changing social norms and extraordinary growth of the medical industry, percentages of women enrolled in US medical schools remained at or below 9% through 1972 when Title IX of the Education Amendments of the Civil Rights Act of 1964 was passed. Title IX banned sexual discrimination in education programs receiving federal funding (Table 1.2).

**Table 1.2: Women Graduates, US Medical Schools, 1914-1989**

<b>Women Graduates from U. S. Medical Schools</b>			
	<b>Women</b>	<b>Total</b>	<b>Women % to Total</b>
1914-15	92	3,536	3%
1919-20	122	3,047	4%
1924-25	204	3,974	5%
1929-30	204	4,565	4%
1934-35	207	5,101	4%
1939-40	253	5,097	5%

**Table 1.2 (continued)**

1944-45	262	5,136	5%
1949-50	595	5,553	11%
1954-55	345	6,977	5%
1959-60	405	7,081	6%
1960-61	354	6,994	5%
1961-62	391	7,168	5%
1962-63	405	7,265	6%
1963-64	449	7,336	6%
1964-65	503	7,409	7%
1965-66	524	7,574	7%
1966-67	583	7,743	8%
1967-68	641	7,973	8%
1968-69	607	8,059	8%
1969-70	700	8,367	8%
1970-71	827	8,974	9%
1971-72	861	9,558	9%
1972-73	934	10,396	9%
1973-74	1,264	11,365	11%
1974-75	1,706	12,716	13%
1975-76	2,212	13,634	16%
1976-77	2,613	13,614	19%
1977-78	3,085	14,391	21%
1978-79	3,445	14,966	23%
1979-80	3,497	15,135	23%
1980-81	3,898	15,673	25%
1988-89	5,221	15,630	33%

*Source: Dube, W. F. "Datagram: Women Students in U. S. Medical Schools: Past and Present Trends," American Medical Association education data, American Association of Medical Colleges, Journal of Medical Education, February 1973. Association of American Medical Colleges. AAMC Data Book. (Washington D.C.: 1990) Table B.7.*

Following the enactment of Title IX, the enrollment of women in American medical schools began to increase more rapidly. Percentages of women graduates increased to double

digits in 1973-74 and have remained there. By the first graduating class post-Title IX, the class of 1975-76, national percentages of women graduates had grown to sixteen percent which was seven percent more than the class of 1972-73. In the “Status Report on Gender Equity in Undergraduate Medical Education,” published in the *Journal of Women’s Health and Gender-Based Medicine* in 2001, Janet Bickel reported that the numbers of women medical students had risen from 9,660 (eighteen percent) in 1975 to 29,201 (forty-four percent) in 2000. Nevertheless, she concluded that women continued to have gender-based experiences in medical school despite the increases in enrollments.<sup>36</sup>

In her 2012 article published in the *Journal of the American Medical Association*, “What Would Patsy Mink Think,” Dr. Molly Carnes wrote about one of the co-authors of Title IX and changes the amendment brought about in medicine over forty years. Patsy Mink was an outstanding student who wanted to be a physician when she graduated from college in 1942, but she was turned down by twenty medical schools. She was an American citizen with Japanese heritage. Instead, she went to law school and became a legislator in the United States House of Representatives. According to Carnes, Mink was the first woman of color in the United States Congress, and she co-authored Title IX to help open the doors of medical schools to women. Forty years later, Carnes applauded the increase in women pursuing medical schools since Title IX. However, she also described studies that suggest continued gender equity issues in areas of promotion and tenure, subspecialty selection, research awards, and compensation.<sup>37</sup>

## **Birth of the University of Kentucky College of Medicine**

In 1955, the Kentucky Medical Foundation, headed by J. Stephen Watkins of the University of Kentucky Board of Trustees, initiated a media campaign to educate citizens, civic groups, and politicians about the findings of reports written by the Kentucky Medical Association, the Legislative Research Commission, and University of Kentucky faculty. The campaign described the need for a publicly supported medical center at the state university to address severe shortages of physicians in Kentucky, especially in rural areas. Albert B. Chandler used the status of medical education in Kentucky as a platform for his campaign to become governor. Shortly after being elected in 1955, he persuaded the General Assembly to appropriate \$5,000,000 to create a medical center at the University of Kentucky. Chandler also served as chair of the University of Kentucky Board of Trustees when the medical center was established.<sup>38</sup>

*In A Medical School is Born: A History of the Conception, Gestation, and Infancy of the University of Kentucky College of Medicine*, Bob Straus documented some of the key developments that led up to the approvals and construction of the new medical center. The University of Kentucky Chandler Medical Center was created in 1956 to address the medical needs of Kentuckians. Initially, it encompassed new colleges of medicine, nursing, and dentistry, a medical library, a student health clinic, and a teaching hospital. According to Straus, the history of the creation of the medical school was “inseparable” from the birth of the medical center.<sup>39</sup> The already established University of Kentucky College of Pharmacy soon joined the medical center.<sup>40</sup>

Dr. William Willard was the first dean of the new medical school. He published the *Philosophy of Medical Education for the University of Kentucky, College of Medicine* on



December 15, 1956. The philosophy established founding principles of various aspects of the school including the focus on innovative medical education. Willard wrote, “Medical school is an institution of society created to satisfy certain social needs.” He considered the primary functions of the medical school to be 1) education and 2) research that improved education. He also felt it was necessary for the medical school to provide a broad range of services through the teaching hospital.<sup>41</sup> Willard was careful to select department chairs whom he thought would support his innovative new model of medicine.

The University of Kentucky College of Medicine opened its doors in 1960 as one of forty or more new American medical schools built in response to increased demand for medical care and rising physician shortages. The inaugural University of Kentucky curriculum deviated from that of traditional medical schools. On the first day in the Fall semester of 1960, Willard told the first medical students that the curriculum was designed to focus on “lifelong learning and behavioral as well as biological” aspects of medicine. Some of the curricular differences included a reduction in basic sciences lectures, the addition of a course on communications and interviewing, courses in the Departments of Behavioral Science and Community Medicine (both unique to Kentucky), interdisciplinary conferences, “undifferentiated” clinical rotations, movement of the gross anatomy course to the third year, and individual student laboratories.

The Department of Behavioral Science was the first of its kind in the country.<sup>42</sup> In the early years, behavioral science faculty often attended courses in other subject areas to help students relate the behavioral aspects of medical care. Students were also given two afternoons of free time to take other university courses. Straus claimed that students later expressed concern about their undergraduate preparation for residencies at renowned schools

such as Johns Hopkins and Columbia because of the curricular differences. However, Straus said they found they were better prepared once there.<sup>43</sup>

Although the new curriculum offered innovative medical training, as documented in a 1964 accreditation site visit, many of the University of Kentucky College of Medicine chairs tended to recruit faculty who were more “traditionally” oriented and competitive among peers within their particular disciplines. In time these new faculty influenced changes that were counter to the innovative academic vision of the college. According to Straus, changes in the curriculum followed, more closely resembling traditional medical schools. In 1975, Willard spoke retrospectively about Kentucky as a newer “old generation” school. He believed the newer old generation schools tried to make innovative changes to serve society, but the only places they could recruit faculty were from traditional schools with “old ideas.”<sup>44</sup>

Straus wrote briefly about internal conflicts. Willard viewed medical education as a social phenomenon, and he incorporated social, cultural, and behavioral aspects into the initial innovative medical curriculum.<sup>45</sup> However, by the fifth graduating class, the faculty had returned the curriculum to a more traditional model. They weren’t ready for innovative change.<sup>46</sup>

There were many other notable changes in the College of Medicine during the early years. The growth of the research and clinical enterprise encroached upon student space including the student lounge, snack room, cubicles, and labs. Several key faculty and chairs were recruited to positions at other institutions as early as 1962. Furthermore, the new university president, John Oswald, limited the authority and effectiveness of Willard as dean. By 1964, Thomas Wayne took on interim dean duties, and Willard was focusing on his

remaining role as Vice President of the Medical Center. Three years later, Bill Jordan became the second dean. He left in 1972, and Kay Clawson was appointed as Jordan's replacement.<sup>47</sup> Within the first twelve years, the college experienced four different men in the dean's role.

Despite the growth of medicine and medical education, women were slow to enter the American physician workforce in the post-World War II period until the implementation of Title IX. Women comprised 6.3% of the total physician workforce in 1963 (17,322/275,140) and 7.0% in 1967 (21,404/306,970). In the commonwealth of Kentucky, the percentages were lower. Women physicians comprised 4.3% of the total Kentucky physician workforce in 1963 (133/3,117) and 5.0% in 1967 (170/3,422). However, in Lexington, the numbers of female physicians more closely reflected national percentages with 6.6% in 1963 (29/440) and 6.7% in 1967 (40/595).<sup>48</sup>

Women comprised varying percentages of the graduating classes at the University of Kentucky College of Medicine in the 1960s and 1970s. A review of composite graduation pictures in the 50<sup>th</sup> anniversary publication shows that women graduates represented three to nine percent of each class during the first ten years, with the exception of 1968. In that year, thirteen women graduated in a class of fifty-eight (22.4%).<sup>49</sup>

As late as 1969, Jordan, the second dean, wrote about the University of Kentucky College of Medicine in the Harvard medical alumni magazine. He commented that the school had "a faculty of competent men whose programs are overflowing."<sup>50</sup> His published comment was consistent with the culture of American medical education in that era. Jordan's alma mater, Harvard Medical School, was one of the last two American schools to admit female applicants.<sup>51</sup>

Women were slow to enter physician careers and even slower to gain access to the faculty ranks at coeducational medical schools. While the University of Kentucky's medical school certainly had women faculty, their numbers were few, limiting the availability of female role models for women students.

- <sup>1</sup> Whereas, the *Boys in White* was a two year onsite ethnographic study of boys in medical school becoming medical men in the 1950s.
- <sup>2</sup> Regina Markell Morantz et al., *In Her Own Words: Oral Histories of Women Physicians* (Westport: Greenwood Press, 1982), 4-5.
- <sup>3</sup> Barbara Miller Solomon, *In the Company of Educated Women* (New Haven: Yale University, 1985), 1-13.
- <sup>4</sup> Ibid, 24.
- <sup>5</sup> Ibid, 34-35.
- <sup>6</sup> Ibid, 37-39.
- <sup>7</sup> Morantz et al., *Her Own Words*, 16-17.
- <sup>8</sup> Ibid, 17-18.
- <sup>9</sup> Solomon, *Educated Women*, 56-57.
- <sup>10</sup> Morantz et al., *Her Own Words*, 17-21.
- <sup>11</sup> John Thelin, *A History of American Higher Education* (Baltimore: Johns Hopkins University Press, 2004), 53-54.
- <sup>12</sup> Sandra Barney, *Authorized to Heal: Gender, Class, and the Transformation of Medicine in Appalachia 1880 - 1930* (Chapel Hill: University of North Carolina Press, 2000), 7.
- <sup>13</sup> Abraham Flexner, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching*, Bulletin Number Four (New York: The Carnegie Foundation, 1910).
- <sup>14</sup> Andrew Beck, "The Flexner Report and the Standardization of American Medical Education," *Journal of American Medical Association* 291, 17(2004): 2139-2140.
- <sup>15</sup> Kenneth Ludmerer, *A Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care* (New York: Oxford University Press, 2005), 21-25.
- <sup>16</sup> Thelin, *History of American Higher Education*, 149.
- <sup>17</sup> Beck, *Flexner Report*, 2139-2140.
- <sup>18</sup> Ludmerer, *Time to Heal*, 21-25.
- <sup>19</sup> Thelin, *History of American Higher Education*, 149.
- <sup>20</sup> Solomon, *Educated Women*, 127, 132.
- <sup>21</sup> Morantz et al., *Her Own Words*, 12-27, 30-33.
- <sup>22</sup> Irving Lewis and Cecil Sheps, *The Sick Citadel: The American Academic Medical Center and the Public Interest* (Cambridge: Oelgeschlager, Gunn, and Hain, 1983), 19-20.
- <sup>23</sup> Ibid, 20.
- <sup>24</sup> Ludmerer, *Time to Heal*, 94.
- <sup>25</sup> Thelin, *History of American Higher Education*, 262-268.
- <sup>26</sup> Ludmerer, *Time to Heal*, 63, 129.
- <sup>27</sup> Thelin, *History of American Higher Education*, 273-274.
- <sup>28</sup> Ludmerer, *Time to Heal*, 139-148.
- <sup>29</sup> Ibid, 144.
- <sup>30</sup> Ibid, 163.
- <sup>31</sup> Ibid, 222-223.
- <sup>32</sup> Irving Lewis and Cecil Sheps, *Sick Citadel*, 25.
- <sup>33</sup> Ludmerer, *Time to Heal*, 210.

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- <sup>34</sup> Irving Lewis and Cecil Sheps, *Sick Citadel*, 117-118.
- <sup>35</sup> Ludmerer, *Time to Heal*, 181-187.
- <sup>36</sup> Janet Bickel, "Gender Equity in Undergraduate Medical Education: A Status Report," *Journal of Women's Health and Gender-Based Medicine* 10 (2004): 261.
- <sup>37</sup> Molly Carnes, "What Would Patsy Mink Think?" *Journal of the American Medical Association* 307, 6 (2012): 571-572.
- <sup>38</sup> Robert Straus. *A Medical School is Born: A History of the Conception, Gestation and Infancy of the University of Kentucky College of Medicine by One Who Assisted in the Delivery* (Lexington: McClanahan Publishing House, 1996), 12-25, 27, 50.
- <sup>39</sup> *Ibid*, preface.
- <sup>40</sup> Sylvia Wrobel, *The First Hundred Years of the University of Kentucky College of Pharmacy, 1870 – 1970* (Lexington: University of Kentucky College of Pharmacy, 1972), 126.
- <sup>41</sup> Straus, *Medical School is Born*, preface.
- <sup>42</sup> *Ibid*, 106-110.
- <sup>43</sup> *Ibid*, 154-159.
- <sup>44</sup> *Ibid*, 190.
- <sup>45</sup> *Ibid*, 31.
- <sup>46</sup> *Ibid*, 155-156, 202.
- <sup>47</sup> *Ibid*, 173-177, 182-187, 202.
- <sup>48</sup> C. N. Theodore and J. N. Haug, *Selected Characteristics of the Physician Population: 1963 and 1967*, (Chicago: American Medical Association, 1968), 9, 33, 61, 63, 136.
- <sup>49</sup> University of Kentucky College of Medicine, *A Historical Retrospective of the Last Fifty Years*. (Lexington: University of Kentucky, 2010), 65-76.
- <sup>50</sup> Straus, *Medical School is Born*, 203.
- <sup>51</sup> Nora Necessian, *Worthy of the Honor: A Brief History of Women at Harvard Medical School* (Boston: President and Fellows of Harvard College, 1995), 65-76.

## CHAPTER TWO: RESEARCH RATIONALE

### ***BOYS IN WHITE VERSUS LONE VOYAGERS***

In *An Educated Difference: Women at the University of Kentucky Through the Second World War*, Dr. Terry Birdwhistell examined women's struggles for access, equity, and opportunity in the earliest years of a predominantly male state university. He considered how women's roles were created for and by women at the University of Kentucky. Birdwhistell discussed the use of "separate spheres" to study and understand women's and men's historical roles in higher education.<sup>1</sup> He described the establishment of a separate women's culture in the early years of the university and the development of a modern student culture during the inter-war years.<sup>2</sup>

Women's access to professional medical education is an important thread in the history of women's higher education. It is beneficial to examine and gain a broader understanding of the context. *Lone Voyagers: Academic Women in Coeducational Institutions, 1870–1937*, edited by Geraldine Jonich Clifford, is an anthology of writings about seven women who pioneered leadership roles in co-educational academia during the period. Two of the seven professional women pursued and accomplished physician and medical faculty careers. They refused to be limited by their gender. As lone voyagers, they lacked supportive networks, yet they succeeded because of their "superior motivation, above average evidence of talent and training and extraordinary persistence."<sup>3</sup>

Clifford describes how early female faculty achieved professional academic careers within the "women's sphere." At the time, higher education was growing but women still had difficulty gaining access to fields of study other than women's fields. Women faculty

experienced discrimination, wage inequities, and isolation.<sup>4</sup> For this study, I have chosen to focus on the two essays about women who pursued and achieved physician and medical faculty careers.

The first is Dr. Clelia Duel Mosher (1863–1940). Mosher graduated with a bachelor's degree in zoology from Stanford University in 1893, a master's degree in physiology from Stanford in 1894, and a medical degree from Johns Hopkins Medical School in 1900. Although she attempted a general practitioner career, she eventually assumed a faculty role at Stanford University as Assistant Professor of Personal Hygiene, Medical Advisor for Women, and Director of the Roble Gymnasium in 1910. Mosher was a physician, researcher, and professor who focused on women's issues in her research and teachings. Her research dispelled women's physical incompetence during menstruation and recognized the effects of corsets on breathing. Mosher also conducted groundbreaking research in other areas including female sexuality.<sup>5</sup>

The second, Dr. Maude Abbott (1869–1940), was a physician and an extraordinary researcher. Although she was a citizen of Montreal, Canada, her experiences were characteristic of professional women in the United States during the period. She was one of the first women to earn a bachelor's degree from McGill University. Very few women pursued physician careers when she applied to McGill's medical school, which was strictly an established school for men. She was denied entrance despite her academic and professional achievements at McGill University as an undergraduate student. The medical faculty felt women were unfit for medical careers. The faculty openly voiced opinions that women should not “unsex” themselves by leaving their domestic sphere.<sup>6</sup> Instead, Abbott went on to graduate from the University of Bishop Medical School. She acquired medical



specialty training in Europe and became world-renowned on congenital heart disease and other topics. Eventually, she received an entry level faculty appointment at McGill University, but her promotions were slow. Abbott never earned a full professor appointment.<sup>7</sup>

In contrast, *The Boys in White: Student Culture in Medical School* described the separate men's sphere in medicine in the late 1950s. The work of Becker, Geer, Hughes, and Straus examined perspectives of male students progressing through a professional medical curriculum at the University of Kansas Medical School. At the time, the physician profession was still comprised mostly of men. The authors acknowledge there were "approximately five" women in each class, but because "medicine is man's work," they chose to "talk mainly of boys becoming medical men." They described the role of male medical faculty as turning "boys into men, fit to be their own companions and successors."<sup>8</sup>

The University of Kansas Medical School was similar to other public medical schools in the United States and Canada during the study. The school was part of a comprehensive medical center with a mission of teaching, clinical service, and growing research. The majority of students admitted to the medical school were white males from the state of Kansas. Faculty demographics included full-time clinical and basic science faculty and part-time clinical faculty. The student body was mostly homogeneous comprised of "young, white, male, Protestant, native Kansans" who were married by graduation. Typical of coeducation medical schools at the time, women enrolled in the school, but their numbers were small. The size of each class was "about one hundred students" with approximately five being women.<sup>9</sup>

The study used social psychological theory based on the concept of symbolic interaction, employing participant observations, informal interviews, and sixty-two formal

student interviews over a period of two years. The researchers choose to examine the perspectives of the first-, third-, and fourth-year students rather than those of the faculty or administrators. Their conclusions focused less on variety and more on commonalities.<sup>10</sup>

Becker, Geer, Hughes, and Straus defined “perspectives” as a set of ideas and behaviors that reflect a person’s way of thinking and feeling.<sup>11</sup> They observed and examined the common sets of ideas and behaviors and described them in the context of an organized student culture. The researchers proposed levels of progressive development beginning with the freshmen’s first perspective of “pragmatic idealism” progressing to a “provisional perspective” and finally evolving to a senior clinical student perspective of “medical responsibility and autonomy.”<sup>12</sup>

## **RESEARCH SIGNIFICANCE**

There is limited primary source research available about women’s experiences in medical schools during the years between World War II and Title IX. Most bodies of work focus on earlier periods. Few oral histories exist that document women physicians’ perceptions of their contributions to medicine during the era. Thus, I am choosing to study the earliest cohorts of female medical students at the University of Kentucky for two reasons.

First, there is much to learn from the experiences of women who successfully pursued and achieved professional medical careers between the post-World War II and Title IX period. Although the medical industry was growing, women accomplished physician careers in small numbers during the era. However, American culture was in the midst of a social revolution, and the *Women in White* helped to lay the foundation for a more modern medical student culture, one that was beginning to move away from separate spheres.

Second, as time goes on, the cohorts of living women who attended medical school during the 1960s and 1970s are becoming smaller due to retirement, disease, and death. Thus, the window of opportunity to capture the perceptions, thoughts, and feelings about their early professional and educational experiences is closing. I would like to record and document important historical data about their perspectives of medical school and professional experiences, while we are still able to secure primary qualitative data.

And finally, the most important significance of this research is what we as educators stand to gain. By examining the memories, recollections, feelings, and perspectives of these women, educators can help students who follow new paths to make a difference in the world.

## **RESEARCH DESIGN**

This exploratory study is designed to examine, compare, and contrast the perspectives, recollections, and memories of experiences of the *Women in White* to those of *Lone Voyagers: Academic Women in Coeducational Institutions, 1870-1937* and *Boys in White: Student Culture in Medical School* using a systematic approach. Specifically, I will consider their experiences within the following areas: purposeful career selection and commitment;<sup>13</sup> family support;<sup>14</sup> undergraduate medical education;<sup>15</sup> challengers and competitions;<sup>16</sup> rewards and recognitions;<sup>17</sup> social and peer support;<sup>18</sup> mentors and sponsorships; internships;<sup>19</sup> specialty selections;<sup>20</sup> and professional versus domestic roles.<sup>21</sup> These areas are common themes in medical student culture.

## USE OF ORAL HISTORY INTERVIEWS

I am grounding my study in the methods and perspectives of qualitative research especially that of reliance on oral histories as part of institutional saga and memory. A central, recent work for this is Katherine Chaddock's chapter in the Gasman anthology.

In her essay, Chaddock talks about the significant value of scholarship supported by oral histories. The research methodology helps to provide a more comprehensive interpretation. According to Chaddock, oral histories of those who were "on scene" are more reliable as sources. Oral histories add a dimension of information often missing from the institutional documents and reports. They can reveal the experiences, feelings, emotions, and first-hand perspectives associated with historical events.<sup>22</sup> Oral histories reveal perceptions about history.

Universities and medical schools are complex organizations comprised of many events and perspectives across time. Chaddock's use of oral histories to study higher education institutions provided glimpses into the politics, struggles, and personal experiences of college life.

With permission of the interview subjects, the oral history interviews for this study have been contributed to the Louie B. Nunn Center for Oral History, Special Collections Research Center at the University of Kentucky Library to complement, enhance, and provide another dimension to existing UK Medical Center collections including a previous project I developed about early outreach clinics for the University of Kentucky College of Medicine's 50<sup>th</sup> anniversary.<sup>23</sup>

Chaddock's methods include the use of archival data to construct her interpretations. She also used historical reports and archival data to prepare for and conduct oral history

interviews. For this study, I examined documents and reports found in the University of Kentucky Archives and Records, Special Collections Research Center, at the Margaret I. King Library in Lexington, Kentucky. These include college bulletins, graduation programs, and other documents. I used the archival material to prepare for and help interpret the interviews. I also utilized two publications about the school, including *A Medical School is Born* by Robert Straus and the University of Kentucky College of Medicine's publication *A Historical Retrospective of the Last 50 Year*. Additionally, I examined oral history interview collections in the Louie B. Nunn Center for Oral History, Special Collections Research Center at the University of Kentucky Library.

The recording and use of oral history interviews for this study allowed me to examine the perceptions of medical school activities and culture and early professional life through the eyes of the women medical students. The reports, archival materials, publications, and previous historical interviews allowed me to examine the organizational framework of the medical school. Together, they provided a clearer understanding of medical school student culture in the 1960s and early 1970s at the University of Kentucky.

Qualitative research and oral history interviews also call for a continuous revision of the hypothesis as the research unfolds. As I progressed through the interviews, my research questions and hypothesis remained the same. However, medical student culture came into clearer focus.<sup>24</sup>

Similar to both the *Lone Voyagers: Academic Women in Coeducational Institutions, 1870–1930*, and *The Boys in White: Student Culture in Medical School: Student Culture in Medical School*, I have chosen to examine student culture from the perspective of the “student” rather than faculty or administrators. This study employs retrospective oral history

interviews of the female alumni of the medical school prior to Title IX to gain insight into their perspectives of student medical culture during the era.

## **INSTRUMENT**

The study design relies primarily on semi-structured oral history interviews. I used a General Interview Guide Approach so that I asked each interviewee a similar set of questions. However, the approach gave me the flexibility to ask follow up questions unique to each interviewee. As the interviewer, I served as the measurement instrument. The General Interview Guide is included. (See Appendix A.)

## **PURPOSEFUL SAMPLE**

Historically, the percentages of women attending American medical schools remained low until enactment of Title IX. Following enactment in 1972, enrollments consistently increased. (Table 2.1)

**Table 2.1: Women Enrolled in U. S. Medical Schools 1960 – 1990**

<b>Women Enrolled in U. S. Medical Schools</b>			
<b>Academic Year</b>	<b>Women</b>	<b>Total</b>	<b>Women % to Total</b>
1960-61	1,756	30,288	6%
1961-62	1,970	31,078	6%
1962-63	2,098	31,491	7%
1963-64	2,224	31,981	7%
1964-65	2,503	32,428	8%
1965-66	2,589	32,835	8%
1966-67	2,771	33,423	8%

**Table 2.1 (continued)**

1967-68	3,003	34,538	9%
1968-69	3,136	35,833	9%
1969-70	3,390	37,669	9%
1970-71	3,894	40,487	10%
1971-72	4,755	43,650	11%
1972-73	6,082	47,366	13%
1973-74	7,828	50,751	15%
1974-75	9,661	53,554	18%
1975-76	11,417	55,818	21%
1976-77	12,954	57,765	22%
1977-78	14,218	60,039	24%
1978-79	15,102	62,213	24%
1979-80	16,141	63,800	25%
1989-90	23,513	65,016	36%

*Source: Association of American Medical Colleges. AAMC Data Book, Washington D.C, (1990) Table B.7.*

The University of Kentucky, College of Medicine experienced similar enrollments. The percentages of women graduates averaged under ten percent during the first twelve years (1964-1975). In four of the first twelve years, enrollment percentages were greater than ten percent: 1968, 1971, 1972, and 1974. However, percentages of enrollment during eight of the first twelve years were considerably below ten percent. Beginning with the class of 1976, percentages of women graduates began to rise consistently and have remained in the double digits.<sup>25</sup> (Table 2.2)

**Table 2.2: Women Graduates from the University of Kentucky College of Medicine,  
1964 – 1980**

Year	Class	Women	Percentage
1964	32	1	3%
1965	46	4	9%
1966	68	3	4%
1967	60	3	5%
1968	58	14	24%
1969	70	4	6%
1970	65	5	8%
1971	75	14	19%
1972	85	9	11%
1973	81	6	7%
1974	92	11	12%
1975	99	8	8%
1976	100	16	16%
1977	100	23	23%
1978	104	19	18%
1979	104	18	17%
1980	118	23	19%

*Source: University of Kentucky College of Medicine, A Historical Retrospective of the Last Fifty Years. Lexington, Kentucky. 2010. University of Kentucky College of Medicine Graduation Programs, Years 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980. College of Medicine Collection. 2010ua011, Box 1. University of Kentucky Archives and Records, Special Collections Research Center, Market King Library, University of Kentucky Libraries.*

This study focuses on the perceptions of women physicians who graduated from the University of Kentucky College of Medicine between 1964 and 1975.<sup>26</sup> Eighty-two women



and 749 men graduated with undergraduate medical degrees during the period.<sup>27</sup> I used purposeful sampling to solicit oral history interviews.

In December 2014, I submitted the University of Kentucky Institutional Review Board (IRB) application to the Office of Research Integrity. On January 14, 2015, the IRB determined *The Women in White: A Retrospective Look at Medical Education at One School Between WWII and Title IX* study meets federal criteria to qualify it as an exempt study. The IRB required the creation and use of a Consent to Participate form. Both the IRB letter and Consent to Participate form are included in Appendices B and C, respectively.

The University of Kentucky College of Medicine Alumni and Development office identified eighty-two names of women physicians in their database who graduated between 1964 and 1975. Of those women nine were known to be deceased.<sup>28</sup> The Alumni and Development office had e-mail addresses for forty-two women. Although they could not release the e-mail addresses or contact information, Alumni and Development staff agreed to send out a mass e-mail to the forty-two women, inviting them to participate in the study. An Invitation to Participate memo was drafted and used for the mailings. It is available in Appendix D. The mass e-mail invitation resulted in two interviews. Alumni and Development staff also successfully invited one physician attending her class reunion to interview, bringing the total to three.

My goal was to conduct six to ten interviews. Thus, I began searching state medical board licensure public data to find current addresses. I found fifty-five addresses and mailed a hand written note and the Invitation to Participate memo through postal mail. The mailing resulted in three additional interviews. I also successfully contacted one physician through University of Kentucky e-mail.

In total, I interviewed seven of the seventy-three women physicians believed to be living. The study sample represents just under 10% (9.6%). This is a good sample, especially given that all of the women from the *Women in White* generation have been out of medical school for forty or more years, some as many as fifty-one years. The oral histories provide a valid representation of the perceptions of experiences from the period, especially from the earlier years. I did not receive invitation responses from women physicians who graduated between 1971 and 1975.

Mary Elizabeth McMichael was the first woman to graduate from the University of Kentucky College of Medicine, and she is deceased. Table 2.3 shows the women physicians who were interviewed, their class years and sizes, and the number and total percentages of women in their classes.

**Table 2.3: Women in White Oral History Interviews**

Year	Class	Women	% Women	Women Interviewed
1965	46	4	9%	Dr. Lucy Crain, Dr. Shirley Barron
1966	68	3	4%	Dr. Rachel Eubank
1968	58	14	24%	Dr. Priscilla Lynd
1969	70	4	6%	Dr. Maggie Westland
1970	65	5	8%	Dr. Ardis Hoven, Dr. Marilyn Huheey

*Source: University of Kentucky College of Medicine, A Historical Retrospective of the Last Fifty Years, Lexington, Kentucky. 2010. University of Kentucky College of Medicine Graduation Programs, Years 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980. College of Medicine Collection. 2010ua011, Box 1. University of Kentucky Archives and Records, Special Collections Research Center, Market King Library, University of Kentucky Libraries.*

## **STUDY PROCEDURES**

I conducted digital audio interviews following IRB approval. Each subject reviewed and signed the IRB Consent to Participate form. Six of the seven interviews are transcribed. The Arvie and Ellen Turner Research Fund provided support for transcription of five of the interviews.

The seven oral history interviews have been contributed to the Louie B. Nunn Center for Oral History, Special Collection Research Center at the University of Kentucky Library to complement and enhance existing collections. The Louie B. Nunn Center for Oral History Release form was completed and signed by myself and each physician. (See Appendix E.)

I also examined primary and secondary source materials found in the College of Medicine Archive Collection housed at the University of Kentucky Special Collections Research Center, including publications, graduation programs, manuscripts, college bulletins, and existing oral history interviews, etc.

## **DATA ANALYSIS**

The *Women in White*, *Lone Voyager*, and *Boys in White* data were examined within the context of ten dimensions as follows:

- 1) Purposeful Career Selection
- 2) Family Support
- 3) Undergraduate Medical Education
- 4) Challengers and Competitions
- 5) Rewards and Recognitions
- 6) Social and Peer Support

- 7) Mentors and Sponsorship
- 8) Internships
- 9) Specialty Selections
- 10) Professional versus Domestic Roles

## **STUDY LIMITATIONS**

This study has limitations. It is a retrospective oral history study designed to learn about the perceptions of women physicians, recalling events that happened during their undergraduate medical education and early careers many years ago. As with any oral history study, the data are limited to the memories and individual filters of the interviewees. It is a study about perceptions of historical events. Historical facts may be missed or altered. Furthermore, it is compared and contrasted with a two-year ethnographic field study done at the School of Medicine at the University of Kansas in the late 1950s involving observations as well as interviews. The variation in study comparisons may yield some disparity.

Finally, the researchers serve as research instruments in this study and in the *Boys in White: Student Culture in Medical School*. There are limitations as well as advantages to this type of study design. Specifically, the limitations are the filters of the researchers. For example, the *Boys in White: Student Culture in Medical School* is a research study about men, told by professional men. Likewise, the *Women in White* is a study about women, told by a professional woman.

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- <sup>1</sup> “Sphere” in this context is a metaphor used by historians to describe separate gender-based roles. The women’s sphere was traditionally private and focused on domestic life. The man’s sphere was public and focused on “men’s” professional careers.
  - <sup>2</sup> Terry L Birdwhistell, *An Educated Difference: Women at the University of Kentucky Through the Second World War*. (PhD diss., University of Kentucky, 1994), 4-8.
  - <sup>3</sup> Geraldine Joncich Clifford, *Lone Voyagers: Academic Women in Coeducational Institutions, 1870 – 1937* (New York: The Feminist Press, 1989), 26.
  - <sup>4</sup> *Ibid*, 31, 36-37.
  - <sup>5</sup> *Ibid*, 149-182.
  - <sup>6</sup> *Ibid*, 189.
  - <sup>7</sup> *Ibid*, 192-193.
  - <sup>8</sup> Howard Becker et al., *Boys in White: Student Culture in Medical School*. (Chicago: The University of Chicago Press, 1961), 3, 60.
  - <sup>9</sup> *Ibid*, 59-60.
  - <sup>10</sup> *Ibid*, 4, 15, 22.
  - <sup>11</sup> *Ibid*, 34.
  - <sup>12</sup> *Ibid*, 435-441.
  - <sup>13</sup> Becker et al., *Boys in White*, 77-78, and Regina Markell Morantz et al., *In Her Own Words: Oral Histories of Women Physicians* (Westport: Greenwood Press, 1982).
  - <sup>14</sup> Becker et al., *Boys in White*, 60-61, and Morantz et al., *In Her Own Words: Oral Histories of Women Physicians*, 264.
  - <sup>15</sup> Becker et al., *Boys in White*, and Kenneth Ludmerer, *A Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care* (New York: Oxford University Press, 2005).
  - <sup>16</sup> Becker et al., *Boys in White*, 161, 271, 290, and Ludmerer, *A Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care*, 47, and Morantz et al., *In Her Own Words: Oral Histories of Women Physicians*, 139, 181, and Janet Bickel, *Women in Medicine: Getting In, Growing, and Advancing*. (Thousand Oaks: Sage Publications, Inc., 2000), 8.
  - <sup>17</sup> Becker et al., *Boys in White*, 78, and Ludmerer, *A Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care*, 47.
  - <sup>18</sup> Becker et al., *Boys in White*, 144-152, and Morantz et al., *In Her Own Words: Oral Histories of Women Physicians*, 79-101.
  - <sup>19</sup> Becker et al., *Boys in White*, 384, and Ludmerer, *A Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care*, 47.
  - <sup>20</sup> Becker et al., *Boys in White*, 401, and Ludmerer, *A Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care*, 79-101, Morantz et al., *In Her Own Words: Oral Histories of Women Physicians*, 29, 34, and Bickel, *Women in Medicine: Getting In, Growing, and Advancing*, 8.
  - <sup>21</sup> Becker et al., *Boys in White*, 59-60, and Morantz et al., *In Her Own Words: Oral Histories of Women Physicians*, 265.

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- <sup>22</sup> Katherine Chaddock, “Oral History...As Scholarship.” In Marybeth Gasman, *Core Issues in Higher Education Series: The History of U. S. Higher Education Methods for Understanding the Past* (New York: Routledge, 2010), 19-20.
- <sup>23</sup> The College of Medicine 50th Anniversary Oral History Project, <http://www.kentuckyoralhistory.org/series/18957/college-medicine-50th-anniversary-oral-history-project>, 2008.
- <sup>24</sup> Becker et al., *Boys in White*, 28.
- <sup>25</sup> The class of 1976 was admitted to medical school in the Fall of 1972 following the passage of Title IX of the Education Amendments of the Civil Rights Act.
- <sup>26</sup> The school admitted students in 1960 and graduated the first class in 1964. Title IX was enacted in 1972 just before admission of the graduating class of 1976.
- <sup>27</sup> University of Kentucky College of Medicine. *A Historical Retrospective of the Last Fifty Years*. (Lexington: University of Kentucky, 2010), 65-76.
- <sup>28</sup> Mary McMichael, the only female student in the first class and the first woman to graduate from the medical school, is deceased.

## CHAPTER THREE: WOMEN IN WHITE

### CHARACTERISTICS OF THE *WOMEN IN WHITE*

Much like the roles of women at the University of Kentucky before 1945,<sup>1</sup> contributions of women in the College of Medicine before Title IX have mostly been absent from published histories of the school. However, examination of the *Women in White* oral history interviews, archival data from the Special Collections Research Center in the University of Kentucky Libraries, and state and national public licensure data reveal a generation of medical women who were choosing physician careers and actively engaged in professional accomplishments, domestic roles, and personal interests. They were trailblazers, paving the way for future generations of medical women.

Examination of state medical licensure public sources and the American Board of Medical Specialties database in October of 2015 revealed that at least fifty-four percent of the women who graduated from the University of Kentucky College of Medicine between 1964 and 1975 still held active medical licenses. Twenty-six percent were found to have inactive licenses, twelve percent were deceased, and I was unable to find information on nine percent. (Table 3.1)

**Table 3.1: Women in White Status of Medical Licensure, October 2015**

Active Physician Licenses	44	54%
Inactive Physician Licenses	21	26%
Deceased	10	12%
Unknown	7	8%
<b>TOTAL</b>	<b>82</b>	<b>100%</b>

*Source: American Board of Medical Specialties and state licensure board databases and records. For a complete list, see Resources Section on Licensure Board Databases and Records.*

These data suggest that slightly over half of the women have held active physician licenses for more than forty years. Although the existence of an active license does not necessarily reveal levels of professional activity, the numbers are impressive.<sup>2</sup> The women physicians appear to continue practicing medicine long after graduation from medical school.

The first class that had double digit percentages of women graduates was the class of 1968. Fourteen of 58 students in the class of 1968 were women, representing twenty-four percent of the class. In an oral history interview with Richard Smoot in 1986, Dr. Roy Jarecky, Associate Dean of Admission and Student Personnel and Associate Dean for Academic Affairs, spoke about the resistance he received back then for admitting such a “large number” of women to the class. He said he:

[G]ot phone calls from all over the state complaining about how I'd wasted all those spaces on all these women who obviously weren't going to practice medicine. Well, of course, my comeback to that was, what percentage of men are no longer practicing medicine who started? Well, of course, no one knew the number, and it turns out that for a variety of reasons most of the women are still practicing and frequently are doing things in medicine that men traditionally haven't wanted to do, but now it's no longer a matter of concern because everyone's doing the same thing the same way.<sup>3</sup>

Even in 1986, Jarecky perceived that the *Women in White* were committed to their professional careers. However, he further revealed that he thought medicine was moving away from separate spheres to a single sphere. According to Jarecky, by the mid-1980s, “everyone was doing the same thing the same way.” In other words, women and men were making career choices based on their interests and skills rather than their gender.<sup>4</sup>



As for the class of 1968, perhaps the high percentage of women graduates was a function of the numbers of qualified women applicants available in 1963-64. However, it is worth noting that the Council on Medical Education of the American Medical Association of American Colleges conducted the school's accreditation site visit for the first full formal accreditation in February of 1964.<sup>5</sup> During preparations for the site visit, the school was also conducting admissions activities for the Fall 1964 entrants. Those students were the graduating class of 1968. Perhaps the inclusion of so many women was related to the accreditation cycle, but there are no data available in this study to confirm or refute the notion. Once accreditation was complete in February of 1964, the total numbers of women in the following two classes dropped dramatically back to four and five respectively. Over the span of the first twelve years of the University of Kentucky College of Medicine, women comprised an average of 9.9 percent (82/831) of the graduating students.

### **LUCY (SALMON) CRAIN—CLASS OF 1965**

Lucy Crain was born in Closplint, in Harlan County, Kentucky. At the time her father was a surgeon for a coal company, and her mother was a nurse. They later moved to Madisonville, Kentucky where she grew up. Crain always knew she would be a doctor, although at one point during her teen years, she considered a nursing career. Instead, her mother adamantly insisted, “if you’re going into medicine, you’re going to be a doctor.”<sup>6</sup>

Before entering medical school, Crain attended the University of Kentucky for her bachelor's degree, graduating in three years. She completed the traditional pre-med track by majoring in chemistry. However, Crain also minored in philosophy, taking courses such as Western philosophy, sociology, and ethics. Years later in a conversation at her 50th reunion,

Roy Jarecky joked that they almost didn't let her in because she had so many "fluff" classes. In her *Women in White* interview, Dr. Crain clarified "there is a difference in the way that men and women view medicine, communication, and politics." However, the unconventional track served her well years later when she provided leadership on bioethics committees for University of California hospitals and the American Academy of Pediatrics.

Crain was one of four women and forty-two students in the second graduating class of the University of Kentucky College of Medicine. Technically, she was the second woman to graduate from the medical school. She went on to become a world-renowned pediatrician, holding an active faculty practice in primary care and developmental behavioral pediatrics. Crain was the founding director of the University of California San Francisco Pediatric Disabilities Clinic. She was later recruited to join the clinical faculty in Behavioral Development Pediatrics at Lucile Packard Children's Hospital at Stanford University, where she retired in 2013. Today, Crain is Clinical Professor of Pediatrics Emerita at the University of California San Francisco and adjunct clinical professor at Stanford University. She is actively involved in student and house staff education at both institutions. Crain co-chairs the annual University of California San Francisco continuing medical education conference "Developmental Disabilities: Update for Health Professionals," which she founded in 2001. She actively engages in legislative advocacy, is Editor-in-Chief of the *American Academy of Pediatrics Senior Bulletin*, and is a past member of the National Board of Directors of the American Academy of Pediatrics. Crain earned a bachelor of science in pre-medical studies from the College of Arts and Sciences in 1961 and a medical degree from the University of Kentucky College of Medicine in 1965. She completed her internship in pediatric medicine at University Hospital in Lexington in 1966 and a residency in pediatrics at the University of

Washington in Seattle in 1968. She is board certified by the American Board of Pediatrics and board eligible in developmental and behavioral pediatrics. Crain holds a master's of public health in maternal and child health from the University of California Berkeley (1971) and a senior fellowship in health services research from the University of San Francisco Institute for Health Policy Studies, which she completed in 2001. Crain has won numerous awards, including the 2008 induction into the University of Kentucky College of Arts and Sciences Hall of Fame and the 2012 American Academy of Pediatrics Education Award of Merit.<sup>7</sup>

#### **SHIRLEY (LEWIS) BARRON—CLASS of 1965**

Shirley Barron was born in Louisville, Kentucky. Her father died when she was five years old, so the family moved to north Lexington. Her family was considered poor working class. She knew she wanted to be a scientist from a young age, but her highest hope was to save enough money to attend college. Barron studied at the University of Kentucky, first taking chemistry courses. She ended up with a bachelor's degree in topical studies in religion. Barron also earned a master's degree in biblical studies from Wheaton College. After graduation, she taught Latin part-time at Wheaton.

When the University of Kentucky opened the new medical school, Barron started thinking about a medical career. She saved up enough money for two years of tuition. Barron thought her interest in science and biblical studies, combined with medical training, would be good credentials for a doctor in the missionary field. She applied to the school. Barron was accepted and became one of four women and forty-two students in the second graduating class of the University of Kentucky College of Medicine. She graduated at the

top of her class and won the Albert B. Chandler Award. Barron was also inducted into the Alpha Omega Alpha Honorary Medical Society. She completed a medicine internship with a surgery elective at DeGoesbriand Hospital at the University of Vermont as well as an anatomical pathology residency at the University of Kentucky Hospital. Following residency, she taught pathology classes and did autopsies for UK Hospital while her husband finished his service and residency. Next, they moved to Richmond, Kentucky where she worked for Mountain Maternal Health League (women's health services) and later with Bluegrass Regional Birth Planning Council, which provided family planning services for women in health departments. For a period of time she maintained a private practice and served as medical director for a plasma center. Fifty-one years after graduating from medical school, Barron still sees patients for health departments around the state, and she is working to set up innovative medical programs in rural areas. She plays the fiddle in a band that performs in local, regional, and national venues. Barron is also physically active, competing at the national level in racquetball tournaments for her age group. She is active in her church and has written and published her own translation of the New Testament from Greek. Barron is learning how to play the cello in her late seventies.<sup>8</sup>

### **RACHEL EUBANK—CLASS OF 1966**

Rachel Eubank was one of three women who graduated with the third class of the University of Kentucky College of Medicine. She was born and raised in a rural area in southern Kentucky approximately ninety miles east of Nashville, Tennessee. Eubank attended a two-room schoolhouse for her primary education. According to her family, by the time she was in fourth grade she announced that she was going to be a doctor. Eubank

always tried to heal injured animals and had a passion for learning. She went to high school in “the big city” of Tompkinsville, which had a population of 1,000 people. While in high school, she studied chemistry and math. Eubank was not permitted to take agriculture classes because she was a girl, despite the fact that she lived and worked on a farm and her morning chores included milking cows before school. She rarely saw a doctor growing up but remembers seeing a woman doctor in high school once. The same woman delivered Eubank when she was born. She was the only female doctor in the area at the time.

In college Eubank studied premedical education, majoring in biology and chemistry at Western Kentucky State College, now known as Western Kentucky University. She won a scholarship to medical school through the Kentucky Rural Scholarship program. After graduating from the University of Kentucky College of Medicine in 1966, she completed internships in surgery and general family practice in Denver, Colorado. Eubank was the first family practice resident at Exempla St. Joseph Hospital in Denver, Colorado.

After graduation from medical school, she married and started a family. Her husband was in the Air Force Reserves flying out of Cheyenne, Wyoming during the Vietnam War so they remained in Denver. Following completion of her residency in 1969, she joined Kaiser Permanente. At Kaiser, she developed a wellness program and provided general physician, obstetrics and gynecology, and surgical services. After two years they relocated to Kentucky to fulfill the stipulations of Eubank’s scholarship. Eubank began working with the Daniel Boone Clinic in Harlan, Kentucky, where she took care of patients and wrote a grant for a family practice residency at the Harlan Appalachian Regional Hospital. Because of the newness of the family practice field, the residency was never approved by the American Medical Association.

Eubank began working at Cloverfork Clinic in 1973 because the former physician was leaving. Cloverfork Clinic is in Evarts, Kentucky in Harlan County. It too is affiliated with Harlan Appalachian Regional Hospital. At the time, she was the only physician at the clinic. There was also one dentist. They handled the routine visits and referred their patients to the hospital for surgeries and deliveries. Today the clinic has two physicians, three physician assistants, and a satellite clinic in the town of Harlan. In addition to seeing patients, they also help to educate physician assistants, nurse practitioners, and medical students by serving as a clinical training site. She never thought she would stay past three years. However, she is glad she did. Eubank and her husband successfully raised their children in the community of Evarts. They have two children and five grandchildren. She has enjoyed taking care of her patients and being a leader in the community. Eubank is certified by the American Board of Family Medicine.<sup>9</sup>

### **PRISCILLA LYND—CLASS OF 1968**

Priscilla Lynd was one of fourteen women in a class of fifty-eight students who graduated in 1968. She was in the fifth class admitted to the UK College of Medicine. Lynd grew up as an only child near Russell, Kentucky in the Northeastern part of the state. She decided at the age of thirteen that she was going to be a doctor. Her father had a successful wholesale grocery business and her mother was a stay-at-home mom. They were supportive of her academic aspirations. She was valedictorian of Russell High School, which had approximately 400 students. Lynd started her baccalaureate work at the University of Kentucky in 1960 where she studied chemistry and biology in the pre-medical track.

Lynd still recalls the day she was accepted to the University of Kentucky College of Medicine on September 18, 1963. She looks back on her medical school years with fondness. After graduation, she did an internship in pediatrics at the University of Kentucky Hospital and residencies in pediatrics at the University of Virginia in Charlottesville and the University of Kentucky Hospital. She is board certified by the American Board of Pediatrics. After her residencies, she did a two-year fellowship in neonatology followed by two years of neonatology practice and three years of general pediatrics practice at the University of Kentucky Hospital.

In 1978 Lynd opened a private pediatric practice. After twenty-two years, she retired and took a part-time appointment in primary care at the local health department where she also teaches and supervises the family practice residents. Lynd's personal interests include Civil War history and involvement with the activities at her church. She is a member of the Civil War Roundtable of Lexington. Lynd has served as board chair for the Mary Todd Lincoln House and also as a member of the Kentucky Heritage Council Board. Throughout her career, she has provided active leadership in her community.<sup>10</sup>

### **MARGARET WESTLAND—CLASS OF 1969**

Dr. Margaret Westland was one of four women in a class of seventy students who graduated in 1969. Unlike the previous class where women students made up twenty-four percent of the total, the women in Westland's class comprised only six percent.

Westland grew up in Louisville, Kentucky. She was interested in a variety of careers in her early years. During high school, she was influenced and encouraged by her English teacher who taught her about creative writing, artwork, and the “creative side of people.”

She majored in English and creative writing at the University of Louisville for her bachelor's degree.

Westland described her mother as “ahead of her times.” Mrs. Huber was a scientist who gave up graduate studies in biochemistry to become a wife and mother. However, she wanted her daughters to become more than housewives. So, she “programmed” Westland's older sister to become a doctor. While in premedical studies, Westland's sister got Margaret a job as a laboratory technician at Children's Hospital in Louisville. Her sister eventually abandoned the physician career path. However, Westland met her future husband while working in the lab. He helped her get a better job in genetics research and persuaded her to go to medical school. She loved science and had a passion for writing and communication.

Westland passed the Medical College Admission Test (MCAT) with “glowing results,” which surprised her. Next, she applied the University of Louisville and the University of Kentucky medical schools. Both schools accepted her. However, her acceptance letter from the University of Louisville read, “We are pleased to announce that you are one of three percent of women that have been accepted for this year's class.” Westland was offended by the words pertaining to her gender in the acceptance letter. Additionally, she felt like the University of Louisville facilities were less accommodating to women. She recalled that the University of Kentucky College of Medicine was “new, and exciting, ...[and] cheaper too.” She heard that they liked having women medical students. After all, the last class had fourteen women. So, she decided to embark on an “adventure” in Lexington.

Westland recalled that her greatest challenges as a doctor in student health in the early 1970s were to develop services for female college students. Women were in the middle of a



“revolution of feminism” with the “Equal Rights Amendment, the pill, and Roe v Wade, among other things.” They realized they had sexual rights. She remembers caring for women who had backstreet abortions. Westland battled to provide safe contraception for college women.

She went on to get a master’s degree in Public Health from the University of Texas School of Public Health. Westland completed a residency in Public Health at Palm Beach County Health Department and earned a certificate in applied epidemiology at the Centers for Disease Control in Atlanta, Georgia in 1979. She held physician jobs in college health, public health, and community medicine. Westland has served as medical director for clinical trials and has helped to work out an international coding process for adverse reactions to drugs. She writes and performs poetry and has published some of her works, including *A Defiance of Daughters* and selected poems in *If We Dance*.<sup>11</sup>

### **ARDIS HOVEN—CLASS OF 1970**

Ardis Hoven was the elder of two daughters, raised by their minister father and stay-at-home mother in Lexington, Kentucky. From an early age, her parents taught her to give to the community. She worked hard to excel in school and graduated from Henry Clay High School. Hoven completed her undergraduate work at the University of Kentucky, studying biological sciences. Desiring to remain in-state, she applied to the University of Louisville and the University of Kentucky medical schools. Both schools accepted her. Hoven decided to attend the University of Kentucky because it was close to home and less expensive. After graduation she completed her internship, residency in internal medicine, and a fellowship in infectious diseases at the University of North Carolina, Chapel Hill. Hoven returned to

private practice in Lexington, Kentucky. She soon became world-renowned as one of the first physicians to treat patients with human-immunodeficiency virus (HIV) and acquired immunodeficiency disease syndrome (AIDS). In addition to her private practice, she trained physicians and served as a consultant on HIV, AIDS, and other infectious diseases. She is actively engaged in advocacy on issues that improve health care for Americans.

Hoven served as the third female president of the American Medical Association (AMA) in 2013–2014. The AMA was created in 1847 by physicians in the scientific medicine movement. The association was instrumental in professionalizing medicine and standardizing medical education. It is also one of the most politically influential advocacy groups in the country. The association is comprised of thousands of physicians. It provides leadership in many contemporary areas of medicine. The AMA also publishes the *Journal of the American Medical Association (JAMA)* as well as several specialty journals. In addition to serving as president of the American Medical Association, Hoven has served in various leadership capacities for the AMA including Board of Trustees and chair of the Board of Trustees. While providing AMA leadership she worked on tough issues including the Affordable Care Act and health care access. Currently, Hoven is the first female chair of the World Medical Association. She has also held numerous other leadership roles for the Kentucky Medical Association, the Fayette County Medical Society, the American College of Physicians, and many other groups. At home, she is an accomplished pianist and is active in her church and community.<sup>12</sup>

## **MARILYN HUHEEY—CLASS OF 1970**

Marilyn Huheey was one of five women in a class of sixty-five students who graduated in 1970. She was in the seventh graduating class. Huheey is board-certified by the American Board of Ophthalmology. She was thirty years old when she entered medical school in 1966 at the University of Kentucky. Marilyn was a good student growing up. Following graduation from Ohio University she went to work. She taught high school math, worked for the aerospace industry, and then took a job as a biostatistician at a hospital in Denver, Colorado. Huheey started working as a life science engineer for North American Aviation and eventually worked on the Apollo project in Los Angeles, California. There, she worked on a master's degree in physiology while her boyfriend attended medical school. There were four women in his class. So, she got the idea: If other women could attend medical school, she could too. Huheey went to the dean of the school to talk about applying. He asked if she was related to other doctors, and since she wasn't, he told her she didn't have a chance. Next, she wrote to thirty-six colleges and received eighteen applications. She was most encouraged by the University of Kentucky because they had progressive ideas about medical education. She realized she wanted to go into ophthalmology during clinical rotations in her third and fourth years of medical school.

After graduating from medical school, Huheey completed an internship at the University of Kentucky Hospital. She completed her ophthalmology residency at Ohio State University. Following her residency, she went into private practice. Huheey has held many board appointments. She has also provided leadership and support to her community. One of her unique strategies is to use humor in the clinical process to help facilitate communication with her patients.

Throughout her career, Huheey has had a passion for ophthalmology research. The Association for Research in Vision and Ophthalmology (ARVO) holds an annual meeting where over 6,000 scientific presentations are given each year. Following the annual ARVO meeting, the Ohio State University Ophthalmology Department holds the annual ARVO Grand Rounds, where residents and researchers present information they learned at the national meeting. Huheey decided she wanted to run the ARVO Grand Rounds meeting to make it more interdisciplinary. She finally got her chance. Huheey now chairs the annual Association for Research in Vision and Ophthalmology Grand Rounds at Ohio State University and works with residents. The school wanted to name the ARVO Grand Rounds after her. She accepted but insisted on sharing her fame with Dr. Kapetansky who was another great ophthalmologist.<sup>13</sup>

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- <sup>1</sup> Terry L Birdwhistell, *An Educated Difference: Women at the University of Kentucky Through the Second World War*. (PhD diss., University of Kentucky, 1994).
- <sup>2</sup> Comparative data for male physicians not available in this study.
- <sup>3</sup> Roy Jarecky, interview with Richard Smoot, March 3, 1986, in Lexington, Kentucky, 1986oh095\_ukmc028, University of Kentucky Medical Center: General Oral History Project (UKMC001) Louie B. Nunn Center for Oral History, Special Collections Research Center, University of Kentucky Libraries.
- <sup>4</sup> Ibid.
- <sup>5</sup> University of Kentucky Medical Center, "Accreditation Team Evaluates College of Medicine," *Medical Center News*, (February 28, 1964): 2.
- <sup>6</sup> Lucy Salmon Crain, interview with Karen Clancy, October 10, 2015, in Lexington, Kentucky, 2015oh431\_wp002. Women in White: Women Physicians Oral History Project. (WP001) Louie B. Nunn Center for Oral History, Special Collections Research Center, University of Kentucky Libraries.
- <sup>7</sup> Ibid.
- <sup>8</sup> Shirley Lewis Barron, interview with Karen Clancy, March 4, 2016, in Richmond, Kentucky, 2016oh078\_wp007, Women in White: Women Physicians Oral History Project. (WP001) Louie B. Nunn Center for Oral History, Special Collections Research Center, University of Kentucky Libraries.
- <sup>9</sup> Rachel Eubank, interview with Karen Clancy, February 27, 2016, in Richmond, Kentucky, 2016oh077\_wp006, Women in White: Women Physicians Oral History Project. (WP001) Louie B. Nunn Center for Oral History, Special Collections Research Center, University of Kentucky Libraries.
- <sup>10</sup> Priscilla Lynd, interview with Karen Clancy, January 11, 2016, in Lexington, Kentucky, 2016oh014\_wp003, Women in White: Women Physicians Oral History Project. (WP001) Louie B. Nunn Center for Oral History, Special Collections Research Center, University of Kentucky Libraries.
- <sup>11</sup> Margaret Westland, interview with Karen Clancy, January 16, 2016, in Tucson, Arizona, 2016oh016\_wp005, Women in White: Women Physicians Oral History Project. (WP001) Louie B. Nunn Center for Oral History, Special Collections Research Center, University of Kentucky Libraries.
- <sup>12</sup> Ardis Dee Hoven, interview with Karen Clancy, April 3, 2015, in Lexington, Kentucky, 2015oh188\_wp001. Women in White: Women Physicians Oral History Project. (WP001), Louie B. Nunn Center for Oral History, Special Collections Research Center, University of Kentucky Libraries
- <sup>13</sup> Marilyn Huheey, interview with Karen Clancy, January 6, 2016, in Columbus, Ohio, 2016oh015\_wp004, Women in White: Women Physicians Oral History Project. (WP001) Louie B. Nunn Center for Oral History, Special Collections Research Center, University of Kentucky Libraries.

## CHAPTER FOUR: CHANGES IN THE SOCIAL LANDSCAPE: TIMES THEY ARE A CHANGIN’

### ***LONE VOYAGERS OR BOYS IN WHITE: STUDENT CULTURE IN MEDICAL SCHOOL***

The generation of women who graduated from American medical schools between World War II and the enactment of Title IX successfully pursued professional medical careers, defined their domestic roles, and believed they brought a new dimension of healing to medicine. The women became leaders of medical associations, chairs of academic departments, discoverers, scientists, and givers of compassionate and innovative care to their communities. What’s more they helped to clear a path to a modern student culture.

At the time doctoring was still “man’s work.” And although medicine was growing the percentages of women in the physician workforce remained relatively low. However, women entering the physician profession in the years between 1945 and 1975 were beginning to choose careers based on their interests rather than gender. As Hoven commented in her April 2015 interview, this generation of women physicians “recognized that change could happen, that no longer was medicine the domain of men only, [and] that in fact women were going to push agendas which were not typical.”<sup>1</sup>

Did the socialization and group dynamics of students featured in the *Boys in White: Student Culture in Medical School* at the University of Kansas Medical School in the 1950s contrast significantly with the individual and collective experiences of the *Women in White* trailblazer generation? Or, did the experiences of the *Women in White* more closely replicate those of their earlier counterparts in graduate and professional schools, as described by

Geraldine Joncich Clifford in *Lone Voyagers: Academic Women in Coeducational Institutions, 1870 – 1937?* Seven oral history interviews of *Women in White* were conducted and analyzed within a framework of ten areas that are common themes of interest in the study of medical student culture.

## **PURPOSEFUL CAREER SELECTION AND COMMITMENT**

Becker et al. observed that 1950s male medical students were “strongly committed” to careers in medicine, they did not envision other careers, and failure was disgrace. The male students entered medical school with both an intent to help people and a desire to expand their intellects.<sup>2</sup> Historically, male faculty excluded women from medical school education in part because they feared women lacked commitment. The prevailing thought was that women would not use their professional training once married. Or worse, as Dr. Edward Clarke’s research suggested, they might succumb to the stresses of education by abandoning their training altogether.<sup>3</sup>

However, the early medical women in *Lone Voyager* demonstrated firm commitment to their careers. Mosher was determined to go to college. Once she graduated with her bachelor’s and master’s degrees, she started researching women’s health issues. Mosher pursued and completed her medical degree to make her research better.<sup>4</sup> And, although Maude Abbott didn’t think about being a doctor until her second year of college, she had a desire for learning and a “great thirst for school work.”<sup>5</sup>

Both the *Boys in White* and the *Lone Voyagers* implied purposeful career selection and commitment. So how did the *Women in White* of the 1960s and early 1970s compare? Five of the seven physicians interviewed knew from an early age that they wanted to be

doctors. Lucy Crain's father was a physician and her mother was a nurse. Crain always "knew" she would be a doctor. Fifty-one years later, she is actively training medical students and residents.<sup>6</sup> In fourth grade Rachel Eubank announced that she was going to be a doctor. Fifty years later, Eubank is still seeing patients and training residents in Eastern Kentucky.<sup>7</sup>

Priscilla Lynd decided at the age of thirteen that she was going to be a doctor. She took college prep courses in high school. In ninth grade the school assigned boys to general science and girls to home economics. She attended home economics class the first day to give it a try, but the teacher "drove her crazy." So, she went to the principal's office. Lynd told him she was going to be a doctor and that general science would be a better class for her. He said, "OK, go to science class tomorrow." Forty-eight years later she is teaching residents and still practicing medicine.<sup>8</sup>

Ardis Hoven told her mother she wanted to be a physician when she was seven years old. Her father was a minister. When the missionaries visited their home, she loved listening to them talk about their work. Hoven dreamed of being a missionary physician. Her forty-six-year career included providing ground-breaking infectious disease medicine. And today she is influencing medical policy at the national and global levels. Hoven is past president of the American Medical Association and currently Chair of Council for the World Medical Association.<sup>9</sup> The *Women in White* physician interviewees demonstrated strong commitments to their professional paths. At the time of their interviews, all seven were still professionally active.

Roy Jarecky recognized the determination and commitment of the early UK women. In his 1986 oral history interview with Richard Smoot, he talked about criticism received from physicians around the state after admitting a large cohort of women to the class of 1968.



Jarecky, Associate Dean of Admission and Student Personnel and Associate Dean for Academic Affairs, defended the decision by referring to the work ethic of the women. He said, “Most of the women are still practicing and frequently are doing things in medicine that men traditionally haven't wanted to do.”<sup>10</sup> Not only were they determined to work, but their commitment endured. Forty to fifty years after graduating from medical school, a sizable percentage of the University of Kentucky College of Medicine women still hold active medical licenses.<sup>11</sup>

Experiences described in *The Boys in White*, *Lone Voyagers*, and *Women in White* suggest that men and women who pursue and complete medical training typically commit to their careers. There is a considerable amount of work and resources that go into the successful completion of medical school and residency training, requiring dedication and commitment to the career path. Most medical students seek intellectual challenges, have a desire to help people, and purposefully select their careers. They were successful students in high school and college, rarely experiencing academic failure. Additionally, the demand for physicians has allowed them to choose their work schedules and remain active for many years.

## **FAMILY SUPPORT**

In the 1950's, upper-middle-class families often wanted their sons to become successful breadwinners in professional jobs such as physician careers. Interviews of a random sampling of the *Boys in White* University of Kansas Medical School freshman suggested that the majority of male students were upper-middle-class, members of medical fraternities. Students in the medical fraternities were more likely to have fathers and mothers

who had college educations. Additionally, members of the most cohesive medical school fraternity were more likely to come from urban settings, receive parental support, join fraternities in college, and have professional fathers.<sup>12</sup>

In comparison, early pioneer medical women were routinely discouraged and excluded from professional careers, even by their families at the turn of the twentieth century. Mosher came from an upper-middle-class family. Her father was a physician without a son to inherit the family profession. Although her father cultivated a desire for education, he refused to allow her to attend college due to concerns about her health. Even professional fathers were rarely supportive of women pursuing professional careers. Higher education was thought to be a physical and mental strain on women.<sup>13</sup> By the time Mosher was twenty-five, she had saved up enough money on her own to attend four years of college.<sup>14</sup>

Although, a few pioneer medical women had supportive families. Abbott lost her parents to tragedy when she was young, but her upper-middle-class grandmother adopted and raised her. Abbott's grandmother provided support financially and emotionally. When Abbott asked if she could be a doctor, her grandmother replied, "Dear child, you may be anything you like."<sup>15</sup> However, Abbott's circumstances were not the norm for professional women around the turn of the twentieth century.

By the 1960s attitudes about women's professional roles were changing. All of the *Women in White* interviewees acknowledged encouragement from their families to pursue physician careers and, in some cases, they even received financial support. Furthermore, in contrast to both the *Boys in White* and the *Lone Voyagers*, the majority of *Women in White* interviewees came from poor to middle-class families with "non-professional" fathers. The

young women were strong academic achievers in high school and college, determined to succeed regardless of their economic class. According to the women, their families were supportive of their hopes and dreams for a better life.

Lucy Crain's family is most similar to the families of the *Boys in White*. Her father was a physician, and her mother was a nurse. Crain's mother insisted, "if you're going into medicine, you're going to be a doctor." There were five children in her family, and three of the five became physicians. According to Crain, her parents were supportive of her professional career. She had a happy childhood, playing outdoors, riding bicycles, and getting instruction from good teachers in elementary and high school. During her summers as a teenager, she worked in her father's office, helping to triage his patients. Her parents provided tuition support. During medical school, she married another medical student. Her husband was also supportive and encouraging.<sup>16</sup>

Rachel Eubank's mother and father were farmers. Although they lacked professional careers, they were highly supportive of her choice, especially her father. As a matter of fact, she said he talked to doctors in the community to get their opinions about medical schools. He wanted Eubank to have a life that would be much "easier and better" than his. Her parents wanted her to get an education, and they helped to support her financially while in college. Eubank's aunt worked for the local school board, providing training and encouragement to teachers. She also provided support to Eubank.<sup>17</sup>

Priscilla Lynd's father had a successful wholesale grocery business, and her mother was a stay-at-home mom. She said they were supportive of her academic aspirations. There were no physicians in her family or in the families of most of her female classmates.<sup>18</sup> Ardis Hoven's father was a minister, and her mother was a homemaker. Her mother always told

her, “You can do anything you want to do... [and] if you want to do it, we’re going to help you try.”<sup>19</sup> And Shirley Baron’s father died when she was five years old. She grew up in a single-parent family. Baron’s mother worked at jobs outside the home, and she was supportive of her daughter’s pursuit of a professional career. As a matter of fact, her mother and aunt worked to send their third sister to the University of Louisville back in the “teens of the twentieth century.”<sup>20</sup>

Maggie Westland’s father was a printer with the Louisville Courier Journal. He wanted a son when she was born, so she spent quality time with her father just “hanging” out. They went fishing, attended baseball games, and sang together in the church choir. Her mother was a scientist who gave up graduate studies in biochemistry to become a wife and mother. She wanted her daughters to be more than just wives and mothers. Maggie said both parents were supportive of her professional pursuits.<sup>21</sup>

In contrast to the *Boys in White*, the women physicians interviewed were more likely to come from rural settings and poor to middle class families. However, in contrast to the *Lone Voyagers*, it was becoming more acceptable for women to hold jobs outside of the home by the post-World War II to Title IX era. The *Women in White* families wanted their girls to succeed, so they supported their selections of professional careers.

## **UNDERGRADUATE MEDICAL EDUCATION**

Since changes brought about by the Flexner report, the undergraduate medical education model consists of two years of classroom lectures and labs followed by two years of clinical training.<sup>22</sup> *The Boys in White* described the development of student culture at the University of Kansas Medical School in the 1950’s within the framework of the Flexner

model. Medical school challenged students to make decisions about what to study and learn, how to deal with faculty, and how to interact with peers.<sup>23</sup>

Within the framework of medical school, Becker et al. claimed that students had a great deal of autonomy or “freedom to determine what they would do and how they would do it.”<sup>24</sup> The researchers observed that entering freshmen idealistically believed they would be able to master all of the information needed to become good physicians. As the first year progressed, they soon realized there was too much material to learn all of it. Thus, students were challenged with the task of determining what and how much to learn. They developed a provisional perspective, prioritizing what to study based on two central premises: 1) information they thought was critical for medical decision-making; or 2) questions they thought the faculty were going to ask on exams. Members of medical fraternities were more likely to prioritize their studies based on what they thought faculty would ask on exams. By October following the first block exams, the majority of Freshman were focused on learning what they thought faculty were going to ask.<sup>25</sup> During the first year the “cohesive, highly structured, and socially homogenous” fraternity men influenced their peers more than any other group because of their “closer approximation to the popular image of a physician.” The second-year students were not studied.<sup>26</sup>

Clinical education was similar to apprenticeships. In the third and fourth years, students rotated through services such as medicine, surgery, pediatrics, etc. Residents who were mainly focused on successful completion of their specialty studies directly supervised the students. Clinical faculty were difficult to access because of their busy schedules. Thus, Becker et al. observed that subgroups of peer students assigned to the same rotations influenced each other most during the clinical years.<sup>27</sup>

Observations also suggested that students placed greater value on cases that provided them with new clinical experiences.<sup>28</sup> They preferred encounters that allowed them to exercise medical responsibility by performing tests and procedures and participating in diagnosis and treatment.<sup>29</sup> Students collectively worked out solutions to workload, defined their assignments and deadlines, responded to situations that held group consequences, and they helped each other “deal” with faculty.<sup>30</sup>

Mosher entered the fourth class of John Hopkins Medical School in 1896. She graduated in 1900. There is no mention of her medical school experiences in *Lone Voyagers*. However, upon graduation, she received an externship in the Johns Hopkins Hospital Dispensary and also a gynecology assistantship working for Dr. Howard Kelly.<sup>31</sup>

Maude Abbott was denied entrance into McGill University Medical School because she was a woman, despite the fact that she was valedictorian in her baccalaureate studies there. The Dean and Faculty of Medicine told her:

the study of anatomy would produce hardening of the emotions; it would be impossible for any women to pursue the long course in dissecting without losing her maidenly modesty ... women were unsuitable for public life, their nerves were weak ... [and] they should not unsex themselves by leaving their own domestic sphere for that of men.<sup>32</sup>

Instead, Abbott studied medicine at the University of Bishops College. She described her undergraduate medical school years as “dark days.” Her fellow medical students were “rough” with low standards.<sup>33</sup> During the last three years, she was the only female student in the school. She remembered Dr. Shepherd as a kind teacher because he allowed her to assist with operations and gave her additional patients.<sup>34</sup> However, she recognized that she was treated “differently” from the rest of the medical students. Either she was ignored or given too much work. Many of the early pioneer professional women found themselves as constant

subjects of coarse jokes, rough language and “torment.” Initially, she was denied permission to attend clinical rotations at Montreal General Hospital. After public outcry, the hospital was forced to allow her to attend the clinical training.<sup>35</sup>

The *Women in White* physicians interviewed recalled experiences that more closely resembled those of the *Boys in White* in the 1950’s. Although, they occasionally described *Lone Voyager* experiences too. Lucy Crain applied to several medical schools including the University of Kentucky, Washington University in Saint Louis, and Vanderbilt University. Her interviews at the University of Kentucky and Washington University went well. However, she recalled encountering resistance at Vanderbilt University during her application interview. The school’s former dean asked “Now, why would you, a woman, want to take the place of a man in our medical school?” Crain’s response was “Well, I hope you ask every male applicant why they wouldn’t want to take the place of a woman.” He asked her to “open the window” in his office. She replied, “I can’t do it, perhaps you can.” She said the interview was not pleasant but surprisingly she was accepted. She decided not to go to Vanderbilt University which was her father’s alma mater. Instead, she selected the University of Kentucky.<sup>36</sup>

Crain spoke about her concerns over her MMPI (Minnesota Multiphasic Personality Inventory) results taken during the first few weeks of medical school in the fall of 1961. The test was designed to measure personality and psychopathology. However, at the time it was not adjusted for gender. She scored in the “effeminate” category which was a source of stress as one of few women students. Crain also recalled her psychiatry professor making “crude and insulting” comments that were “demeaning to women.” However, she fondly

remembers her undergraduate medical school training as a quality experience, with “lots of good professors.”<sup>37</sup>

Rachel Eubank applied to both medical schools in Kentucky because her father wanted her to remain in-state to manage costs. She spoke about the admissions interview process at the University of Kentucky. Three gentlemen interviewed her. During the interview, she got the feeling that they weren’t sure if she was in “the right place,” because she was both a woman and from a small town. One asked her what she was going to do when she had children. She pragmatically replied, “I guess I can find someone who can help me take care of them.” Another cautioned her, “you’ve not been in a very big school, and we’re very competitive.” She responded that she knew and agreed. Despite the interviewers’ questions, Eubank expected to be accepted.<sup>38</sup> She was accepted by both schools, but she chose University of Kentucky because it was new, innovative, and focused on primary care.<sup>39</sup> It was also the least expensive. Shirley Barron also remembered her admissions interview at UK. During the interview, Dr. Winternitz questioned her about her plans to be a missionary. He asked if she was going to use her medical education when she graduated. Barron assured him that she planned to use her medical training.<sup>40</sup>

The first two years of medical school consisted of forty hours or more per week in basic science lectures and labs. Studying was done at night and on weekends. According to Eubank, “the subject matter wasn’t complex, but there was a lot of it.” Students had to study daily to keep up.<sup>41</sup> UK also offered an innovative clinical program for first and second-year students, held on Saturday mornings. The program gave students early exposure to “real” patients. Eubank recalled being “anxious to get to see patients.” It helped them to get “focused.”<sup>42</sup>



During the third and fourth-year clinical clerkship rotations, students were supervised by the residents. According to Eubank, some of them were not “natural teachers,” but they “knew it was their due” to teach medical students (clerks), even when they didn’t get to see or do as much themselves.<sup>43</sup> Priscilla Lynd described the clerkships as places to sort out which specialty students wanted to pursue. In the third year, students did clinical rotations in internal medicine, general surgery, pediatrics, and psychiatry that lasted six weeks to three months. Obstetrics and gynecology (OB/GYN) and anesthesiology were three weeks each.<sup>44</sup> Shirley Barron talked about how the clerks and interns started intravenous transfusions (IVs), drew blood, and inserted and removed nasogastric tubes. At that time, nurses weren’t allowed to do IVs. The clerks got a lot of hands-on experience during the clinical years.<sup>45</sup>

Ardis Hoven wanted to sample all of the clerkships. At the time, she didn’t know which area to specialize in, but she wanted to learn as much as she could to be a good doctor. She liked aspects of all of her rotations. For a time, she thought she might be interested in surgery. However, when she did her internal medicine rotation, she realized she liked the “diagnostic challenge” and “the type of care” involved in being an internist better.<sup>46</sup>

The formal structure of undergraduate medical education was similar for both the *Boys in White* and the *Women in White*, since they followed the Flexner model. Students took two years of basic sciences lectures and labs followed by two years of clinical rotations. The volume of information required to learn was significant, and they attended class many hours per week. Thus, some experiences recounted by the *Women in White* were similar to the *Boys in White*. For example, medical students were forced to prioritize what and how to study.

The *Women in White* encountered remnants of *Lone Voyager* experiences too. The women interviewed were never formally excluded like Abbott, but they were often reminded that medicine was still “man’s work.” There were few women in most classes, and they recounted occasional hurdles because of their gender. Most similar and certain: the *Women in White* were determined to become good physicians, much like Mosher and Abbott. Such determination was evident in the admissions interviews of Lucy Crain and Rachel Eubank.

Lucy Crain was the second woman to graduate from the UK Medical School. There were “few women faculty” when she was there in the early 1960’s. Even today, there are few female deans in academic medicine. Crain hopes the University of Kentucky has a female dean at some point in the future. She says women leaders change the “demeanor” of the organization. According to Crain, “women and men are different, and I do think much of the curriculum emphasizing the things on communication skills that some of the behavioral medicine people taught us early on, are now being taught more and more because the women got it.”<sup>47</sup>

All of the *Women in White* interviewees remembered being excited about studying at the University of Kentucky College of Medicine. It was a new and innovative medical school. Entering students were expected to complete pre-medical science requirements, but degrees in other disciplines such as humanities, religious studies, music, and art were considered. Several of the women interviewed recalled being optimistic about UK because the school welcomed women students.

## CHALLENGERS AND COMPETITIONS

Medical students are challenged by the overwhelming amount of information they are required to learn from the very beginning. They quickly develop a perspective about what to study and learn.<sup>48</sup> Although respected and revered, the *Boys in White* described how the students at the University of Kansas Medical School collectively viewed the faculty as challengers. Clinical faculty who had little contact with some of the students often gave oral examinations in public venues. Their questioning style served to “humiliate” or “degrade” students in front of their peers. Furthermore, the faculty evaluations could validate or quickly halt a student’s medical career. Thus, students developed an academic perspective to focus on sensitivity to the faculty to successfully complete medical school.<sup>49</sup>

Similarly, according to Ardis Hoven, in the 1960’s medical students were competitive, especially during the clinical rotations. They reported and presented on specific patients and diseases when questioned by the faculty. Students competed to display the most knowledge and give the best presentations. Students who were going to be surgeons were the most competitive.<sup>50</sup> Westland spoke about competitiveness during the clinical years. It was grueling, but she did it.<sup>51</sup>

*Lone Voyagers* encountered layers of competition that were more than academic. These professional women were the earliest pioneers who accessed the men’s sphere in medicine. They were the first women to enter medical schools and professional physician careers. Their challenges and competitions helped to pave the way so future women could participate. Schools such as Harvard Medical School refused to admit women as late as the 1940’s. Many coeducational medical schools placed caps or limits on the number of female

students they would accept. Women had to be better than the men to succeed.<sup>52</sup> And they had to be strategic in their competitions.

Maude Abbott lost her challenge to access medical school at McGill University simply because she was a woman. Montreal General Hospital also denied her access to hospital grand rounds, although, she eventually won the challenge to make grand rounds.<sup>53</sup> In 1897 Abbott wrote a ground-breaking research paper on congenital heart murmurs, but she had to get a male doctor to present it to the Medico-Chirurgical Society because women weren't allowed to be members. Following the presentation, the Society invited her to become the first woman member because of the outstanding paper.<sup>54</sup>

Pioneer professional women learned to develop separate women's spheres. Most early women physicians provided services mainly for women and children.<sup>55</sup> Stanford University appointed Clelia Mosher as Assistant Professor of Personal Hygiene in 1910. The discipline was "taught for women by women" and there was "little competition from the men."<sup>56</sup>

In the earliest years, women practicing medicine in a man's sphere were challenged "to do it all." In the 2008 oral history interview given for the *Fiftieth Anniversary Oral History Project*, Dr. Jacqueline Noonan talked about her experiences with superiors and peers as nothing but positive, accepting, and supportive. However, she described *Lone Voyager* moments in her career. She said women had to be "super women," before their entrance in large numbers. "They had to be able to do it all, and ... it was a lot of pressure." During one specific presentation about how women should become Nobel Peace Prize winners, Noonan finally had enough and she spoke out, "Isn't anybody going to say it's okay if they just become a good doctor?" Noonan also talked about the challenge of being a "token

woman” on committees during the “women’s lib” movement of the 1970’s. She fulfilled her duties, but she was most satisfied when she could focus on being a good physician. Noonan was the first female chairman appointed to the University of Kentucky College of Medicine.<sup>57</sup> She too was a member of the trailblazer generation of women who became doctors between World War II and Title IX. Noonan graduated from the University of Vermont Medical School in Burlington in 1954.<sup>58</sup>

When women physicians were making rounds in the 1960s, patients sometimes thought they were nurses. Lucy Crain remembered those experiences in medical school clinical clerkships, continuing through her residency, and occurring even occasionally while she was in practice in San Francisco.<sup>59</sup> Margaret Westland remembered a few times when male patients would ask for a different doctor.<sup>60</sup>

Crain believed the four women in her medical school class felt like they “had to work harder. We had to study more. We had to be focused and committed and never miss a beat. And, whether that was our perception...or whether it was reality...I think we were under a lot of pressure.” She said the first woman medical student, Mary Elizabeth McMichael (class of 1964), gave them advice, “to be better than other students in order to be perceived as equal in terms of academic achievement.”<sup>61</sup> Shirley Barron felt like she always had to do well in higher education, graduate school, and medical school, because she was a woman.<sup>62</sup>

Rachel Eubank recalled the challenge of having to use the nurses’ locker room to change for surgery rotations because there weren’t any locker rooms for women medical students. The older male physicians didn’t want the women in the doctor locker rooms.<sup>63</sup> Priscilla Lynd remembered the locker rooms as well. “There were nurses’ dressing rooms

and doctors' dressing rooms. And the boys loved to kid me about that...and I threatened to come into the doctors' dressing room!"<sup>64</sup>

Margaret Westland talked about the challenge to "be a woman in a man's world" as a medical student. In one of her science classes, a female teacher insisted that women students come to class dressed unattractively. They could not wear makeup and had to be in dowdy clothing. One day, one of the women students wore earrings. The teacher pulled them out of her ears, drawing blood. Then the teacher told her "medical school is not a place to get a husband." Westland said the impression was dramatic and lasting.<sup>65</sup>

Although the *Women in White* faced challengers and competitions similar to the *Boys in White*, they also reported experiences related to gender that echoed those of *Lone Voyagers*. However, this trailblazer generation of women physicians were determined to become "good" doctors. And their endurance, strategic competitions, and passion for medicine helped to establish a growing path for women in American medical schools.

## REWARDS AND RECOGNITIONS

*Boys in White* medical students who demonstrated an interest in certain specialties based on faculty perceptions of specialized intellectual curiosity were given perks and privileges. For example, in second-year pathology class, "A man who proclaims a special interest in neurology, may be given a brain to autopsy as a reward." Then the student became more competent and he was given even more perks and privileges. Eventually, the student developed proficiencies in the specialty area and he considered it natural to choose that specialty when selecting a residency.<sup>66</sup>

*Women in White* had similar experiences. Lucy Crain was allowed to do obstetrical anesthesia and inductions in labor and delivery during her internship, a practice that would not be allowed today. She liked learning through on-the-job training.<sup>67</sup> Shirley Barron was disappointed in her anatomy class because the specimens were already prosected before the students got to study them. She “bugged her anatomy teacher to death” and he finally allowed her to prosect the specimens for the entire class. The following summer, he offered her a job in anatomy lab prosecting human specimens. She loved doing the prosections.<sup>68</sup>

*Lone Voyagers* rarely received perks and privileges. Instead, they encountered hurdles and barriers. Clifford wrote that women of the era in faculty roles would be more accepted if they would willingly receive half the salary for the same amount of work, plus no authority or voice in the running of the department.<sup>69</sup> Early women faculty “experienced lesser pay, prestige, and power...”<sup>70</sup> Likewise, promotion, tenure, and wages were more elusive for women faculty.<sup>71</sup> At the beginning of the twentieth century, women faculty most frequently held the ranks of instructor and graduate assistant.<sup>72</sup>

Upon medical school graduation from Johns Hopkins in 1900, Mosher held a gynecological assistantship with Dr. Howard Kelly. She was denied the opportunity to become a gynecological surgeon because Kelly believed that “no man would be willing to work as a surgical assistant under a woman.” Instead, she went into general practice for a few years. Mosher landed a job as an assistant professor at Stanford University in 1910, where she taught and continued her research on women’s health issues. Despite groundbreaking research and publications on women’s health issues, she remained an assistant professor for eighteen years, until her promotion to full professor in 1928, which was one year before her retirement.<sup>73</sup>

Recognized as a world-renowned authority on congenital heart disease and having accomplished significant achievements, Maude Abbott was finally appointed to McGill University as Assistant Curator for the Medical Museum with teaching responsibilities. It took her thirteen years to earn the title of Lecturer and another twelve to promote to Assistant Professor. In her final year at McGill, she petitioned to promote to full Professor before retiring. Despite her distinguished career and thirty-seven years of service, her request was denied. Abbott was never promoted to full professor.<sup>74</sup>

Even though the numbers of women faculty at American universities were growing, Birdwhistell found that women's academic appointments were at lower ranks and less compensation in the first half of the twentieth century.<sup>75</sup> In more recent times, Bickel wrote about the slow progression of women faculty to full professors at American medical schools. In her status report on gender equity written in 2001, Bickel reported 10.7% of women and 30.9% of men were full professors. Based on rates of promotion since 1981, Bickel projected it would take forty years for women's percentages to grow to 15%.<sup>76</sup>

In the area of promotion and compensation, the only *Women in White* physician who discussed compensation inequities was Marilyn Huheey. In 1971 when she applied for an ophthalmology residency, few women entered the surgical specialty. She applied to Ohio State University. The chairman told her he couldn't accept her in the year she applied because they already had a woman resident. When she was finally allowed to begin her residency, she was paid less than other residents because she was single. To make ends meet she had to work nights and weekends as an emergency room physician, which reduced the time she devoted to studying so she fell behind her class. Huheey was asked to attend a three-



month class at Stanford University to catch up but without a stipend. She was given a loan, but it added to the debt she already accumulated.<sup>77</sup>

Interestingly, some of the *Women in White* discussed job satisfaction as one of their rewards. For example, Priscilla Lynd characterized working with her patients as her greatest reward. She loved the clinical relationships with her patients. Today, every time Lynd goes out into her community she says she runs into a former patient or family member. She enjoys remembering experiences where she was able to help.<sup>78</sup> And Huheey loved working with her patients and residents. She enjoyed teaching and helping them to understand about eyes and vision.<sup>79</sup>

## **SOCIAL AND PEER SUPPORT**

*Lone Voyagers* in coeducational academia lacked supportive collegueship.<sup>80</sup> Sponsorship and networking were more available in women's colleges.<sup>81</sup> Women faculty were considered outsiders.<sup>82</sup> According to Clifford, there was no "old girls' club."<sup>83</sup> Both Mosher and Abbott felt isolated.<sup>84</sup> Mosher was lonely to the point where she wrote letters to an imaginary "friend." She had few if any women peers. Her best friend Mary Roberts Coolidge and her older cousin, Dr. Eliza Mosher, were both busy with their careers. She did not appear to be close to her male colleagues and she declined memberships in female organizations because she was too busy.<sup>85</sup> While in medical school, Abbott felt isolated in an "alien crowd of young men." During her last three years, she was the only female student in the entire school.<sup>86</sup>

In contrast, the *Boys in White* collectively shared a student culture that provided peer support and validation which reinforced their growing autonomous behavior.<sup>87</sup> Furthermore,

as early as the beginning of the *Boys in White* freshman year, Becker, et al. observed differences between students who were members of the medical fraternities versus independents and women. Students in two of the three medical fraternities sat together in specific places in the classroom. Those who sat together exchanged information more easily. They also shared living arrangements, ate meals together, and participated in organized self-governance structures with elected officers and meetings. Often, they shared a latent culture.<sup>88</sup>

The researchers observed and recorded student interactions in the freshman classroom during the initial five-week period in 1956, before the first block exams. They found that each of the five groups of students (three fraternities, independents, and “girls”) interacted most with other students in their groups. Six female students interacted the most with other female students, but they also demonstrated nearly twice as many interactions in comparison to the other groups ( $80/6 = 13.3$ ). The authors used an anecdotal comment to explain the statistic: “We separated the girls from the rest of the independents; they are such a visible minority in the class that they evidently turn to each other for company.” However, upon further examination of their data in Table XVIII on page 149 of *the Boys in White*, the cumulative (same and cross-group) interactions for all five groups show that the “girls” had the highest cumulative number of interactions per student ( $106/6 = 17.7$ ).<sup>89</sup> The authors offer no acknowledgment or explanation of this statistic. Perhaps these women were unusually “chatty” or they “needed” more interaction than their male counterparts. Or perhaps they were demonstrating their ability to communicate; a competency highly desired in contemporary medicine.

The *Women in White* physicians interviewed recalled access to peer support while in medical school. However, the composition and degree of support depended on the characteristics of each class and the individual needs and personalities of the women. According to Lucy Crain, the four women in the second class (1965) at the University of Kentucky “bonded” together and provided peer and social support among themselves. In the earliest years of medical school, Crain recalled crude comments made by some male classmates about human specimens during anatomy lab.<sup>90</sup> Shirley Barron was in the class of 1965 as well. She lived at home with her mother and did not have a car. Her mother dropped her off in the morning and picked her up from the medical center in the evening. Barron did most of her studying at home, although she did recall studying in groups at times. In the third year, Roy Jarecky talked to her about the need to socialize more, but she didn’t like hanging out with the men. According to Barron, there were one or two of her male classmates who thought the women “would never amount to anything.” She never “paid attention” to them. Barron was on her own path. Years later during a class reunion, she recalled one male physician who reacted in surprise and amazement at her accomplishments.<sup>91</sup>

According to Rachel Eubank, the women in the class of 1966 studied together occasionally but they were assigned by alphabetical order into groups in the first two years, so they mostly studied with their co-ed groups. Eubank never felt like her male peers treated her differently, except that she wasn’t part of the group who played hoops outside in the middle of the day.<sup>92</sup> Margaret Westland, class of 1969, doesn’t remember studying with any of her classmates. She studied by herself, often in the medical library. Westland’s source of social support was her husband.<sup>93</sup>

Priscilla Lynd was one of fourteen women who graduated in the class of 1968. The women comprised twenty-four percent of the graduating class. Lynd spoke about the co-educational peer groups that developed based on common interests. Her peer group had six or eight students with a mixture of married couples and singles. They ate dinner together and studied together when they could. By the time they graduated, Lynd described their parting as “wonderful and painful.”<sup>94</sup> She talked about the importance of peer networks for practicing physicians. Lynd said that generalists such as pediatricians needed good relationships with other generalists and specialists. Their practices relied heavily on receiving referrals, and they often referred their patients for specialty care. So it was important to develop professional networks from the beginning.<sup>95</sup>

Marilyn Huheey in the class of 1970 felt closer to some of the male students in her class. However, there was little time or money for socializing. She said most of her time was spent studying. Often, she and her friends studied together.<sup>96</sup> However, Ardis Hoven also in the class of 1970, remembered studying individually, which she preferred. Hoven recalled times when the women students would get together for a meal or a study session. According to Hoven, they bonded together and provided support to each other. They were friends and had minimal competition with each other.<sup>97</sup>

The *Women in White* interviewees were not as isolated as the pioneer professional women described in *Lone Voyagers*. Their social networking and peer support was more in line with the *Boys in White*. However, their peer network support does not appear to be as cohesive or formally organized as the men’s medical fraternity culture at the University of Kansas in the 1950s.

## MENTORS AND SPONSORSHIP

In *Lone Voyagers*, Gillett's essay on Abbott failed to describe any explicit mentoring relationships she may have had during her medical school years. Although, Abbott did talk about Dr. Shepherd in her autobiographical sketch. He allowed her to see more patients and assist with surgeries during clinical training. Later in her career, Dr. William Osler influenced her success, and she talked openly about him. He encouraged her to take on career-expanding activities. She viewed him as "one of the greatest clinical teachers of his time."<sup>98</sup>

Likewise, the authors of *Boys in White* did not talk about observations of mentoring behaviors. Instead, they claimed the roles of the faculty were to "turn boys into fellow men" through "initiation" by a "series of instructions, ceremonies, and ordeals."<sup>99</sup> Faculty roles were described as "toughening" the boys up rather than supporting them and serving as role models. Basic science faculty were not viewed as career models for budding physicians.<sup>100</sup> Clinical faculty were seen as adversaries and challengers. Students developed an academic perspective to focus on sensitivity to the clinical faculty to be successful.<sup>101</sup>

Both male and female faculty mentored the *Women in White* physicians. However, there were small numbers of women faculty. Where possible, female medical students sought out talented women faculty as role models. *Women in White* interviewees were also mentored by school teachers, college faculty, and professionals in the field.

Lucy Crain spoke about her English and Latin teacher from high school, Ms. Geri Patterson, who was formerly the Dean of Women at Randolph Macon. Ms. Patterson "pushed [her] toward achievement" and was "instrumental" in Crain's participation on the high school debate team. Those experiences gave Crain confidence and contributed to her

professional communication skills years later. She was also influenced by some of her medical school faculty such as Dr. Lois Gillilan, one of only four women physicians. Gillilan was tough but a good teacher, lecturing on neuroanatomy.<sup>102</sup> Crain remembered male faculty such as Dr. Schwartz in behavioral sciences. He taught about communication skills, sociology, and medicine. She also spoke highly of some of her clinical teachers, including Dr. Barbara Bates, Dr. Novak, Dr. Ben Eisman, Dr. Rennie Menge, Dr. Frank Spencer, and Dr. Dave Clark. Crain was impressed by their knowledge and expertise as well as their teaching skills.<sup>103</sup>

Jacqueline Noonan influenced Crain's desire to become a pediatrician. According to Crain, Noonan "taught by example" and effectively communicated with her patients and their families. Crain was drawn to Noonan's ability to teach and communicate with her patients and medical students. Today, Crain places the same importance on communication when teaching patients and students about pediatric disabilities.<sup>104</sup> Marilyn Huheey described Noonan as gentle, sweet, and friendly but well-respected throughout the world.<sup>105</sup> Noonan also mentored Hoven. She described Noonan as a brilliant woman who was also a good communicator.<sup>106</sup>

Lucy Crain valued supportive faculty in medical school. She felt like some of them were easy to talk to, they kept student discussions private, did not humiliate students, and were trustworthy. Crain believes these faculty qualities are "important." However, when she graduated, there were no faculty who could help her find a West Coast residency. Her husband matched to the University of Washington for his internship, so she needed something in that location. She eventually procured an internship on her own at the University of Washington, without the help of faculty sponsorship.<sup>107</sup>

Rachel Eubank was positively influenced and encouraged by some of her college professors such as her Latin teacher, Dr. Stonecipher, who was a “stickler for learning and etymology.” Eubank described Noonan and two other women as mentors while she was in medical school. Noonan was engaging, and she treated everyone with respect. Likewise, Eubank’s chemistry professor was smart and treated everyone equally. Eubank was also influenced by some of the college student assistants who studied the pre-medical curriculum in the science labs at Western Kentucky University. After graduation, one assistant attended Vanderbilt Medical School. He eventually went back to Eubank’s hometown in Tompkinsville to practice medicine, and they kept in touch.<sup>108</sup>

Shirley Barron recalled most of her primary and high school teachers were women. Her female teachers were supportive of her desire to pursue a professional career. Barron also spoke highly of the two women faculty in the anatomy department at the medical school. She felt encouraged by the quality of women faculty. Dr. Benton, chair of the Anatomy Department, mentored Barron. And she recalled that Dr. Ed Pellegrino, chair of the Medicine Department, supported women students, as well.<sup>109</sup>

One of Priscilla Lynd’s early influences was Opal Conway, whom she met during summer school at Ashland Community College. Conway’s father was a physician, but when she considered a medical career she wasn’t allowed to apply because of her gender. Instead, Conway became a teacher and a pre-medical studies advisor to students at the community college. She was supportive and helped Lynd with the application process. She also wrote letters of recommendation for her. According to Lynd, Conway was a good teacher and role model.<sup>110</sup>

Some of Lynd's favorite faculty in medical school included Harold Traurig, whom she described as kind, demanding, and a good teacher. She also liked Dr. Kotter who taught gross anatomy and Drs. O'Neil and Green. She spoke highly of Peter Bosomworth, Paul Mandelstam, Ward Griffen and others. Dr. Mandelstam "endeared" himself to his eastern Kentucky patients. One of her mentors was Dr. Robert Beargie, a neonatologist. They lived close to each other in later years and maintained contact until he recently died. Dr. Doan Fisher was her mentor while she was a resident and on into her pediatrician career. She called him about challenging patients. She said he always had a way of "tying loose ends together." Lynd recalled that there were "lots of good mentors and role models" at UK. All of her medical school mentors and favorite teachers were men, and she was comfortable selecting them on qualities other than gender.<sup>111</sup>

While in college, one of Ardis Hoven's microbiology professors encouraged her to keep her mind open. He took the time to talk to her about her career on a regular basis and she listened. In medical school, she described the chief of medicine, Dr. Hollingsworth, as her mentor. He advised her and helped her to decide which internship and specialty she wanted to pursue. They thoroughly discussed several different options including academic medicine. They also analyzed various institutions. He sponsored her by providing reference letters. Hoven also spoke about female faculty role models such as Dr. Wilbur in psychiatry and Dr. Noonan. Dr. Janet Fischer was a mentor for Hoven while she was in residency at the University of North Carolina. Fischer was smart, practical, reasonable, and compassionate at the bedside. She and her husband played dueling grand pianos in their home. Hoven "wanted to be like her."<sup>112</sup>



The abilities of the Dean of Admissions to select and influence students is critical to the success of a medical school. Roy Jarecky mentored many students, including Priscilla Lynd. She said he had a “sixth sense” about which students were going to be successful.<sup>113</sup> Jarecky was one of Marilyn Huheey’s “best memories” too. He helped her to find financial support when she needed it.<sup>114</sup>

Mentoring wasn’t described in the *Boys in White*. However, surely some of the students received mentoring from their faculty. Possibly the researchers failed to observe mentoring behaviors through the eyes of the medical students, or perhaps it is defined as the challenges given by the male faculty to turn “boys into men.” *Lone Voyager* women received mentoring, but it was limited. Encouraging women to pursue men’s roles was frowned upon when Mosher and Abbott became physicians. However, the *Women in White* appeared to openly pursued guidance, advisement, counsel, and sponsorship from talented teachers, faculty, and professionals whom they encountered along the way. They successfully navigated a path to professional physician careers.

## **INTERNSHIPS**

Physicians are licensed in each state by completing four years of undergraduate medical education at accredited schools, successfully passing standardized board examinations, and completing one-year internships at specific hospitals. More requirements have been added in some states in recent years. Interns are licensed to practice medicine with supervision. They assess, treat, prescribe, and perform medical procedures on patients and receive small salaries.

During the time period of *Lone Voyager*, the requirement of an internship was less standard. There is little information about Mosher's externship in the Johns Hopkins Hospital Dispensary or her clinical time working as a gynecological assistant in Dr. Howard Kelly's private sanatorium. However, she was refused specialty training to become a gynecological surgeon.<sup>115</sup> Thus one can only conjecture her time as an intern must have been equally limiting. Likewise, Abbott was initially excluded from clinical training at Montreal General Hospital. She pursued her graduate training in Europe.<sup>116</sup>

By the 1950s, it was standard for medical students to complete internships after the fourth year for state licensure purposes. Additional specialty or graduate training was optional. Becker et al. looked at ways male medical students evaluated internships. They found that the students judged internship opportunities primarily according to: 1) responsibility or legal authority to care for patients; 2) clinical opportunities to expand knowledge; 3) quality of intern teaching programs; and 4) salary. Students who were planning to become generalists without further education frequently sought internships in general practice hospitals where they could quickly gain experience providing hands-on care. Medical students who planned to pursue specialty training but were undecided about the area often pursued a variety of internship experiences. And men who knew their specialty interests frequently chose internships in the same field.<sup>117</sup>

Similarly, Lucy Crain did her internship in Pediatrics at the University of Kentucky Hospital. She was planning to pursue a pediatric residency the following year so she chose her internship in the same field. However, she chose the internship location because her husband was still in medical school. Crain said that, during her internship year, "everybody just worked themselves as hard as they could. It didn't matter if you were male or female."

Her supervisor was the chief resident, a tough Dominican nun from Ireland named Sister Dominica. Crain described her as a good role model. Crain said Dr. Clark, a neurologist, would insult the Sister by using her Christian name. However, Sister Dominica “took it with a grain of salt and went on about her business.”<sup>118</sup>

Priscilla Lynd was planning to become a pediatrician as well. She described her internship and residency as “similar to entering a convent.” Students devoted their lives to clinical care and on-call duty during those years. There was very little time for anything else, including sleep. Lynd also did her internship at the University of Kentucky Hospital.<sup>119</sup>

Shirley Barron completed her medicine internship with a two-month elective in surgery at DeGoesbriand Hospital at the University of Vermont in Burlington, Vermont. Several of the quality medical faculty at the University of Kentucky College of Medicine came from the Vermont program. She was the valedictorian of her class and was seeking a new challenge.<sup>120</sup>

Rachel Eubank initially wanted to go into surgery so she completed a six-month surgical internship. She didn’t like the lack of patient interaction or continuity of care. Eubank was soon getting married, so she wanted something more accommodating to family life. Eubank changed her internship to general family practice, close to the new specialty she was planning to pursue.<sup>121</sup> Marilyn Huheey did her internship at the University of Kentucky Hospital, following her graduation from medical school in 1970. She was planning to study ophthalmology.<sup>122</sup>

Margaret Westland got a general internship at Mercy Hospital San Diego, California. Her husband and baby moved with her, and they made decisions based on their family needs.

She was not planning to pursue specialty training after medical school. Her internship rotated through major subspecialties, and she was a general practitioner when she finished.<sup>123</sup>

When it came to internships, the *Women in White* had significantly different experiences compared to both the *Lone Voyagers* and the *Boys in White*. Internships weren't required or available for women such as Clelia Mosher and Maude Abbott. They were openly excluded from clinical training and specialty careers. In comparison, the *Women in White* interviewees did not describe exclusions from internships. And although they used criteria similar to the *Boys in White* to select general or specialty internships, the location of their internships were often chosen in part based on their domestic needs. Women interns like Lucy Crain, Maggie Westland, and Rachel Eubank planned and pursued medical education and physician training while also engaging in family life.

## **SPECIALITY SELECTION**

Pioneer women physicians were excluded from many specialty careers in the late 1800s and early 1900s. For example, despite achievements as an accomplished researcher of women's health issues, Mosher was denied the opportunity to become a gynecological surgeon because it was believed that "no man would be willing to work as a surgical assistant under a woman."<sup>124</sup> Often, women who pursued specialty training had to go to Europe to get it. As such, Abbott earned her graduate medical training in Europe. She studied obstetrics and gynecology, internal medicine, and pathology.<sup>125</sup>

American medicine was less specialized up through the 1950s. Students often became generalists after they passed their licensure exams and completed internships. There was no data available in *Boys in White* about the numbers or types of specialties selected by

the men at Kansas University. However, Becker et al, discussed four central criteria the students considered when deciding whether or not to pursue specialty training: 1) a minimum of three to five years of additional training; 2) broad versus narrow style or scope of practice; 3) practice workload; and 4) interaction with patients. They found the length of specialty training and the broad versus narrow style of practice were the most influential factors in making decisions about residencies.

Once the decision was made to pursue a specialty, students considered self-defined stereotypes of internal medicine, surgery, pediatrics, neurology, and other areas as a basis for their selections. Men who selected internal medicine had a desire for broad knowledge and continued learning. Those who pursued surgery liked working with their hands and had a lot of stamina and strength. Neurology was a challenging field that required men who could make decisions and deal with bad outcomes. Men who chose obstetrics and gynecology were content with bad hours, hard work, and a “boring practice.” However, they could get close to their patients and had plenty of responsibility and “drama.” Finally, men who pursued pediatrics could get along with children, preferred a specialty that lacked breadth of knowledge, worked poor hours, and were content to have unsatisfactory patient relationships because of the difficulty of dealing with children and their parents.<sup>126</sup>

The men’s stereotypes are an interesting contrast to the perspectives of women who pursued medical careers in the twentieth century. Early generations of women created a separate women’s sphere in medicine, in part because of social norms and expectations. They were limited to careers treating women and children.<sup>127</sup> In 1926 and 1927, Martha Tracy, Dean of the Women’s Medical College of Pennsylvania, conducted a study of women physicians in conjunction with the American Medical Association and the Council on

Medical Education. Surveys were mailed to 1,833 women physicians who graduated from medical school in the years 1905 – 1910 and 1912 – 1921. She presented findings of the study at the 37<sup>th</sup> and 38<sup>th</sup> annual meetings of the Association of Medical Colleges. Tracy received 710 completed questionnaires for a 36.6 percent response rate. The study revealed that women physicians from these two periods were less likely to go into general practice. They most frequently specialized in obstetrics and gynecology, public health, and psychiatry.

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By the 1970s, Weisman et al. found that physician career patterns of women and men were becoming more similar.<sup>129</sup> McGrath and Zimet observed that women's specialty preferences were changing, but they differed from those of men.<sup>130</sup> More recently, Bickel's 2000 Status Report on Gender Equity cites studies where women physicians were found to place a higher value on patient communication, relational aspects, ethics of care, patient education, community services, and psychological aspects. In contrast, men focus more on manual dexterity skills, confidence, and autonomy. The highest proportions of specialties chosen by women in 1999 were internal medicine, pediatrics, family practice, and obstetrics and gynecology. While the percentages of women surgical residents were still below ten percent, Bickel offered various explanations, including compatibility with family lifestyle. However, she said further research is needed.<sup>131</sup> Today, women physicians have more opportunities to pursue specialties and subspecialties, in part because of increased opportunities. Additionally, because women select and pursue specialties, new women medical graduates are encouraged to follow.

So how did the early University of Kentucky women compare? The American Board of Medical Specialties (ABMS) maintains data on specialty certifications for twenty-four

certifying medical boards. Prerequisites vary according to each medical board. In general, physicians may apply to take certification examinations after they complete three to five years of residency training. Doctors are not required to achieve specialty certifications to practice medicine. However, board certifications indicate they have achieved specialized knowledge and competencies in certain areas of expertise.<sup>132</sup>

A search of public data available at the ABMS website, Certification Matters Service for Patients and Families, was performed in October of 2015 and September of 2016. The ABMS board certification data retrieved for women physicians who graduated from the University of Kentucky College of Medicine between 1964 and 1975 is not all-encompassing. The women graduated from medical school forty-one to fifty-two years ago, thus, some of their certifications may have lapsed due to various reasons. Nevertheless, it is interesting to examine their available certification data.

Of the eighty-two women who graduated during the twelve-year span, I was able to find records for fifty women (sixty-one percent) who have specialty board certifications. Nine achieved subspecialty certifications in addition to their general certifications. The seventy-two living women physicians have a cumulative total of sixty-two specialty and subspecialty board certifications. Five have certifications from two or more boards. Adjusting for women who are known to be deceased or who have inactive licenses, 80% of the living women physicians who have active medical licenses show specialty board certifications. A summary of the certifications are in Table 4.1.

**Table 4.1: Women in White, Specialty Board Certifications**

<b>Board</b>	<b>General Certs</b>	<b>General Specialty</b>	<b>Subspecialty Certs</b>
American Board of Anesthesiology	3	Anesthesiology	
American Board of Internal Medicine	10	Internal Medicine	1-Infectious Disease, 1-Gastroenterology
American Board of Medical Genetics & Genomics	1	Clinical Genetics	
American Board of Nuclear Medicine	1	Nuclear Medicine	
American Board of Obstetrics & Gynecology	4	Obstetrics & Gynecology	
American Board of Ophthalmology	3	Ophthalmology	
American Board of Pathology	3	Anatomic Pathology & Clinical Pathology	1-Blood Banking
American Board of Pediatrics	15	Pediatrics	1-Hematology/Oncology 1-Pediatric Cardiology
American Board of Plastic Surgery	1	Plastic Surgery	
American Board of Preventive Medicine	1	Public Health	
American Board of Preventive Medicine	1	General Preventive Medicine	
American Board of Psychiatry & Neurology	2	Neurology	1-Special Qualification in Child Neurology
American Board of Psychiatry & Neurology	5	Psychiatry	1-Child Psychiatry 1-Sleep Medicine
American Board of Radiology	5	Diagnostic Radiology	1-Neuroradiology

*Source: American Board of Medical Specialties. Certification Matters.*

*<http://www.abms.org/verify-certification/certification-matters-service-for-patients-and-families/> Accessed October 2015 and September 2016.*

The majority of women physicians who graduated from the University of Kentucky during the first twelve years appear to have pursued specialty board certifications. Most often they selected internal medicine and pediatrics. Their selections were similar to specialty distributions of women residents in 1999.<sup>133</sup> The specialty selections of the early



UK women appear to be progressive for the period. However, some *Women in White* interviewees still faced hurdles.

Lucy Crain's advisor, Dr. Winer, encouraged Crain to keep her options open, while trying to sort out which specialty was best for her. Originally, she did not favor a career in pediatrics. Crain considered becoming an internist or going into anesthesiology. She tried several areas during her clinical clerkships. She found that she didn't like dealing with chronic lung and heart diseases and that she wanted to see patients while they were awake. She especially loved her pediatric cardiology clerkship with Dr. Noonan. Crain loved going with Noonan to the mountain clinics where she learned about and saw interesting congenital cardiac defects. She also liked the potential to teach her pediatric patients and their families about preventive medicine. Crain said specialty residencies were "challenging to procure" for most women in the 1960s. Her husband matched to an internship at the University of Washington. Thus, she needed to find a pediatric residency in the area, but it was difficult. Although there seemed to be more women in West Coast residencies, none of her medical school faculty held ties to West Coast schools. And Crain felt like there was "unspoken discrimination against women" at the time. Eventually, a residency opened up at the University of Washington.<sup>134</sup>

Like Crain, Priscilla Lynd never wanted to be a pediatrician. She believed her "calling" was in anesthesiology until she did her clinical clerkship rotations in her third and fourth years, where she fell in love with pediatrics. Dr. Wheeler was the department chair at the time, and she said "he mentored and modeled" for them by holding and feeding babies and talking to parents. She did residencies in pediatrics at the University of Virginia in Charlottesville and the University of Kentucky Hospital. In those years, there weren't any

limits on how many consecutive hours residents could work so the schedule was often grueling.<sup>135</sup>

Marilyn Huheey applied for an ophthalmology residency at Ohio State University when few women were entering the specialty. She was drawn to the specialty in part because she loved the beauty of the inner eye. The department chairman refused to accept her in the year she applied because he already had a woman resident.<sup>136</sup>

Rachel Eubank first wanted to become surgeon. However, after doing a surgery internship at Denver General, she realized that she preferred interacting with patients and caring for them over a period of time. Thus, she switched to family practice which was a new area of medicine. Eubank became the first general practice resident at Exempla St. Joseph Hospital in Denver, Colorado. The field of family practice was so new that she wasn't allowed to take the family physician board certification until 1972.<sup>137</sup>

Margaret Westland liked her community medicine rotation because it was “integrated” rather than a homogenous clique. She recalled being “gently” told that women belonged in pediatrics and gynecology. Westland remembers “if you thought you wanted to be an orthopedic surgeon, you were told ... women are not strong enough to pull those bones.” She felt like community medicine “empowered” women. “You could go into Appalachia, and be your own boss, and have a whole clinic, and have a practice, in a way that was part of a community instead of part of an old-boys network.”<sup>138</sup>

An article published in *Kentucky Medicine* in the Fall of 2000 saluted female alumni of the UK College of Medicine. In the article Hoven talked about specialty selection when she was training to be a doctor. Hoven said back then, careers were split among jobs for “girl doctors” and “boy doctors.” The appropriate career paths for female doctors was to pursue

pediatrics and family practice. Surgery was reserved for men.<sup>139</sup> Fifteen years later, in her 2015 *Women in White* interview, she spoke about her medical school consideration of a plastic surgery career. “The fine work of the plastic surgeon is something that appealed to me,” she said. Hoven liked the “needlework” and “tiny ... intricate” details. When she expressed her desire to the faculty, she was told “it’s a hard life...I’m not sure you can make it.” At the time, surgery was a male-dominated field with a pyramid residency system in place. Residents were eliminated each year until only the top one remained, and he became a surgeon. Hoven would have to complete a surgery residency before specializing in plastic surgery. After careful thought, she decided not to “buck the system.” Instead, Hoven discovered the diagnostician and problem-solver skills of the internist were more appealing to her. She was “good” at internal medicine. So, she pursued and was passionate about her internal medicine residency and infectious disease fellowship. Hoven went on to become one of the top infectious disease specialists in the country. She was confident in her final choice to become an infectious disease specialist.<sup>140</sup>

Shirley Barron liked her surgery clerkship most, and she thought about becoming a surgeon. After all it involved anatomy which was one of her favorite subjects. She accepted a one-year surgical residency under Dr. Ben Eisman as part of his pyramid, but he left shortly after her acceptance. Dr. Ward Griffen became the new chairman and Barron was not in his residency pyramid. Griffen told Barron she could follow Eisman to Colorado. However, she was newly married, and her husband was training as an intern at the University of Kentucky Hospital. She preferred to stay in Lexington with her husband. In the end, she decided she didn’t like the pyramid system. Furthermore, she assessed that her decision-making skills

weren't quick enough to be a surgeon, even though she had the technical skills. She decided to do her residency in anatomical pathology.<sup>141</sup>

Surgery was still a man's sphere and women frequently weren't welcome. In *Becoming a Doctor: A Journey of Initiation in Medical School*, Melvin Konner reports that, even in the 1980s, the "masculine culture" of surgery did not welcome women.<sup>142</sup> Dr. Carol Steltenkamp, associate professor of pediatrics at the UK College of Medicine and associate chief of staff at UK Hospital, described the gender differences as "blatant" at a Cincinnati area hospital as late as the 1990s. While doing a surgery rotation there, she was forced to use the dressing room for nurses rather than physicians. She never felt like she belonged to the "boys" clubs of the surgical areas.<sup>143</sup>

Unlike the *Lone Voyagers*, the *Women in White* interviewees did not report formal exclusion to specialty training because of their gender. However, a couple of the women remember being discouraged from pursuing careers in certain specialty areas such as surgery in the 1960s. Perhaps they were discouraged because they were better suited for other specialties. Nevertheless, similar to Mosher and Abbott in the *Lone Voyagers*, the *Women in White* trailblazer generation of women physicians were beginning to push boundaries to consider and try out, or even achieve careers in surgery. Dr. Teresa M. Elliott (class of 1972) became a board-certified plastic surgeon.<sup>144</sup> And Angela Clifford (class of 1974) practiced general surgery.<sup>145</sup>

## **PROFESSIONAL VERSUS DOMESTIC ROLES**

Marriage and motherhood indicated a lack of professional commitment during the *Lone Voyager* era. Pioneer professional women rarely married and they were expected to

give up their positions if they did so.<sup>146</sup> Mosher never married nor did she have a known romantic involvement. She dedicated her life to her career.<sup>147</sup> Abbott never married either, although she fulfilled a domestic role by taking care of her invalid sister for the duration of her sister's adult life.<sup>148</sup> In contrast, the *Boys in White* male students usually married by the time they graduated from medical school. Becker et al., reported that eight-five to ninety percent of students in each class married before graduation.<sup>149</sup>

The *Women in White* appear to be characterized by their resolve to choose and define their domestic roles in conjunction with professional careers. Some *Women in White* delayed or passed on marriage and motherhood. They deferred domestic life for medical careers. However, according to the women, their choices to forego marriage had more to do with preferences and practicality rather than public opinion. Others chose to marry while in medical school or during internships and residencies. The common thread is that *they* appear to have made their own choices about domestic life. Society no longer dictated their domestic roles. And they figured out how to balance domestic life with professional careers.

Lucy Crain “fell in love” with a fellow Kentuckian while they were undergraduate pre-medical students in the College of Arts and Sciences at the University of Kentucky. Although they had other medical school opportunities, the couple settled on the University of Kentucky College of Medicine. She was one year ahead of him. They married during her junior and his sophomore years in medical school. Both shared the duties of domestic life during medical school and throughout their successful careers. They took turns cooking and cleaning, and both were active in parenting their two children. At the time of Crain's *Women in White* interview, they had been married fifty-one years. According to Crain, all four

women in the graduating class of 1965 married before, during, or shortly after medical school. However, they went on to residencies and specialty careers.<sup>150</sup>

Shirley Barron married near the end of her first year of residency. She met her husband while she was an intern in Vermont. Her husband did his internship at the University of Kentucky Hospital. After graduating, he decided to fulfill military service by working for the National Public Health Service. He began working at the narcotics hospital in Lexington. He completed two years of military service and two years of internal medicine residency. During that time, they bought a house and had their first child. Barron started teaching pathology classes in the medical school and doing autopsies for the hospital. The schedule allowed her to spend time with her daughter. When her husband finished his service, they decided to move to Richmond, Kentucky to set up practice. She started working with the Mountain Maternal Health League and later with Bluegrass Regional Birth Planning Council, providing family planning services for women in the state health departments. In 1978, she started a private practice while continuing her work for the health departments and serving as medical director for a plasma center. Throughout her career, she balanced family life with her professional career. Her physician career yielded more choices that allowed her to fulfill her domestic role. She was able to earn a reasonable salary while working part-time. Furthermore, she says providing women's services in Kentucky has been rewarding.<sup>151</sup>

Rachel Eubank recalled that most of the male students in her class were single when they started but some married during medical school. She and her two women classmates remained single while in school. Eubank felt that marriage was a disadvantage for female medical students, especially during the application process. During her admissions

interviews, she was questioned and pressured about what she would do when she had children. Later, Eubank chose internships, residencies, and physician roles that allowed her to take care of her family.<sup>152</sup>

Margaret Westland married her husband one month after entering medical school. He encouraged and supported her career. They planned to have their first child just before the start of her third-year clinical rotations. As fate would have it, the school changed its schedule and the baby was late so she only took two or three weeks of maternity leave. During her clinical rotations in obstetrics and gynecology, each student had to perform twelve deliveries. She told the faculty her own delivery should count as one of the twelve. The faculty decided to count it. Westland's husband brought their baby to her for breastfeeding during lunch breaks. They hired babysitters to stay at their apartment when he worked. Westland's husband and baby went with her when she took an internship in California. They wanted their child to have a sibling, so by the middle of the internship she was pregnant with her second child. She was able to use her physician career to choose jobs that allowed her to balance work with family life.<sup>153</sup>

By the 1960s, women were neither formally excluded from professional physician careers because of their gender nor were they destined to be single because of society's opinions. The *Women in White* trailblazer generation helped clear a path for women to choose their own course of domestic and professional roles. And they were working out ways to pursue and balance them.

Dr. Christina M. Surawicz, former president of the American College of Gastroenterology and alumna of the UK College of Medicine class of 1973, wrote about the impact of women in medicine in her biography, which is published by the National Library

of Medicine. She says, “The [early] role models were of men who worked constantly. Women have had a huge impact in changing the way those of us in medicine live and work.” She went on to say that women helped to shift the teaching and practice of medicine to a better balance of personal and professional satisfaction, bringing about “greater acceptance of parental leave, part-time work and children’s day care, all of which have helped to bring more women in medicine.”<sup>154</sup> And in 2010, Noonan said, “Well, you know what, the men said, that’s a great idea.” And everybody’s doing it now...so it’s changed the way medicine is practiced. And that’s good for ...the physicians and for their families.”<sup>155</sup>



## Notes to Chapter Four

- <sup>1</sup> Ardis Dee Hoven, interview with Karen Clancy, April 3, 2015, in Lexington, Kentucky, 2015oh188\_wp001. Women in White: Women Physicians Oral History Project. (WP001), Louie B. Nunn Center for Oral History, Special Collections Research Center, University of Kentucky Libraries.
- <sup>2</sup> Howard Becker et al. *Boys in White: Student Culture in Medical School*. (Chicago: The University of Chicago Press, 1961), 422, 438.
- <sup>3</sup> Barbara Miller Solomon, *In the Company of Educated Women: A History of Women and Higher Education in America* (New Haven: Yale University Press, 1985), 57.
- <sup>4</sup> Geraldine Joncich Clifford, *Lone Voyagers: Academic Women in Coeducational Institutions, 1870 – 1937* (New York: The Feminist Press at the City University of New York, 1989), 151-152.
- <sup>5</sup> Ibid, 203-206.
- <sup>6</sup> Lucy Salmon Crain, interview with Karen Clancy, October 10, 2015, in Lexington, Kentucky, 2015oh431\_wp002. Women in White: Women Physicians Oral History Project. (WP001) Louie B. Nunn Center for Oral History, Special Collections Research Center, University of Kentucky Libraries.
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- <sup>38</sup> Rachel Eubank, Women in White interview, February 27, 2016.
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- <sup>40</sup> Shirley Lewis Barron, Women in White interview, March 4, 2016.
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- <sup>44</sup> Priscilla Lynd, Women in White interview, January 11, 2016.
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## CHAPTER FIVE: CONCLUSIONS

### CONCLUSION: *BOYS IN WHITE VERSUS LONE VOYAGERS*

The use of oral histories is a valuable tool for historical research and scholarship. Oral histories provide a more comprehensive understanding of experiences, feelings, emotions, and perspectives. As Katherine Chaddock notes in the *History of U. S. Higher Education*, “the oral contributions of those who were on the scene, tend to be more reliable.”<sup>1</sup> This oral history study provided first-hand accounts of feelings, emotions, memories, and perspectives of women who successfully completed medical school before the enactment of Title IX, during a time when few women pursued medical careers.

As stated in my original hypothesis, I expected to find the socialization and group dynamics of the students featured in the *Boys in White: Student Culture in Medical School* (University of Kansas Medical School in the 1950s) contrasting significantly with the individual and collective experiences of the *Women in White* at the University of Kentucky in the 1960s and early 1970s. Additionally, I hypothesized that the experiences of the *Women in White* would reinforce and more closely replicate those of their earlier counterparts in graduate and professional schools as described by Geraldine Joncich Clifford in *Lone Voyagers: Academic Women in Coeducational Institutions, 1870 – 1937*.

I found the first hypothesis to be partly true. The socialization and group dynamics of the *Boys in White* appeared to contrast with the *Women in White*. For example, families of the women physicians were poor to middle class. The women did not have access to cohesive male fraternities and established boy networks. They never became “medical men.” Nor did they change clothes in the physician’s dressing room, despite an occasional threat of

doing so. Furthermore, some may have experienced additional hurdles because of their gender.

Despite the differences, the *Boys in White* failed to contrast significantly with the *Women in White* because they shared fundamental similarities. Both groups were committed to their careers, desired to help people, and sought intellectual challenges. They pursued medical careers in the post-Flexner era which meant the structure of their academic studies were similar. In the first year, they were overwhelmed by how much there was to learn, so they figured out ways to master it. In the clinical years, they sought experiences where they could provide medical care and sort out their future specialty preferences. The faculty recognized promising students and rewarded them with opportunities in labs and clinical clerkships.

The second hypothesis is also partly true. The *Women in White* trailblazers encountered experiences that were similar to those of the *Lone Voyagers*. There were few women peers in their classes and even fewer women faculty to serve as role models and mentors. They occasionally experienced gender-based questions and lewd comments. They believed they had to work harder than their male colleagues to compete. And they were sometimes discouraged because they were women.

However, their experiences didn't exactly replicate those of the *Lone Voyagers*. By the 1960s women were no longer formally excluded from medical schools and clinical training because of their gender. Families supported their professional career choices. They encountered men and women who served as encouragers, supporters, and mentors throughout their academic and professional careers. Medical women expected and pursued access to



clinical training, internships, and specialties. And some chose to balance marriage, families, and professional careers.

### **WOMEN IN WHITE TRAILBLAZERS: A NEW NARRATIVE**

The conclusions drawn in this study represent my interpretation of the recollections, memories, feelings, and perspectives that came out in the oral history interviews of seven women physicians who graduated from one state medical school in the 1960s and early 1970s. Throughout this oral history study, I consistently observed the beginnings of a path to a more contemporary medical student culture. While some *Women in White* experiences contrasted with those described in the *Boys in White*, and others replicated experiences discussed in the *Lone Voyagers*, women physicians interviewed were trailblazers who appear to have created a new narrative. As Ardis Hoven stated, they pushed “agendas which were not typical.”<sup>2</sup> And, as Morantz, et al wrote, they were “reassessing the nature of women’s work,” many with the “determination to have the traditional satisfactions of family life without relinquishing their professional ambitions.”<sup>3</sup> These women physicians successfully pursued professional careers, defined their own domestic roles, and believed they brought a new dimension to medicine. They became leaders of medical associations, chairs of academic departments, discoverers and scientists, and givers of compassionate and innovative care to their communities. The trailblazer generation of women physicians helped pave the way to contemporary medicine, where both men and women have more choices.

Dr. Ardis Hoven became a world-renowned expert caring for HIV and AIDS patients. She used her expertise to teach other doctors how to diagnose and care for them. Hoven was an advocate who lobbied for federal support programs. In 2013-2014, she was elected into

one of the most influential physician roles in the country. She became President of the American Medical Association and used her expertise and advocacy skills to lobby and fight for health care access for the uninsured. She helped to lead, influence, and change American medicine. Hoven believes the *Women in White* generation of women physicians “recognized that change could happen, that no longer was medicine the domain of men only, [and] that in fact, women were going to push agendas which were not typical.” Her perspective is that women and men are different in their viewpoints and they have different health care needs. The influx of women into physician careers has helped to bring attention to contemporary health care needs of women and children. They have helped to bring awareness to diversity in “gender, in nationality, in language, and in culture.” And they have helped to “raise the glass ceiling.”<sup>4</sup> Most recently, Hoven accepted a leadership role in the World Medical Association, tackling global health issues.

In a 2008 oral history interview, Dr. Jacqueline Noonan, world-renowned pediatric cardiologist, discoverer of the congenital heart condition known as “Noonan Syndrome,” and the first woman appointed to a department chair position at the University of Kentucky College of Medicine, revealed it has been “exciting” to see the cultural changes brought about by increasing numbers of women physicians. Rather than devoting all of their lives only to work, these women were interested in professional careers balanced with family life and personal time. And because of these cultural changes, today’s medical men are making these choices as well. Noonan said:

What’s been exciting to me is to see how the increase in women in medical school, has changed medicine. ...much of it for the good. ...what women I think brought to it was ... a sense that there’s more to life than just ... working all the time. And, women who wanted to obviously have families and ... have ... time for themselves ... said ... We’re not going to work ... seven days a week. We’ll work four days and take some time ... Well, you

know what, the men said, that's a great idea. And everybody's doing it now...So it's changed the way medicine is practiced. And that's good for ...the physicians and for their families.<sup>5</sup>

Entrance of the trailblazer generation of women helped to bring work-life-balance to the culture of medicine. Furthermore, the women physicians believed they brought a new dimension of “caring” to the profession. Their growing presence influenced areas of medicine such as interpersonal communication, ethics, and behavioral health. And, the women physicians opened the door for growth in family support services such as family planning, mental health, and day care. When asked if women influenced medicine, Dr. Lucy Crain said:

Having women in medical school classes, law school classes, politics, changes ... not only the demeanor or people who know how to act in mixed society, but it changes the style of communication, or it should. ... And, I think that the communication skills with which girls are imbued when they're growing up, knowing how to listen and how to be supportive, are not always learned by boys and men. ... I think boys who are sensitive and grew up to be sensitive men are often ridiculed. And the others who are supported go into developmental pediatrics, and psychiatry, and psychology. And people need to know that there is room for both men and women who have social skills and, and feel compassion, and convey a sense of support to individuals. And if you are a physician, you need to be able to convey support and compassion to your patients. And that has changed medicine. We didn't used to have required courses on ethics and palliative care for people with chronic illness, and I think a big part of that has been the transdisciplinary sharing of what nursing has learned in their curriculum.<sup>6</sup>

Women physicians such as Crain believe ethics studies and communication skills were important long before they became part of the curriculum. However, her life-long application of these skills benefited patients, families, medical students, residents, and ultimately the culture of medicine.

Dr. Shirley Barron says that women physicians from the Post World War II to Title IX era were the forerunners to modern medical student culture. Today, men and women can make choices in medicine with little consideration for gender. However, she believes the

women from her generation helped to clear a path. Barron was able to balance her career with family life. She brought innovative care to her patients and provided women's health care services. Fifty-one years after graduating from medical school, she is still practicing medicine and consulting.<sup>7</sup>

Dr. Rachel Eubank provided physician services in rural Harlan County, Kentucky for over forty years and she is still caring for patients today. She has certainly fulfilled UK's mission to provide more physicians and medical care in rural Kentucky. Eubank also believes women helped change both the application and face of medicine. Her suggestions to students coming into the field today are to develop interpersonal and communication skills, in addition to studying standard science.<sup>8</sup>

## **SUGGESTIONS FOR FUTURE RESEARCH**

This study utilizes a systematic framework approach to gather and analyze oral history interviews. The findings provide insight into medical student culture from the perspective of women students in the post-World War II to Title IX era. It is an important contribution to the body of work encompassing the history of women's medical education. However, because of the exploratory nature of this type of study, it is impossible to exhaust all data and options in a single dissertation.

There is still much to learn about the generations of women who graduated from American medical schools. Historical research of key areas is needed to support my interpretation of this exploratory oral history study. Additional suggestions for future research include further exploration into the perspectives of women who attended the University of Kansas Medical School during the study and writing of the *Boys in White*:

*Student Culture in Medical School.* Becker, et al. acknowledged there were approximately five women in each class. However, they intentionally left out the perspectives of women because their focus was to study male student culture. It would be interesting to conduct oral history interviews of the *Boys in White* women to gain their perspectives.

Comparative studies of women who graduated from medical schools other than the University of Kentucky might also expand on this research. Comparative analysis would help to gauge perspectives of women who acquired their medical education in a variety of schools with differing organizational cultures. Additionally, longitudinal studies of cohorts within the thirty-year period between post-World War II and Title IX could possibly reveal patterns and variables on the path from gender-based separate spheres toward a single sphere in medicine. It might also be valuable to use oral histories to study the perspectives of the men.

The *Women in White* trailblazers were the last generation to complete medical school prior to Title IX and the entrance of women in large numbers. Today, women comprise significant percentages of medical school graduates. In 2014-2015, women made up thirty-nine percent of University of Kentucky, forty-three percent of University of Kansas, fifty percent of University of Louisville, and fifty-six percent of Vanderbilt medical school graduates.<sup>9</sup> Further studies are recommended in the areas of modern medical student culture, women faculty, and women physician compensation.

Comparisons of the perspectives of the *Women in White* trailblazer generation with recent women graduates might also contribute to the narrative. Are contemporary men and women medical students truly experiencing a single sphere of medicine? If so, when and what does it mean? If not, how close are we?

One of the most significant gaps is the perspective of African Americans and other minority medical students. Historically, they attended medical school in fewer numbers than women. What were their experiences? Who were their mentors and role models? What were their competitions and challenges? And finally, were they able to choose their paths to professional physician careers?

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- <sup>4</sup> Ibid.
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- <sup>8</sup> Rachel Eubank, interview with Karen Clancy, February 27, 2016, in Richmond, Kentucky, 2016oh077\_wp006, Women in White: Women Physicians Oral History Project. (WP001) Louie B. Nunn Center for Oral History, Special Collections Research Center, University of Kentucky Libraries.
- <sup>9</sup> Association of American Medical Colleges, Table B2.2 extracted from the website <https://www.aamc.org/data/facts/enrollmentgraduate/148670/total-grads-by-school-gender.html> Extracted on 9/8/2016. Contemporary data is provided in this section for schools discussed earlier in the manuscript.

## APPENDIX A

### General Interview Guide

Where did you grow up? What type of community was it?

What types of jobs or professions did your father and mother have?

How many children were in your family and where were you in the birth order?

When did you decide you wanted to be a doctor?

Were your parents supportive?

How did you prepare in the earliest years?

Where did you attend high school and what was it like?

Prior to college, were there people who encouraged you along the way?

Prior to college, were there people who discouraged you along the way?

Where did you attend college?

Which courses did you study?

Did you get support and encouragement to pursue a medical degree?

Why and how did you apply to the University of Kentucky Medical School?

Did you apply to other medical schools?

What do you remember about the admissions process?

When you started medical school, what do you remember about the first weeks?

What do you remember about the first year?

The first and second years of medical school usually consist of lectures, labs, and seminars.

What do you remember about your classes during those two years?

What do you remember about your clerkships and clinical experiences during the third and fourth years?



What were your favorite clerkships? Least favorite?

Describe some of your experiences as a student working with Interns and Residents?

What were the faculty like?

What do you remember about the women faculty?

How did patients react to a women medical student?

What did your fellow students think about female medical students?

Did you join professional organizations during medical school or hold class officer positions? If so, which ones and why? Did you hold leadership positions as a medical student? (Student American Medical Association–SAMA)

Were you familiar with the “Wives Club?”

What were the medical school facilities like? Were there differences for the men versus the women?

What was collegueship, support, and networking like for you?

Did your class do things together? Were there differences for the men versus the women?

How did the students balance family life with medical school?

The Women’s Auxiliary to the Student American Medical Association at UK Wives provided recognition to wives of medical students in the early years? Were women medical students more likely to delay or forgo marriage? Of those who were married, did their spouses feel supported?

In summary, what was it like being a medical student during that period? What were some of your biggest challenges?

Did you marry? Did you have children? If so, at what point in your career? What you’re your spouse do? How have you balanced domestic life?

Who were your mentors and how did they help you?

How did you choose your internship, and residency? (what, where, when)

What do you remember about the selection process?

Did you ever think about going into surgery?

Do you remember the point when you felt like you had “finally arrived” at being a doctor? Describe that experience.

What were the early years of your practice like?

Why were there so few women physicians during that period?

How hard was it for women to become physicians in comparison to men?

Talk about key of the highlights of your career?

What were some of the most significant influences and accomplishments of your career?

What are some things today’s educators can do to help students reach their fullest potentials?

Looking back, how have women physicians influenced medicine?

## APPENDIX B

### INSTITUTIONAL REVIEW BOARD PROTOCOL APPROVAL



Office of Research Integrity  
IRB, IACUC, RDRC  
315 Kinkead Hall  
Lexington, KY 40506-0057

859 257-9428  
fax 859 257-8995

[www.research.uky.edu/ori/](http://www.research.uky.edu/ori/)

#### EXEMPTION CERTIFICATION

MEMO: Karen Clancy  
College of Education  
131 Taylor Ed. Bldg.  
Campus 0001  
PI phone #: (859)312-2722

FROM: Institutional Review Board  
c/o Office of Research Integrity

SUBJECT: Exemption Certification for Protocol No. 14-0999-X4B

DATE: January 14, 2015

On January 14, 2015, it was determined that your project entitled, *Women in White: A Retrospective look at Medical Education at One School Between WWII and Title IX*, meets federal criteria to qualify as an exempt study.

Because the study has been certified as exempt, you will not be required to complete continuation or final review reports. However, it is your responsibility to notify the IRB prior to making any changes to the study. Please note that changes made to an exempt protocol may disqualify it from exempt status and may require an expedited or full review.

The Office of Research Integrity will hold your exemption application for six years. Before the end of the sixth year, you will be notified that your file will be closed and the application destroyed. If your project is still ongoing, you will need to contact the Office of Research Integrity upon receipt of that letter and follow the instructions for completing a new exemption application. It is, therefore, important that you keep your address current with the Office of Research Integrity.

For information describing investigator responsibilities after obtaining IRB approval, download and read the document "PI Guidance to Responsibilities, Qualifications, Records and Documentation of Human Subjects Research" from the Office of Research Integrity's IRB Survival Handbook web page [<http://www.research.uky.edu/ori/IRB-Survival-Handbook.html#PIresponsibilities>]. Additional information regarding IRB review, federal regulations, and institutional policies may be found through ORI's web site [<http://www.research.uky.edu/ori/>]. If you have questions, need additional information, or would like a paper copy of the above mentioned document, contact the Office of Research Integrity at (859) 257-9428.

## APPENDIX C

### CONSENT TO PARTICIPATE FORM

Consent to Participate in a Research Study

**Women in White:  
A Retrospective Look at Medical Education at One School  
Between WWII and Title IX**

**WHY ARE YOU BEING INVITED TO TAKE PART IN THIS RESEARCH?**

You are being invited to take part in an oral history study about women who graduated from American medical schools between World War II and the enactment of Title IX. You are being invited to take part in this specific oral history project because you are a female graduate from the University of Kentucky, College of Medicine in the 1960s or early 1970s.

**WHO IS DOING THE STUDY?**

The person in charge of this oral history interview project is Karen Clancy, MBA, PhD candidate of the University of Kentucky Department of Education Policy Studies and Evaluation, College of Education. Karen is a graduate student who is being guided in this dissertation project by Dr. John R. Thelin, Professor.

**WHAT IS THE PURPOSE OF THIS STUDY?**

The purpose of the oral history project is to use oral histories to examine the academic experiences and professional contributions of women physicians who graduated from American medical schools during the post WWII era, prior to Title IX. Specifically, this oral history project is designed to examine the experiences and contributions of women who graduated from the University of Kentucky, College of Medicine in the 1960s and early 1970s.

The primary perspectives of the project are to conduct and draw from oral histories. Key questions include: What do women graduates from this period perceive as their contributions to medicine? What were some of their early medical school experiences? How did they get through medical school? Who were their mentors and how did their mentors provide sponsorship?

By doing this study, I hope to learn how the early women graduates succeeded during a period when few women were pursuing medical careers. I also hope to learn about contributions made to American medicine by women who graduated from medical school during the era.

**ARE THERE REASONS WHY YOU SHOULD NOT TAKE PART IN THIS STUDY?**

You should not take part in the study if you do not want to talk about your experiences during medical school or if you do not want to offer your perspectives on the contributions of women in medicine.

**WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?**

The oral history interviews will be audiotaped, which requires quiet, uninterrupted locations. Your oral history interview will be conducted at a location of your convenience such as a public library, etc. You will work with Karen Clancy to determine a location that is acceptable to you and to the project. Oral history interviews will last approximately 90 minutes. However, your interview may be shorter or longer depending upon your desire and interest in talking about your experiences and perceptions.

**WHAT WILL YOU BE ASKED TO DO?**

If you agree to participate in the oral history project, Karen Clancy will work with you to set up an interview date and location at your convenience. The oral history interviews will be audiotaped, which requires a quiet, uninterrupted location.

During the oral history interview, you will be asked open ended questions including but not limited to a variety of topics such as your background, preparation for medical school, the application and admission process, your reason for choosing a medical career, your decisions to pursue any specialty training, your memories about medical school studies, faculty, mentors, academic societies, and your thoughts about the contributions of women to American medicine.

**WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?**

To the best of my knowledge, the things you will be discussing have no more risk of harm than you would experience in everyday life. Participation is voluntary. If you decide to participate, you may decline to answer specific questions or discontinue the interview altogether.

**DO YOU HAVE TO TAKE PART IN THE STUDY?**

If you decide to take part in the study, it should be because you really want to volunteer. You will not lose any benefits or rights you would normally have if you choose not to volunteer. You can stop at any time during the study and still keep the benefits and rights you had before volunteering.

**IF YOU DON'T WANT TO TAKE PART IN THE STUDY, ARE THERE OTHER CHOICES?**

If you do not want to be in the study, there are no other choices except not to take part in the study.

**WHAT WILL IT COST YOU TO PARTICIPATE?**

There are no costs associated with taking part in the study.

**WILL YOU RECEIVE ANY REWARDS FOR TAKING PART IN THIS STUDY?**

You will not receive any rewards or payments for taking part in the study.

**WHO WILL SEE THE INFORMATION THAT YOU GIVE?**

Date from the oral history interviews will be used for future scholarly and educational publications including but not limited to the dissertation "Women in White: A Retrospective Look at Medical Education at One School Between WWII and Title IX."

With your additional approval, your oral history interview will be contributed to the Louie B. Nunn Center for Oral History at the University of Kentucky Library to complement and enhance existing collections including the College of Medicine 50th Anniversary Oral History Project. <http://www.kentuckyoralhistory.org/series/18957/college-medicine-50th-anniversary-oral-history-project>) You will be given a Louie B. Nunn Center for Oral History Release form to sign if you wish to contribute your interview. Participation in the oral history project does not require that you approve the contribution of your interview to the Oral History Center. There are no penalties if you choose to participate in the oral history project but decline to contribute your interview the Oral History Center.

**CAN YOUR TAKING PART IN THE STUDY END EARLY?**

If you decide to take part in the study you still have the right to decide at any time that you no longer want to continue. You will not be treated differently if you decide to stop taking part in the study.

**WHAT IF YOU HAVE QUESTIONS, SUGGESTIONS, CONCERNS, OR COMPLAINTS?**

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions, suggestions, concerns, or complaints about the study, you can contact the investigator, Karen Clancy at 859-312-2722 [orkclncy@uky.edu](mailto:orkclncy@uky.edu). If you have any questions about your rights as a volunteer in this research, contact the staff in the Office of Research Integrity at the University of Kentucky between the business hours of 8am and

5pm EST, Mon-Fri. at 859-257-9428 or toll free at 1-866-400-9428. I will give you a signed copy of this consent form to take with you.

\_\_\_\_\_  
Signature of person agreeing to take part in the study

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of person agreeing to take part in the study

\_\_\_\_\_  
Name of (authorized) person obtaining informed consent

\_\_\_\_\_  
Date

University of Kentucky  
Revised 9/10/14

F2.0150  
Nonmedical IRB ICF Template

## APPENDIX D

### INVITATION TO PARTICIPATE IN THE STUDY

#### DEAR UNIVERSITY OF KENTUCKY COLLEGE OF MEDICINE ALUM,

You are being invited to take part in an oral history project that focuses on the experiences and accomplishments of women physicians who graduated from the University of Kentucky, College of Medicine between 1964 and 1975.

#### WHO IS DOING THE STUDY?

The person in charge of this oral history interview project is Karen Clancy, MBA, PhD candidate of the University of Kentucky Department of Education Policy Studies and Evaluation, College of Education. Karen is a graduate student who is being guided in this dissertation project by Dr. John R. Thelin.

Karen was the interviewer for the University of Kentucky College of Medicine 50<sup>th</sup> Anniversary Oral History Project which included 10 interviews of faculty and staff including Dr. Jacqueline Noonan, Dr. Peter Bosomworth, Dr. Emery Wilson, and Dr. Sam Matheny.

<http://www.kentuckyoralhistory.org/series/18957/college-medicine-50th-anniversary-oral-history-project>

#### WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of the oral history project is to use oral histories to examine the academic experiences and professional contributions of women physicians who graduated from American medical schools during the post WWII era, prior to Title IX.

The primary perspective of the project is to use oral history interviews to document contributions made to the field of medicine by women who graduated from medical school during the era. Key questions include: What do women graduates from this period perceive as their contributions to medicine? What were their medical school experiences? How did they get through medical school? Who were their mentors and how did their mentors provide sponsorship? What can contemporary students and educators learn from their experiences?

#### WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

The oral history interviews will be audiotaped, which requires quiet, uninterrupted locations. Your oral history interview will be conducted at a location of your convenience such as a public library, etc. You will work with Karen Clancy to determine a location that is acceptable to you and to the project. Oral history interviews will last approximately 90 minutes. However, your interview may be shorter or longer depending upon your desire and interest in talking about your experiences and perceptions.

#### WHO WILL SEE THE INFORMATION THAT YOU GIVE?

Data from the oral history interviews may be used for future scholarly and educational publications including but not limited to the dissertation "Women in White: A Retrospective Look at Medical Education at One School Between WWII and Title IX."

Additionally, if you approve, your oral history interview will be contributed to the Louie B. Nunn Center for Oral History at the University of Kentucky Library to complement and enhance existing collections including the College of Medicine 50th Anniversary Oral History Project.

<http://www.kentuckyoralhistory.org/series/18957/college-medicine-50th-anniversary-oral-history-project>

You will be asked to sign a Louie B. Nunn Center for Oral History Release form to sign if you wish to contribute your interview. **Participation in the oral history dissertation research project does not require that you contribute your interview to the UK Oral History Center.**

## APPENDIX E

### LOUIE B. NUNN CENTER FOR ORAL HISTORY RELEASE



Louie B. Nunn Center for Oral History  
M. I. King Building, University of Kentucky  
Lexington, Kentucky 40506-0039  
<http://libraries.uky.edu/nunncenter>  
(859) 257-0189

#### LOUIE B. NUNN CENTER FOR ORAL HISTORY RELEASE

We, \_\_\_\_\_ (Interviewee) and \_\_\_\_\_ (Interviewer), do hereby give to the University of Kentucky Libraries for scholarly and educational uses, the following recorded interview, recorded on \_\_\_\_\_ (Date), as a gift, and transfer to the University of Kentucky Libraries legal title and all literary property rights including copyright. This gift does not preclude any use that we ourselves may wish to make of the information in the recording and/or subsequent transcripts of such. Unless otherwise specified I place no temporary access restrictions on the University of Kentucky Libraries regarding usage of this interview.

\_\_\_\_\_  
SIGNATURE OF INTERVIEWEE

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SIGNATURE OF INTERVIEWER

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DATE

**Temporary Access Restrictions** (Only fill this section out if you want to place a temporary access restriction on this interview)

As stated above, I am transferring legal title and all literary property rights, including copyright, to the University of Kentucky Libraries. However, I wish to place the following **temporary** restrictions on public access to this recorded interview (including the recorded audio/video and subsequent transcripts of the interview):

- I wish to require written permission for usage of this interview during my lifetime.
- I wish to restrict access to this interview to this recording until (date): \_\_\_\_\_
- Other (must include end-date for restriction or verifiable condition for future release). Please specify:

If a restriction has been placed, please make sure your contact information remains current with Nunn Center records.

*Accepted for the University of Kentucky Libraries*

By: \_\_\_\_\_ Date: \_\_\_\_\_



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Wrobel, Sylvia. *The First Hundred Years of the University of Kentucky College of Pharmacy, 1870 – 1970*. Lexington: University of Kentucky College of Pharmacy, 1972.

## VITAE

### Karen Fay Clancy

#### Education

Master of Business Administration Morehead University, May 2004  
Master of Business Administration Curriculum, University of Kentucky, 1991–1993  
Bachelor of Science, Health Care Administration, University of Kentucky, May 1991  
Health Administration Internship, University of Kentucky Hospital, 1990  
Medical Laboratory Technology, Associate in Applied Science, Somerset Community College, May 1982  
A.D. Nursing Curriculum, Eastern Kentucky University, 1975–76

#### Teaching

Assistant Professor, Eastern Kentucky University  
Health Services Administration Program, Health Promotion and Administration Department,  
College of Health Sciences  
August 2014 to Present

Faculty, Midway College  
Business Division/Department, Health Care Administration, Bachelor of Arts Program  
Fall 2010–Summer 2014

Adjunct Professor, Midway College  
Business Division, Healthcare Administration  
Summer 2010

Adjunct Instructor, University of Kentucky  
College of Public Health, Health Services Management Department  
July 2005–June 2015

#### Awards

Arvie and Ellen Turner Research Scholarship, University of Kentucky, College of Education,  
Spring 2015  
Affiliate New Professionals Award, American College Health Association, San Antonio  
Tex., May 2007  
Hall of Fame Inductee, College of Health Sciences, University of Kentucky, October 2006.  
Howard Bost Award – “Student with the Most Leadership Potential,” University of  
Kentucky, Health Administration, 1991  
Academic Excellence Scholarship, University of Kentucky, 1990–1991  
Kentucky Public Health Association Scholarship, 1990–1991  
Recognition for Outstanding Work in the Field of Medical Technology, Somerset  
Community College, top graduating student, 1982

## **Publications**

Technical Reviewer, August 2015 through April 2016. *Health Information Management Concepts, Principles, and Practice*, Part V Management Tools and Strategies: Chapter 22 - Managing and Leading During Organization Change, Chapter 23 - Human Resources Management, Chapter 24 - Employee Training and Development, Chapter 25 - Work Design and Process Improvement, Chapter 26 - Financial Management, Chapter 27 - Project Management.. Oachs, Pamela; Watters, Amy. Fifth Edition, American Health Information Management Association Press. 2016.

Clancy, Karen. American Health Care: Navigating the New Frontier. Midway College Business Faculty Blog. October 26, 2011. <http://info.midway.edu/business-blog/bid/70455/American-Health-Care-Navigating-the-New-Frontier>

Clancy, Karen. "University of Kentucky College of Medicine 50<sup>th</sup> Anniversary Oral History Project," Louie B. Nunn Center for Oral History, Special Collections Research Center, University of Kentucky Library. Ten interviews: Peter Bosomworth, Emery Wilson, Jacqueline Noonan, Sam Matheny, Rob Sprang, Tony Goetz, Baretta Casey, Janet Joyce, Shirley Tipton, Jim Norton. Interviews Conducted 2008--2009.

## **Licensure**

Medical Technologist, MT (HEW)

Medical Laboratory Technology, MLT (ASCP)