

**Medical Frontiers:
Women Physicians and the Politics and Practice of Medicine in the American West,
1870-1930**

by

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For my younger self.
A single mother, working as a waitress, with only an associate degree in hand.
You are my inspiration every day.

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Abstract

Between 1870 and 1930, women physicians in the American West played key roles in shaping the region's health politics and medical geography. Women doctors became influential actors in the region precisely because the rapid growth of the American West coincided with the rise of progressivism, scientific medicine, maternalism, and early state suffrage laws. It was this simultaneity of events that produced a unique environment for women physicians to take a lead role in constructing the region's medical and public health landscape. Focusing on themes of medical imperialism, reproductive politics, and public health, "Medical Frontiers" argues that women physicians leveraged the fluidity inherent within frontier spaces to practice medicine, participate in politics, and design the public health infrastructure of the developing American West.

Steeped in medical knowledge and maternalist ideologies, these enfranchised doctors positioned themselves as vanguards in the movement for modern public health and reproductive medicine. They believed that they possessed the necessary qualities over their male colleagues to make moral public health decisions. What constituted "moral," however, was contested and fraught. Many white women physicians used their professional and political power to police marginalized communities through a moralist medicine philosophy and policies of reproductive surveillance. Their work in institutional incarceration, eugenics, and oppressive public health legislation created a medical geography in the region underlined by race science, Protestant

moralism, and principles of settler colonialism. Not all medical women in the region agreed with this approach. The small numbers of physicians of color, along with some leftist physicians, pushed back on moralist medicine and reproductive surveillance by supporting access to abortion services and racial and class equality in public health. Western women doctors held diverse opinions on medicine and public health, and they advocated for radically different policies from various positions of power. “Medical Frontiers” examines the wide spectrum of health politics among these women, the ways in which they performed, advocated, and debated these various ideologies, how their work reinforced or fought against racial and class hierarchies, and the significant impact they had on the institutional and legal development of the region and beyond.

**Introduction:
Trailblazers, Pioneers, and Doctors in Petticoats:
The Lore and Legacy of the Lady Physician in the Wild West**

On May 3, 1961, Dr. Amelia Ziegler celebrated her 100th birthday. Newspapers and television reporters from all over the country descended on Hill Haven Convalescent Home in Portland, Oregon to interview the woman believed to be the oldest living physician in the United States. Described as “lively as a woman half her age” and “quick on a comeback and sometimes a little cocky,” the centenarian joked with reporters as she ate her birthday cake that they had no actual proof of her age. In truth, Dr. Ziegler relished in telling reporters her life story. Born in Buffalo, New York in 1861, “Dr. Amelia” graduated from Woman’s Medical College in Kansas City, Missouri in 1898 and moved to Portland that same year to hang out her shingle. She practiced medicine in the city for close to forty years, delivering over 3,000 babies and wearing out three black medical bags before retiring in the 1940s.

Amelia Ziegler’s 100th birthday made national headlines not just because of her age, although that was certainly part of it (the life stories of centenarians often made for “feel good news”), Americans were also enthralled by what Dr. Ziegler represented: the fabled woman doctor of the Wild West. Reporters delighted in recounting her early experiences as a “female physician on the frontier.” Several stories described how the “lady doctor” made house calls on horseback – day or night, rain or snow – to deliver babies or offer comfort to a child in medical distress. Others published excerpts from her first account book, noting that in August of 1898 she paid twenty cents for drugs, eighteen cents for borax, and fifteen cents for soap. One gripping

story described her very first patient in Portland, a woman suffering from peritonitis from a botched abortion. “[At the time] I was too innocent to find out what caused it,” she told the newspaper, “but I treated her. I was nurse and doctor both, night and morning, in her home, and she recovered.”¹ Most reports consistently referred to Dr. Ziegler as a “pioneer,” referring both to her professional status and her geographic location in the turn-of-the-century United States. Ziegler practiced medicine at a time and a place when most doctors were men and the frontier was no place for a lady.

Amelia Ziegler was far from the only western lady doctor profiled in the media in the mid-to-late twentieth century United States. Stories recounting the lives and careers of female physicians in the early American West became somewhat commonplace during this period, especially as these early generations of women began to pass away. Obituaries and tributes often evoked the same pioneer rhetoric found in Amelia Ziegler’s story – tales of midnight house calls via horseback, and stories of hundreds of babies birthed in rain, sleet, or snow at the edge of town, up in the mountains, or on an isolated ranch on the prairie. Many of these accounts also included a healthy dose of skepticism from locals who were suspicious of a woman doctor in their town. Often, the physician assuaged any concerns over her skills or qualifications by first attending to a non-human patient – an injured horse or a sick cow – thereby winning over the hearts and minds of the townspeople.

Today, popular histories such as *The Doctor Wore Petticoats* or *High Altitude Attitudes* paint heroic pictures of western lady doctors like Amelia Ziegler, while fictional television shows such as *Dr. Quinn, Medicine Woman* dramatize their lives in composite for the purpose of

¹ Biographical File, Amelia Ziegler, M.D., Box 144, Oregon Health & Science University Historical Collections & Archives.

wholesome family entertainment.² Nearly every western state includes in its pioneer histories a tale of its first woman doctor. In Oregon, it is Dr. Bethenia Owens-Adair in 1873; in California, Maria Field Wanzer in 1876; and many Colorado historians cite Alida Avery as the state's first female doctor in 1881.

Although these tales serve to recover a “lost” history of women in the American West, their hagiographic framework neglects a more complicated, a more contentious, and certainly a more historically significant story with political, social, and legal implications for the region. To begin with, claims of who was “first” are debatable, difficult to verify, and ignore not only the indigenous healers displaced by the violence of settler colonialism, but also the unstable definition of “doctor” in the nineteenth century that often overlooked women practicing a variety of healing traditions in the region.³ Second, framing medical women's practice in the American West as a solitary, heroic endeavor elides the larger pattern of medical chain migration, professional networking, and political collaboration among women physicians in the late-nineteenth and early twentieth century. Perhaps most importantly, these pioneer histories omit the ways in which these mostly white, middle-class women used their medical authority and political power to shape, define, and contest the public health landscape of the region based on prevailing scientific ideologies of race, class, sexuality, and disability. These set of circumstances suggest historians reconsider their roles in the political, legal, and institutional

² Many of these women are included in popular history books on the American West, including Chris Enss, *The Doctor Wore Petticoats: Women Physicians of the Old West* (Guilford, Conn.: TwoDot, 2006), Gloria G. Harris and Hannah S. Cohen, *Women Trailblazers of California: Pioneers to the Present* (The History Press, 2012), and Marilyn Griggs Riley, *High Altitude Attitudes: Six Savvy Colorado Women* (Boulder, Colo.: Johnson Books, 2006).

³ Who was “first” is also difficult to verify because claims are often based on what year each doctor received their medical license from a particular state or territory. This method ignores women physicians who may have been unofficially practicing in a region that had yet to legally recognize them. It also fails to take into account the instability of frontier law, the inconsistency of medical licensing laws, and the wide variations of medical practice during this period. See Clinton Matthew Sandvick, “Licensing American Physicians: 1870-1907” (PhD diss., University of Oregon, 2013) and James C. Mohr, *Licensed to Practice: The Supreme Court Defines the American Medical Profession* (Baltimore: The Johns Hopkins University Press, 2013).

development of the American West. Indeed, Amanda Ziegler was not merely a lady doctor on horseback delivering babies all over Portland, she was also an important physician in a growing urban center who, along with her colleagues, founded institutions, wrote legislation, and promoted public health policies meant to encourage a morally and physically healthy American West.

“Medical Frontiers” tracks the history of women physicians as they appeared in the urban American West and examines their role in creating the health politics and medical geography of the region. Beginning in the 1870s, eastern medical women began migrating west. By the turn of the century, Colorado, Oregon, and California had some of the highest ratios of women physicians in the nation.⁴ Lured by political and professional opportunities created through westward expansion, rapid urbanization, and settler colonialism, these women leveraged the fluidity inherent within frontier spaces to practice medicine, participate in politics, and design the public health infrastructure of the growing region.⁵ Steeped in medical knowledge and maternalist ideologies, enfranchised doctors in the turn-of-the-century American West positioned themselves as leaders in the movement for modern public health and authorities in reproductive medicine.

Many white women physicians viewed the American West as a *tabula rasa*, an emptied territorial space that offered novel opportunities to create, reorder, and perfect American society

⁴ Kimberly Jensen, “The ‘Open Way of Opportunity,’ Colorado Women Physicians and World War I,” *The Western Historical Quarterly* 27, no. 3 (Autumn, 1996): 327-48.

⁵ Several scholars have examined how settler colonialist and imperialist spaces created opportunities for middle-class and elite white women to become reformers, teachers, and missionaries in the late-nineteenth and early-twentieth centuries. See Louise Michele Newman, *White Women’s Rights: The Racial Origins of Feminism in the United States* (New York: Oxford University Press, 1999) and Margaret D. Jacobs, *White Mother to a Dark Race: Settler Colonialism, Maternalism, and the Removal of Indigenous Children in the American West and Australia, 1880-1940* (Lincoln: University of Nebraska Press, 2009), and Jane E. Simonsen, *Making Home Work: Domesticity and Native American Assimilation in the American West, 1860-1919*, *Gender and American Culture* (Chapel Hill: University of North Carolina Press, 2006).

in ways that better reflected the advances of the scientific age. These women promoted a medical imperialism that pathologized race, class, sexuality, and disability. Their work in eugenics, carceral health institutions, and public health legislation fostered a biopolitical framework for the region that focused on the surveillance of bodies based on medical science, racial ideology, and settler colonialism.⁶ A smaller number of physicians in the region, especially women of color, working-class and leftist women, and women involved in same-sex relationships, often contested this imperialist medicine framework by becoming radical advocates of reproductive choice and racial, class, and gender equity in public health. More commonly, however, women doctors in the region drew their own set of complicated boundaries that dictated the politics and practice of their medical activism. Exploring this wide range of positions not only demonstrates how turn-of-the-century female physicians placed politics at the center of their professional lives, it also reveals how their activism played a critical role in shaping legal, institutional, or informal systems of public health and reproductive medicine in the region and beyond. Furthermore, by placing the health politics of these women at the center of inquiry, “Medical Frontiers” examines how, why, and to what extent their activism often shifted, fractured, or radicalized over time.

This dissertation is a study of women physicians’ health politics at the turn of the twentieth century, and how their medical practices and ideologies surrounding race, gender, and sexuality influenced the development of the urban American West. The project thus asks: how did the social, political, cultural, and economic conditions facilitate a significant westward migration of women physicians in the United States at the turn of the century? How did these same conditions

⁶ Here I am referring to the Foucauldian concept of biopolitics which, at its most basic level, argues that biological processes are controlled under regimes of authority over knowledge, power, and the processes of subjectivation. Michel Foucault, *The Birth of Biopolitics: Lectures at the Collège de France, 1978-79*, Michel Foucault: Lectures at the College de France (Basingstoke England: Palgrave Macmillan, 2008).

affect the scope and power of women doctors' professional practice and political activism in the region? To what extent did medical theories on race, gender, sexuality, and disability influence their work, and in turn, to what extent did these efforts shape the developing legal and institutional landscape of the American West? How did the shifting and contested scientific and cultural perceptions of reproductive medicine, a field largely populated by women physicians, inform their politics on contraception, abortion, and eugenics at the turn of the century? How did "The West" itself, as both a place and an imaginary, influence the health politics and careers of these women on a regional, national, and even transnational level? Finally – and most broadly – what sort of relationship did women physicians in the West draw between medicine and politics, how did it differ from their eastern counterparts, and how and why did those views change over time?

In the closing decades of the nineteenth century, with Native American displacement in its final stages and the completion of the transcontinental railroad, city boosters promoted the American West as a safe and uninhabited climatological paradise, open to wealthy white Americans suffering from tuberculosis and malaise. Within a few short years, health seekers eager to escape the polluted and crowded cities of the East began moving to Western cities that promised a "climate cure." Physicians and health care workers also participated in this migration, as both patients and practitioners. Among those practitioners were a significant number of women doctors who believed that the American West was not only was a lucrative place to practice medicine, but also offered a unique social geography that promised both gender flexibility and political enfranchisement.

The intensifying popularity of medical climatology, however, prompted thousands of Americans – rich and poor, white and non-white – to migrate west. These eager health seekers

sought relief, not only from tuberculosis, but also from a wide range of other ailments, including asthma, Civil War injuries, physical and mental disabilities, and alcoholism. Politicians, reformers, and medical professionals of all stripes struggled to respond to the growing numbers of sick, disabled, and debilitated immigrants and racial minorities, even as they attempted to cope with a range of challenges inherent to their rapidly expanding cities. In response, women physicians of the region leveraged their expanding professional networks and growing political power with the hope of enacting their own visions of medically modern cities. One aim of this project is to explain how the rapid maturation of the modern American West coincided with the rise of progressivism, maternalism, and early state suffrage laws, and how this simultaneity of events produced a unique environment for women to take a lead role in shaping the region's urban landscape. In short, while eastern women concentrated on reforming cities, western women focused on building cities. Women physicians in particular saw the region as a space of political and professional possibilities, one where they could participate in a type of public-health social engineering that reflected their particular medical ideologies.

Their activism was built on two tandem beliefs: an unwavering faith in medical science, and an essentialist assumption that women physicians possessed the maternalist qualities necessary to make moral public health decisions. What constituted "moral" public health, however, was contested and fraught. Many of these women utilized their newfound power to medically police marginalized communities through a moralist medicine philosophy and reproductive surveillance. Their work in institutional incarceration, eugenics, and oppressive public health legislation created a medical geography in the region underlined by race science, Protestant moralism, and principles of settler colonialism. Not all medical women in the region agreed with this approach. The small numbers of physicians of color, along with leftist white

women physicians, pushed back on moralist medicine and reproductive surveillance by supporting issues like companionate marriage, access to abortion services, and racial and class equality in public health.

Western women doctors held diverse opinions on medicine and public health, and they advocated for radically different policies from various positions of power. “Medical Frontiers” examines the wide spectrum of health politics among these women, the ways in which they performed, advocated, and debated these various ideologies, how their work reinforced or fought against racial and class hierarchies, and the significant impact they had on the institutional and legal development of the region and beyond. Importantly, this study also concerns itself with the shifting medical politics of these women. At the turn of the century, female physicians saw unlimited possibilities for the region; however, by the end of the 1920s, their radical visions had largely been tempered by the realities of politics and the waning popularity of reform movements in America. And yet, their work in public health and reproductive medicine demonstrates a genealogy of both medical care and surveillance in the region that is still visible today.

Though this study centers primarily on Denver, Colorado, considerable attention for comparative purposes is also paid to three other cities: Portland, San Francisco, and Los Angeles. At the turn of the century, these four cities had some of the highest ratios of medical women in the United States, and because of early suffrage laws, some of the most politically active. In order to reconstruct the work of these women and their transregional and transnational networks, “Medical Frontiers” utilizes a combination of research methodologies. In addition to geospatial and network analyses, I have consulted manuscript collections in regional archives in Denver, Portland, San Francisco, Los Angeles, Tucson, and Honolulu. I have also conducted a close examination of local newspapers, medical journals, and legal documents from the area. I’ve

paired this regional approach with research in collections of national figures such as Ben Lindsey, Alice Paul, and Margaret Sanger. By reading against the grain in many of these sources, this project demonstrates how medicine and public health became ingrained in the political and institutional landscape of the American West during its early years of urban development, and in turn, how women physicians played a key role in the marriage of these structures.

Focusing on themes of health politics, medical imperialism, and reproductive surveillance, “Medical Frontiers” is, at its heart, a study of women physicians, and therefore adds a necessary political perspective to the established historiography on this early cohort of professional women. The study of medical women in the United States grew from two historiographical trends that emerged between the 1970s and 1990s — the development of women’s history as a field of inquiry, and the social and cultural turn in the history of medicine. The history of women physicians in the United States has been a productive framework for exploring significant historical questions about the professionalization of medicine, women’s participation in the labor market, changes in postgraduate education, and gendered epistemological assumptions of health, disease, and treatment.⁷ *Sympathy and Science: Women Physicians in American Medicine* (1985) by historian Regina Morantz-Sanchez, was one of the first and most important monographs to emerge from this new avenue of inquiry. In this groundbreaking study, Morantz-Sanchez first

⁷ For women’s roles in the professionalization of medicine, see Mary Roth Walsh, *Doctors Wanted: No Women Need Apply* (New Haven: Yale University Press, 1977) and Ruth J. Abram, ed., *Send Us a Lady Physician: Women Doctors in America, 1835-1920* (New York: Norton, 1985). For women’s participation in the labor market, see Cathy Luchetti, *Medicine Women: The Story of Early-American Women Doctors* (New York: Crown Publishers, 1998). For changes in postgraduate education, see Steven J. Peitzman, *A New and Untried Course: Woman’s Medical College and Medical College of Pennsylvania, 1850-1998* (New Brunswick, N.J.: Rutgers University Press, 2000), and Thomas Neville Bonner, *To the Ends of the Earth: Women’s Search for Education in Medicine* (Cambridge, Mass.: Harvard University Press, 1995). For gendered epistemological assumptions of health, see Carla Jean Bittel, *Mary Putnam Jacobi and the Politics of Medicine in Nineteenth-century America*, *Studies in Social Medicine* (Chapel Hill: University of North Carolina Press, 2009), and Susan Wells, *Out of the Dead House: Nineteenth-century Women Physicians and the Writing of Medicine* (Madison: University of Wisconsin Press, 2001).

examines women's roles as healers and midwives in early America, then traces their efforts to gain access to medical schools and institutions during the nineteenth century. At the heart of her study is a nuanced discussion of how women physicians situated themselves within the male-dominated field of medicine. Morantz-Sanchez uses two famous women physicians, Elizabeth Blackwell and Mary Putnam Jacobi, to illustrate the debate between those who argued for inherent and beneficial feminine traits for women doctors, and those who rejected such essentialist claims.⁸ Although Blackwell and Jacobi effectively highlight the polarity of medical thought that existed among women physicians during this period, Morantz-Sanchez demands more historical complexity of her subjects. She demonstrates that women in medicine were never united in medical philosophy and furthermore, most women physicians blended varying degrees of sympathy *with* science.

While Morantz-Sanchez's work is lauded as foundational in the overall canon, other historians have made significant contributions. Gloria Moldow's *Women Doctors in Gilded Age Washington: Race, Gender, and Professionalization* (1987), focuses on medical women in Washington DC in order to delineate the disparities between white and black female physicians prior to the turn-of-the-century.⁹ In *Restoring the Balance: Women Physicians and the*

⁸ Dr. Elizabeth Blackwell often argued for an emphasis on environmental and moral treatments, while also arguing that women doctors were better suited to treat women patients. Dr. Mary Putnam Jacobi, on the other hand, embraced scientific medicine and laboratory research. It is important to note another study released the same year as *Sympathy and Science*, Martin S. Pernick, *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-century America* (New York [u.a.]: Columbia Univ. Pr, 1985). Pernick does not exclusively focus on women physicians, but he offers an important counter viewpoint to Morantz-Sanchez. Morantz-Sanchez finds that men and women obstetricians practiced medicine in similar ways, the only significant difference being that women physicians prescribed drugs more often than their male counterparts. Yet, Pernick posits that there were *more* differences in treatment. He argues that women kept more detailed records and background information on patients, and that women doctors used more painkillers on their patients while male doctors often used more drugs to hasten delivery.

⁹ Although Moldow's work examines black and white women physicians in Washington D.C., her work is situated within a larger historiography of African Americans women and the history of medicine that emerged during this period, including Darlene Clark Hine, *Black Women in White: Racial Conflict and Cooperation in the Nursing Profession, 1890-1950*, Blacks in the Diaspora (Bloomington, Ind.: Indiana University Press, 1989) and Susan Lynn

Profession of Medicine, 1850-1995 (1999), historian Ellen S. More argues that since the mid-nineteenth century, when women first entered the profession, female physicians have struggled to find balance between their professional and personal lives. A more recent contribution to this historical conversation is *Science Has No Sex: The Life of Marie Zakrzewska, M.D.* (2006), by Arleen Tuchman, which is significant for her attention to the Atlantic travels of women physicians during this period. While the first cohort of women doctors in the United States, like Blackwell and her younger sister Emily, traveled to Europe to augment their medical educations, Zakrzewska, a German-born woman of Polish descent, struggled to obtain a medical education in Germany and came to the United States to attend Case Western Medical School. Tuchman's work demonstrates a shift in opportunities for women in medicine from Europe to America by the end of the nineteenth century. This early strand of scholarship on gender, medicine, and the history of professionalization underscores the early education and careers of women physicians, yet none specifically addresses the political work of these women and how their medical views on race, sexuality, and disability informed that activism. Morantz-Sanchez addresses this very absence in her introduction when she writes that a "thorough examination of women doctors' role in the political debates" surrounding birth control, eugenics, and "healthcare in general" is "still needed."¹⁰

Additionally, these studies of early women physicians are rooted in the northeastern United States. Several historians have attempted to remedy this oversight by shifting the historical lens westward. For example, in *Oregon's Doctor to the World: Esther Pohl Lovejoy and a Life in Activism* (2012), historian Kimberly Jensen examines the personal, professional, and political life

Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activism in America, 1890-1950* (Philadelphia: University of Pennsylvania Press, 1995).

¹⁰ Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine*, xvi.

of one of Oregon's most famous physicians. Similarly, in *Doctor Mom Chung of the Fair-Haired Bastards: The Life of a Wartime Celebrity* (2005), historian Judy Tzu-Chun Wu examines the storied life of California physician, Margaret Chung, the first American-born Chinese female doctor and the first female professor and chair of obstetrics in a co-educational medical school.¹¹ As Tuchman, Jensen, and Wu demonstrate, a biographical approach is often an effective method to not only recover the individual lives of women physicians, but also to analyze how, for these women, medical careers led to political activism. This approach, however, can result in the same isolating effect seen in the tales of pioneer women physicians in the West recounted in popular histories. Biography as a genre can have the unintended consequence of omitting the ways in which historical subjects worked within larger group dynamics by highlighting instead the extraordinariness of individual actors.¹² "Medical Frontiers" adds a critical perspective on this biographically oriented historiography by examining western women physicians as a group of medical actors whose collective influence helped build the political and institutional landscape of the American West at the turn of the century.

Accordingly, this study centers the role of women physicians, medicine, and public health in maintaining or resisting racial supremacy and settler colonialism in the American West. Anthropologist Patrick Wolfe's essay, "Settler Colonialism and the Elimination of the Native" is often cited as the principal work representing the concept and theory of settler colonialism.

¹¹ The title of Wu's book is derived from Chung's "surrogate family." During World War II, the unmarried Chung showed her patriotism and support for the allies by "adopting" young military men, who began calling themselves Chung's "Fair-Haired Bastards."

¹² Many women's historians have utilized feminist biography as a way of uncovering the lives and historical significance of women in the past, yet there is also significant scholarship on the challenges and limitations of this approach. See Sara Alpern, ed., *The Challenge of Feminist Biography: Writing the Lives of Modern American Women*, ed. Sara Alpern, Women in American History (Urbana, Ill.: University of Illinois Press, 1992), Susan Ware, "The Book I Couldn't Write: Alice Paul and the Challenge of Feminist Biography," *Journal of Women's History* 24 no. 2 (Summer 2012): 13-36, Barbara Caine, "Feminist Biography and Feminist History," *Women's History Review* 3 no. 2 (1994): 247-261.

Wolfe argues that the goal of a settler colony is “the replacement of native society. . . . Its governing logic is one of elimination” rather than incorporation.¹³ Since Wolfe’s pivotal essay, several scholars have used settler colonialism as an analytic to understand and explain the displacement and genocide of indigenous people all over the world, including the North American West.¹⁴ As historian Margaret Jacobs has argued, settler colonialism is an important lens for examining how the “policies of exclusion and segregation became central to the development and administration of settler colonies.”¹⁵ As such, settler colonialism is an important analytic for understanding racial supremacy in the American West beyond indigenous displacement. As historian Jason Pierce argues in *Making the White Man’s West: Whiteness and the Creation of the American West*, the same racial logics that removed Native Americans to reservations also underlined the exclusion of Asians from citizenship and ownership of land, and the segregation of Hispanics. Pierce argues that all of these operated together in an attempt to form an Anglo paradise, or a “new Eden of the Saxon home-seeker . . . where American energy has wrought miracles,” as nineteenth-century western journalist Charles Lummis termed it.¹⁶ In short, from Manifest Destiny to Frederick Jackson Turner’s frontier thesis, Americans believed that the American West was meant to be a white man’s refuge.

¹³ Wolfe did not invent settler colonialism theory, but his work proved important in giving the analytic visibility and traction. Patrick Wolfe, *Settler Colonialism and the Transformation of Anthropology* (London and New York City: Continuum International Publishing Group, 1998), Patrick Wolfe, “Settler Colonialism and the Elimination of the Native,” *Journal of Genocide Research* 8, no. 4 (Dec. 2006): 387–409.

¹⁴ Settler colonialist studies, which has emerged as a subfield in the last two decades, are too numerous to mention, but some foundational texts include Lorenzo Veracini, *Settler Colonialism* (London: Palgrave Macmillan UK, 2010), Benjamin Madley, *An American Genocide: the United States and the California Indian Catastrophe, 1846-1873*, The Lamar Series in Western History (New Haven: Yale University Press, 2016), Walter L. Hixson, *American Settler Colonialism: a History* (New York, NY: Palgrave Macmillan, 2013), Banivanua Mar, T. and Edmonds, P., eds. *Making Settler Colonial Space: Perspectives on Race, Place and Identity* (New York: Palgrave Macmillan, 2010).

¹⁵ Jacobs, *White Mother to a Dark Race: Settler Colonialism, Maternalism, and the Removal of Indigenous Children in the American West and Australia, 1880-1940*, 18.

¹⁶ Jason Pierce, *Making the White Man’s West: Whiteness and the Creation of the American West* (Boulder: University Press of Colorado, 2016), 74-75, Charles Lummis, *Out West* v.2 (January, 1895), 34.

Of course, missing from Pierce's study is a gender analysis that considers the "white woman's West." Margaret Jacobs and other scholars have examined how white women were complicit in, and central to, upholding racial hierarchies under settler colonialism through their work in teaching, missionary work, and domestic reform efforts, or what anthropologist Ann Stoler calls, "imperial intimacy."¹⁷ In *White Mother to a Dark Race* Jacobs examines the key roles white women played in creating policies of indigenous child-removal in both the American West and Australia. Similarly, Linda Gordon demonstrates how white women in Arizona fought to remove Irish orphans from Mexican families after they were placed there by the Catholic church, while Jane Simonsen focuses on how middle-class ideals of home and domestic work gave white women a stake in upholding racial and class hierarchies in the American West.¹⁸ "Medical Frontiers" adds to this critical dialogue on gender, settler colonialism, and racial supremacy by considering how white women physicians at the turn-of-the-century were able to successfully marry both medical science *and* maternalism to legislate, institutionalize, segregate, and exclude racialized and classed bodies. It demonstrates how their health politics were often key to the perpetuation of a white, able-bodied American West.

Similarly, this dissertation adds to the historical discussion on how western cities and states used public health policies to segregate, exclude, deport, and contain bodies not deemed fit for citizenship. Nayan Shah, for example, examines how public health officials medicalized anti-Chinese activism in San Francisco by defining them as an inherent and contagious threat in late-nineteenth century San Francisco. Natalia Molina demonstrates how public health influenced the

¹⁷ Ann Laura Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule* (Berkeley: University of California Press, 2010).

¹⁸ Jacobs, *White Mother to a Dark Race: Settler Colonialism, Maternalism, and the Removal of Indigenous Children in the American West and Australia, 1880-1940*, Linda Gordon, *The Great Arizona Orphan Abduction* (Cambridge, Mass.: Harvard University Press, 2001), Simonsen, *Making Home Work: Domesticity and Native American Assimilation in the American West, 1860-1919*.

meaning of race in the early-twentieth century Los Angeles, while Emily Abel explores how Los Angeles public health officials attempted to restrict poor tubercular immigrants from residing in the city during the same period.¹⁹ This project argues that women physicians were often at the center of these campaigns and, in fact, their reliance on the rhetoric of maternalism and moralist medicine, two concepts that often exploited racial and class fears, were critical to the successful implementation of health policy and medical institutions in the region, especially when the state lacked a strong public health infrastructure.

These campaigns among women physicians largely focused on the health and welfare of women and children in the region. Thus, this project is also in conversation with the important historiographies on sexuality and reproductive rights and restrictions. American West scholars have produced fruitful studies examining how government organizations attempted to regulate sexuality in the region. Peter Boag, for example, has examined in several studies how cross-dressing and homosexuality was policed on the frontier, while Pablo Mitchell and Nayan Shah have explored sexuality in marginalized communities and how cities and states responded to these populations.²⁰ Other scholars like Leslie Reagan, James Mohr, and Peter Egelman have examined the complicated history of reproductive rights in terms of abortion and birth control; while scholars like Alexandra Minna Stern, Paul Lombardo, and Johana Schoen have produced

¹⁹ Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001), Natalia Molina, *Fit to Be Citizens? Public Health and Race in Los Angeles, 1879-1939* (Berkeley: University of California Press, 2006), and Emily K. Abel, *Tuberculosis and the Politics of Exclusion: A History of Public Health and Migration to Los Angeles*, *Critical Issues in Health and Medicine* (New Brunswick, N.J.: Rutgers University Press, 2007).

²⁰ Peter Boag, *Same-Sex Affairs: Constructing and Controlling Homosexuality in the Pacific Northwest and Re-Dressing America's Frontier Past* (Berkeley: University of California Press, 2011), Pablo Mitchell, *West of Sex: Making Mexican America, 1900-1930* (Chicago: The University of Chicago Press, 2012), Nayan Shah, *American Crossroads*, vol. 31, *Stranger Intimacy: Contesting Race, Sexuality, and the Law in the North American West* (Berkeley: University of California Press, 2011).

important studies on reproductive restrictions through eugenics.²¹ This dissertation contributes to these conversations by demonstrating that women physicians in Progressive-Era America understood rights *and* restrictions, as well as the regulation of sexuality, under the same umbrella of what I call reproductive surveillance. Their role in abortion and birth control activism, eugenic activism and sterilization laws, and the building of carceral institutions for sexually wayward men and women highlights how women physicians increasingly saw it as their prerogative to advise both patients and politicians on public health policy, especially those concerning sexuality, reproduction, and family health.

Finally, “Medical Frontiers” deepens our understanding of gender, health and urban development in the American West. In Gunther Paul Barth’s influential book, *Instant Cities: Urbanization and the Rise of San Francisco and Denver* (1975), he argues that urban areas in the American West should be conceptualized as “instant cities” because of their rapid development that coincided with the industrialization and urbanization of the entire country. He argues that from their inception, these cities were “thrown full force into the contemporary urban problems of their eastern equivalents.” Historian Carl Abbott has also argued that cities in the American West had the physical and institutional space to allow for “the full development and expression

²¹ James C. Mohr, *Abortion in America: The Origins and Evolution of National Policy, 1800-1900* (New York: Oxford University Press, 1978), Leslie J. Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997), Peter Engelman, *A History of the Birth Control Movement in America*, Healing Society: Disease, Medicine, and History (Santa Barbara, Calif.: Praeger, 2011), Alexandra Mina Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley: University of California Press, 2005), Paul A. Lombardo, *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck V. Bell* (Baltimore: Johns Hopkins University Press, 2008), Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare*, Gender and American Culture (Chapel Hill: University of North Carolina Press, 2005). Schoen’s work is particularly important in showing that sterilization was both a reproductive right and a restriction.

of new urban trends.”²² Additionally, historians of medicine such as Sheila Rothman, Katherine Ott, Emily Abel, and Greg Mitman have examined how crucial health seekers and the medical industry were to the urban and economic development of the region.²³ Although Rothman’s study in particular is notable for addressing the relevance of western masculinity in her discussion of health seekers, none of these works explore in-depth women’s perceptions of medical climatology, and their roles in health seeking and urban growth. This dissertation argues that medical women were central to building the medical geography and public health policies in the region. They saw the urban West as both a place and an imaginary, and they navigated and exploited these two concepts personally, professionally and politically.²⁴

“Medical Frontiers” is divided into five chapters. Chapter 1, “Health Seekers and ‘Wanderlusting Medics’: The Westward Migration of Medical Women in Turn-of-the-Century

²² Gunther Barth, *Instant Cities: Urbanization and the Rise of San Francisco and Denver*, The Urban Life in America Series (New York: Oxford University Press, 1975), 7. Additionally, understanding the relationship between place and space within the framework of medical geography in the American West forms a significant part of this project and is explored in Chapter 2. As Dolores Hayden and Henri Lefebvre have demonstrated, the production of space offers a way of constructing specific histories of places, demonstrate their significant role in developing the built environment of the modern American West. Henri Lefebvre, *The Production of Space* (Oxford, OX, UK: Blackwell, 1991), Dolores Hayden, *The Power of Place: Urban Landscapes as Public History* (Cambridge, Mass.: MIT Press, 1997, 1995), 18-22.

²³ Rothman’s work is also notable for discussing women health seekers, but this examination is minimal. Sheila M. Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (Baltimore: Johns Hopkins University Press, 1995), Katherine Ott, *Fevered Lives: Tuberculosis in American Culture Since 1870* (Cambridge, Mass.: Harvard University Press, 1996), Emily K. Abel, *Suffering in the Land of Sunshine: A Los Angeles Illness Narrative*, Critical Issues in Health and Medicine (New Brunswick, N.J.: Rutgers University Press, 2006), Gregg Mitman, *Breathing Space: How Allergies Shape Our Lives and Landscapes* (New Haven: Yale University Press, 2007).

²⁴ From this perspective, this dissertation is engaged with “next western history” (also known as post-Turnerian or neo-Turnerian history) that recognizes the power of the frontier myth, while also contending with “new western history” arguments of place and region. It recognizes that eastern physicians viewed “The West” as a mythical landscape in which they could imagine and then enact their ideas of health and modernity; yet, it also grapples with the ways in which people living in western communities navigated or resisted these visions and is very much aligned with “new western history” that demands scholars recognize the West as a region with a usable past. Frederick Jackson Turner, *The Frontier in American History* (New York: Dover Publications, 1996), Patricia Nelson Limerick, *The Legacy of Conquest: The Unbroken Past of the American West* (New York: Norton, 1987), William Cronon, George A. Miles and Jay Gitlin, “Becoming West: Toward a New Meaning for Western History,” in Cronon et al., *Under an Open Sky: Rethinking America’s Western Past* (New York: W.W. Norton, 1993, 1992), 3–27, María E. Montoya, “Onward to the Next Western History,” *Western Historical Quarterly* 43, no. 3 (2012): 271-73.

America,” sets the foundation of the project by examining tandem and interrelated developments in the late-nineteenth century: the rhetoric of the West as both a site of healing and opportunity, and the westward migration of women physicians. It begins with a national exploration of medical climatology and then zeroes in on how and why the American West in particular became a popular destination for health seekers at the turn of the century. It argues that gendered ideologies of healthy citizenship were embedded within the rhetoric of western medical climatology; yet despite the overwhelmingly masculine discourse on the climate cure, medical women responded to the therapeutic and economic promises of the region in significant numbers. Accordingly, this chapter also explores the geographic mobility of women physicians in the turn-of-the-century United States, and the ways the medical and cultural rhetoric of the West may have worked in tandem with nascent professional networks to propel the westward migration of medical women during this period.

Chapter 2, “‘We Have Only a Desire to Cure, Not Punish’: Women Physicians and the Moralistic Medical Geography of Denver, Colorado,” presents a microstudy of Denver, Colorado in order to explore in detail women physicians’ private practice and institutional work, and the central role they played in developing the medical geography of the city. It briefly traces the growth of Denver as an urban space to show how medical climatology played a central role in both its rapid growth and its racial and classed anxieties surrounding health seekers. The chapter then contextualizes women physicians’ medical practice within the growing city by examining where they set up their medical practices, how their professional networks evolved into public health work, what institutions they founded, and how their work affected the various population groups of the city. It examines how women physicians collaborated with reformers, clubwomen, and politicians to create several institutions and organizations that operated under a moralistic

medicine philosophy of health care and behavior modification. These institutions offered medical treatment to poor, immigrant, and racial minorities, but demanded home surveillance or institutional incarceration in return.

Chapter 3 “Suffragist Cities: Gender, Race, Sexuality, and the Politics of Public Health in the Urban American West,” returns to a regional analysis by tracing the political trajectories of women physicians in the pre-and post-suffrage American West. It analyzes their work in four areas – as municipal health officers, suffrage activists, political lobbyists, and elected state officials – in order to demonstrate how their political focus shifted over time, and how they increasingly leveraged their medical knowledge, professional status, and public reputations to play an influential role in local, state, and national politics. Key to this chapter is an exploration of how white female physicians actively medicalized race and sexuality in their political work, which resulted in public health policies that protected white womanhood and reinforced white supremacy. From anti-Chinese public health policies in San Francisco, to eugenic arguments for suffrage in Portland, to Ku Klux Klan activism in Denver, women physicians largely promoted a biopolitical framework for the region that prioritized racialized public health policies.

Chapter 4, “This is the Age of the Knife and Pistol”: The Politics and Practice of Reproductive Surveillance, continues a regional perspective by examining the wide spectrum of reproductive politics among women physicians in the American West, and the ways in which they performed, advocated, and debated these various ideologies. This chapter demonstrates how some women physicians became leaders in the movement to create restrictive policies of reproductive surveillance through eugenics and euthanasia, while other medical women became fierce proponents of reproductive choice, advocating in public and in secret for access to birth control and abortion care. More commonly, however, women doctors in the region often drew

their own set of boundaries that dictated the politics and practice of their reproductive activism. Exploring this wide range of positions sheds light on the intellectual work women physicians performed during this period and reveals how their activism influenced the social and legislative landscape of the American West.

The final chapter, “Utopian Frontiers: Western Women Physicians, Imperialism, and Transnational Medicine,” takes an international perspective by exploring how and in what ways western women physicians engaged with transnational medicine and politics, and examines the extent to which the American West, as both an imaginary and a geographical location, shaped their perceptions and experiences of public health, race, and imperialism. It discusses several American West physicians and their international interactions, but specifically focuses on three women doctors: Gertrude Van Pelt, Edna Sherrill, and Elsie Reed Mitchell. Practicing medicine in cities in Colorado, Oregon, and California, these three women became successful physicians before turning their attention to international politics. From intervention in postwar Cuba, to medical missionary work in China, to colonizing post-revolutionary Siberia, these women used both their experiences in and perceptions of “The West” to shape their work in imperialist spaces abroad. Upon return, each woman used their experiences to further their professional careers or fuel their political activism. This chapter argues women physicians in the turn-of-the-century American West created a circular professional and political relationship between the West and the world.

Finally, the epilogue examines the medical politics of women physicians well beyond the Progressive Era. At the turn of the century, medical women saw “The West” as a space where they could pursue ambitious political projects. By the end of the 1920s, however, the grand idea of a utopian frontier (in its various incarnations) had ended. Far from a declension narrative, this

study concludes by arguing that women physicians remained political beyond the 1920s. Importantly, their health activism shifted from that of radical political projects to more localized and specific public health work, largely stripped of its maternalist and moralist medicine ideologies. Their long-term activism, however, left an indelible mark on the medical geography and health politics of the American West.

Chapter 1:
Health Seekers and “Wanderlusting Medics”:
The Westward Migration of Medical Women in Turn-of-the-Century America.

PRACTICE FOR SALE - A Lady Physician offers for sale a fine growing practice (of not quite two years' growth) in a town of over 40,000 inhabitants. Income last year nearly \$3,000. One of the finest opportunities ever offered. A lady of good address will hold all the practice. . . Terms very low, reasons for selling, failing health.

*Mary C. Farnham
Topeka, Kan.*

In 1888, Dr. Mary C. Farnham placed an advertisement in *The Medical Era* announcing the sale of her homeopathic practice in Topeka, Kansas. After graduating Hahnemann Medical College of Chicago in 1881, the forty-five-year-old physician spent two years in Topeka building her medical practice, which specialized in treating “diseases of women and children.”¹ According to her ad, Farnham had an unusually lucrative practice, earning approximately three times what the average doctor earned in the United States at the end of the nineteenth century; an impressive feat considering the fact that women had entered the profession only in the last several decades, and faced considerable economic and moral skepticism from male colleagues and certain sectors of the public in both their personal and professional lives.²

¹ *Topeka Daily Capital*, May 6, 1888, 3. Details on Farnham’s life and practice, as sparse as they are, have been stitched together from census records, city directories, and her obituary. *The Journal of the American Medical Association*, Volume 62, no. 2, 1914, 1739, and *Radges’ Directory of the City of Topeka*, 1885-1887, and 1870 United States Census, *Oswego, Oswego, New York*; Roll: M593_1073; Page: 24B; Image: 53; Family History Library Film: 552572.

² As Paul Starr has argued, although estimates of physician income in the nineteenth century are “scattered and fragmentary,” sources paint a somewhat consistent financial picture of doctors during this period. In the 1870s, the average physician made \$1000/year and by 1901 city physicians averaged \$730/year, while country physicians

Farnham's advertisement is intriguing and offers scholars some enticing avenues of analysis. Neither a well-known physician nor prolific in her writing, she left few additional clues for historians to examine. However, faint traces of her post-Topeka life exist. In 1890, for example, a little over a year after publishing her ad, Farnham's name resurfaces in city directories and newspaper advertisements in Denver. That same year, Colorado issued her a state medical license and she joined the local homeopathic medical association. Her illness, it appears, did not force her into retirement. Instead, Farnham sold her practice in Topeka, moved West, and quickly resumed the practice of medicine.

Dr. Farnham is merely one among thousands of medical women who journeyed West at the turn of the century, a migratory pattern overlooked in the historiography of westward migration in the United States. In the late-nineteenth century, thousands of sick, disabled, and otherwise unwell Americans sought to improve their health by moving to the American West. The growing scientific and popular belief in medical climatology, or what was known as "the climate cure," prompted many men and women suffering from tuberculosis, asthma, Civil War injuries, mental illness, malaise, and other afflictions, to leave family and careers behind hoping for relief through new avenues of treatment, or even a cure for their ailments. Santa Fe, Phoenix, Los Angeles, Denver, Colorado Springs, and occasionally even Portland and Seattle became the most popular destinations for health seekers moving West. Physicians and health care workers in equal numbers participated in this health migration, both as patients and practitioners. Like Farnham, many were suffering from tuberculosis or other common illnesses. Other physicians

earned an average of \$1200/year. Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books 1982), 84-85. See also "A Legion of Leeches," *Detroit Review of Medicine and Pharmacy* 6 (January 1871), 19 and C. R. Mabee, *The Physician's Business and Financial Advisor*, 5th ed. (Cleveland: Continental Publishing, 1901), 170. Starr's research aligns with my own findings, yet it is important to note that historian Regina Morantz-Sanchez documents a 1900 study of women physicians which shows a significant portion of women physicians making \$3,000/year, which would seem to validate Farnham's claims. Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine*, 91.

accompanied their ill loved ones out West, acting as personal caretakers and sharing the belief that new climes would be therapeutic. An even greater proportion of physicians went West not because they were unwell, but because they sought opportunity and profit. Not only did the influx of health seekers expand opportunities for practitioners, it fueled the rapid growth of a new urban West, where growing cities manifested an unusually high demand for physicians, nurses, druggists, midwives, and other health-related services. These “instant cities” and their burgeoning healthcare economies emerged as a powerful “pull” factor for enterprising physicians seeking a more lucrative environment in which to practice their craft.³

Previously, scholars have too often framed this health migration as a largely male-dominated phenomenon. They have relied primarily on traditional historiographical interpretations of westward migration that position male migrants as active agents, while women remained in the background as passive wives, helpmates, and anonymous family members.⁴ Sick men moved West hoping to imbibe the frontier as a sort of masculine elixir – putting faith in the advice of male physicians who touted the health benefits of western living. This dominant narrative has been profoundly one-sided and belies a very simple fact: women health seekers and physicians also moved West in considerable numbers. Many medical women responded to the therapeutic and economic possibilities of the western climate cure; however, in the last decades

³ Barth argues that cities in the American West like Denver and San Francisco should be conceptualized as “instant cities” because of their rapid development that coincided with the industrialization and urbanization of the entire country. He argues that these cities, from their inception, were “thrown full force into the contemporary urban problems of their eastern equivalents.” Barth, *Instant Cities: Urbanization and the Rise of San Francisco and Denver*, 7.

⁴ Not surprisingly, one of the first books written about health seekers in the American West, published in 1967, omits any mention of women health seekers or women physicians. See Billy M. Jones, *Health-Seekers in the Southwest, 1817-1900* (Norman, Okla.: Univ. of Oklahoma Press, 1967). Although more recent scholarship often includes a gendered analysis of masculinity rhetoric embedded within the western climate cure, it tends to ignore or minimize women’s participation in western health migration. See Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History*, Ott, *Fevered Lives: Tuberculosis in American Culture Since 1870*. An exception can be found in Greg Mitman’s *Breathing Space*, in which he contextualizes women writers as health seekers, and their subsequent influence in promoting the West as a healing site. Mitman, *Breathing Space: How Allergies Shape Our Lives and Landscapes*.

of the nineteenth century several other factors converged to make “The West” a promising environment for America’s first cohort of professional women: early suffrage, the chance to participate in city building, and emerging popular assumptions that the West tolerated more gender-role flexibility and opportunity for women. With the completion of the transcontinental railroad in 1869, aspiring women physicians increasingly “seized the power of the transportation revolution” to seek out a more welcoming place to pursue their newest career option: medicine.⁵

Scholars of women in medicine have shown that most female graduates struggled to establish profitable practices after medical school. Historian Regina Morantz-Sanchez found that it could take from two and five years for women physicians to establish a practice and turn a profit in these early years. For example, Dr. Alida C. Avery, who graduated from the New England Female Medical College in 1862, chose to establish her practice in Brooklyn. In a letter to her friend, writer and reformer Caroline Dall, Avery complained of a “discouraging time” office hunting, noting, “I should have given up the idea of locating here in utter despair.”⁶ Avery’s early experience exemplifies the hardships women doctors endured and the perseverance that was required to survive in the profession. Like many other women physicians in the United States, Avery’s determination to practice medicine eventually pulled the doctor west. In 1874, she relocated to Denver, Colorado where she spent the next thirteen years practicing medicine and fighting for women’s suffrage.⁷

Avery’s dual role as medical practitioner and suffrage activist demonstrates the various ways in which the West symbolized a place where professional and personal aspirations

⁵ Virginia Scharff and Carolyn Brucken, *Home Lands: How Women Made the West* (Los Angeles: Autry National Center of the American West, 2010), 64. For a look at the rhetoric of gender equality in the West see Susan H. Armitage and Elizabeth Jameson, eds., *The Women’s West* (Norman: University of Oklahoma Press, 1987).

⁶ Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine*, 145.

⁷ “Dr. Alida Avery,” Vassar College Biographical Files, Archives and Special Collections Library, Vassar College Libraries.

successfully converged for many women doctors. One could more easily establish herself professionally, while also asserting gender equality and political agency. Mary Farnham, Alida Avery, and the thousands of other women physicians who went west comprise an essential, but still unexplored chapter of American West history and westward migration. Their stories disrupt traditional narratives that emphasize male gold seekers, laborers, and family homesteaders. Some medical women migrated west on their own, while others came with husbands, family members, close colleagues, or in some cases, their same-sex companions.⁸ They were not seeking gold nor looking to homestead (although some did), rather they went west to establish themselves as professionals in a region they perceived to have more economic opportunity and political freedom for women.

This chapter focuses on two critical themes: first, the development of medical climatology and the rhetoric of the West as a site of both healing and economic opportunity; and second, the subsequent westward migration of women physicians. The first half of this chapter focuses on the early development of the American West, utilizing the lens of health tourism and professional

⁸ Some women physicians, like Dr. Marie Equi of Portland Oregon, were very open about their attraction to women and their same-sex relationships; however, the long-term, same-sex relationships among many other women physicians in this study are often ambiguous and difficult to determine. These women lived together, moved together, and in some cases, were buried side-by-side. Although certainty is illusive, it is a safe assumption that many, if not most, of these women were lesbians. Furthermore, as feminist scholar Shelia Jeffreys has argued, the history of heterosexuality has never hinged upon proof of genital contact. Sheila Jeffreys, *The Lesbian Heresy: A Feminist Perspective on the Lesbian Sexual Revolution* (North Melbourne, Vic.: Spinifex, 1993), 7. There is, in fact, a rich historiography on women in long-term same-sex relationships or intimate friendships in the nineteenth and twentieth centuries, including Carroll Smith-Rosenberg, "The Female World of Love and Ritual: Relations between Women in Nineteenth-Century America," *Signs: Journal of Women in Culture and Society* 1, no. 1 (Autumn, 1975): 1-29, Lillian Faderman, *Odd Girls and Twilight Lovers: A History of Lesbian Life in Twentieth-Century America*, (New York: Columbia University Press, 1991), and Rachel Hope Cleves, *Charity and Sylvia: A Same-Sex Marriage in Early America* (New York: Oxford University Press, 2017).

opportunity, while also examining the gendered rhetoric often embedded in climatological and therapeutic descriptions of the region. Though a decidedly masculine version of frontier climatology drew thousands of men to “go West,” the economic promise that appeared to be untethered by gendered prescriptions drew women as well. The chapter begins with a national perspective that explains why the idea of medical climatology became the driving engine for medical tourism and migration in the United States. It then turns to a regional approach to explain why the reality as well as the “mythology” of the American West made it a popular destination for health seekers at the turn-of-the-century. It also explores the extent to which gendered ideologies of healthy citizenship were embedded within the medical rhetoric of the “western climate cure.”

Part two analyzes the geographical mobility of women physicians at the turn-of-the-century and addresses the ways the medical and cultural rhetoric of the West worked in tandem to generate nascent professional networks which propelled the westward migration of medical women during this period. Although many women physicians moved west to take advantage of the climate cure, they also often relied on relationships with women colleagues to inform their decisions. Letter writing, medical journals, and medical associations enabled the emergence of, a growing professional network that helped inform and circulate ideas and advice regarding the nature of medical practice in the region. Utilizing network analysis, this section explores westward migration from two perspectives. First, it examines emigration patterns of women physicians who graduated from the University of Michigan Medical School, which helps address the larger context of women physicians’ mobility during these early years of the twentieth century. Second, it traces the immigration patterns of women doctors who settled in Colorado. Using that key state as a focal point, this chapter examines why women moved west, where they

were coming from, and how such relocations were informed and facilitated by professional networking.

Climatology, Health Seekers, and the American West

In 1873, Civil War veteran, John Hanson Beadle recorded in his diary a description of his longstanding battle with a chronic respiratory illness: “I tried fifty remedies,” he complained, “cubebs, troches, caramels, hoarhound confections were my hourly refreshment.”

My friends sympathized . . . and the general voice ran in favor of travel. One thought a sea voyage a dead sure thing; another was enthusiastic for Florida, and a third was positive the Lake Region would straighten me out. . . . My physician. . . looked solemnly wise and thus pronounced: “Go west, young man; go west.” I went west.⁹

Beadle’s frustration in trying remedy after remedy unsuccessfully was a common experience, given the ineffectiveness of nineteenth-century medicine, which often still relied on antiquated Galenic practices like bloodletting and purging.¹⁰ The sheer variety of concoctions Beadle tried in his efforts to relieve his “graveyard cough” is indicative of the wide availability of alternative medical sects in the nineteenth century. Disaffected with “orthodox” practice, Americans turned to a variety of emerging medical theories, such as Thomsonian medicine, hydrotherapy, and even mail-order patent medicines promising to relieve their suffering.¹¹

Beadle’s friends’ advice to relocate also reflects deep-seated American traditions connecting health with climate. Linking the two was neither new nor uniquely American;

⁹ John Hanson Beadle, *The Undeveloped West* (Philadelphia: National Publishing Company, 1873), 33-34.

¹⁰ Galen, or Aelius Galenus, was a Greek physician in the Roman Empire who used Hippocratic understandings of medicine to develop his humoral theory of medicine. Galen’s philosophy of medicine influenced Western science for more than 1,300 years. Susan P. Mattern, *Galen and the Rhetoric of Healing* (Baltimore: Johns Hopkins University Press, 2008).

¹¹ For studies on the numerous alternative medical sects that emerged in the nineteenth century, see James C. Whorton, *Nature Cures: The History of Alternative Medicine in America* (New York: Oxford University Press, 2004), Owen Whooley, *Knowledge in the Time of Cholera: The Struggle Over American Medicine in the nineteenth Century* (Chicago: The University of Chicago Press, 2013), and Norman Gevitz, ed., *Other Healers: Unorthodox Medicine in America* (Baltimore: Johns Hopkins University Press, 1988).

Hippocrates was among the first to emphasize the relationship in his treatise, *Air, Water, and Places*. Yet, as historian Conevery Valenčius has suggested, early American settlers adapted and expanded on the Hippocratic notion of healthy environments in order to make sense of and ultimately master the abundant wilderness of the New World, creating a belief system that tied the well-being of the body to the health of the land. Knowledge of healthy rivers, miasmatic swamps, and malarial air informed and influenced where Americans settled in every phase of American expansion.¹²

The suggestions offered by Beadle's friends were not solely motivated by traditional beliefs about healthy environments; rather, the advice also stemmed from new theories of medical climatology that emerged in the nineteenth century. These emphasized the therapeutic benefits of specific climates based on scientific data. Although various treatises on climatological influences on the body existed as far back as the seventeenth century, the nineteenth century marked a flurry of meteorological and epidemiological data gathering among physicians.¹³ Many scholars point to 1869 as the scientific turning point, when Boston physician Henry Bowditch utilized statistical methods – a relatively new practice among physicians – to link the incidence of consumption (tuberculosis) with the various qualities of specific climates. Though Bowditch believed that a predisposition to illness was hereditary, he argued that fresh air and sunshine alleviated and, in some instances, could even cure consumption.¹⁴ Bowditch published his findings in a three-part series in the *Atlantic Monthly*, presenting his work to both popular and scientific audiences. By the late nineteenth century, physicians in Europe and the United States

¹² Conevery Bolton Valenčius, *The Health of the Country: How American Settlers Understood Themselves and Their Land* (New York: Basic Books, 2002).

¹³ For pre-nineteenth century climatology beliefs see, Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History*, 19-21.

¹⁴ Ott, *Fevered Lives: Tuberculosis in American Culture Since 1870*, 38.

tried to replicate Bowditch's findings, and medical climatology literature expanded on both continents. Climatologists meticulously documented altitude, temperatures, rainfall, winds, and soil types, and their conclusions more often than not contradicted each other.

The science of medical climatology offered physicians an easy option for treating patients. Instead of prescribing a tonic, for example, a doctor could simply advise his patient to move to a healthier climate. Depending on the stage, type of consumption, and gender of the patient, a physician in the mid-nineteenth century might suggest a move to Florida, the Great Lakes, the Adirondacks, or other locations.¹⁵ Climatologists argued that certain climates offered specific benefits for different types of consumptives. For example, some physicians believed that the mild climate of Florida benefited those with "inflammatory phthisis," while others argued that early-stage consumptives benefited the most from short stays in Minnesota, because of the state's lack of fogs and "moist winds."¹⁶ Because climatology was a relatively crude science, there was a wide discrepancy over what climate and region benefited which particular patient. The field of mathematical statistics was only coming into its own as a discipline and was not yet applied with any sophistication to climatological studies during this period. Additionally, doctors' own anecdotal experiences with their favored locations often biased their analyses.

While Beadle's friends suggested that he move to various locations in the eastern half of the United States, his doctor's advice to move west was becoming the most common prescription for ill health by mid-century. Wildly exaggerated accounts of salubrious western geographical spaces appeared in a variety of print communication, from popular literature, to personal letters,

¹⁵ Barbara Bates, *Bargaining for Life: A Social History of Tuberculosis, 1876-1938*, Studies in Health, Illness, and Caregiving in America (Philadelphia: University of Pennsylvania Press, 1992), 27. See also, Abel, *Suffering in the Land of Sunshine: A Los Angeles Illness Narrative*, 6.

¹⁶ George M. Barbour, *Florida for Tourists, Invalids, and Settlers* (D. Appleton, 1884), 190 and John Disturnell, *The Great Lakes, Or, Inland Seas of America: Embracing a Full Description of Lakes Superior, Huron, Michigan, Erie, and Ontario, Rivers St. Mary, St. Clair, Detroit, Niagara, and St. Lawrence* (American News Company, 1868), 204.

to a range of medical journals. Western journalist Charles Fletcher Lummis, for example, warned of the deleterious effects of living in the urban East and implored his readers to move west, arguing rather dramatically that: “Your wife and lovely children are being murdered by the cut-throat climate in which you live. . . . Come out here where you can and will live out of doors one-half of the time . . . and it will be the salvation of all of you.”¹⁷

An important factor in this rhetoric of western healing hinged on a misconception that Native Americans in the region were immune to tuberculosis. Physician James Worth, for example, wrote: “Naturally, the effects of climate are best seen among the native populations.” The mythical allure of indigenous health was not just about tuberculosis – American West guidebooks often published stories of Native Americans who supposedly lived to ages up to 140. By the early 1890s, however, some physicians began to dispute these claims. In 1897, Dr. W. Luttrell reported that “a large proportion of the Indians have consumption and scrofula in one or the other of their various forms.” In 1903, Dr. Irving McNeil argued, “The Indian’s susceptibility to TB is well known, and this dread disease alone is directly responsible for by far the largest proportion of deaths as well as the case of many physical wrecks still living.” Rather than using these observations to debunk claims about the salubrious climate of the American West, physicians instead blamed the lack of cleanliness and hygiene among Native Americans. In 1906, for example, Dr. Isaac Brewer wrote that “Indians who live in teepees pay no attention to sanitation,” and that white health seekers still benefited greatly from the climate.¹⁸ In this sense,

¹⁷ Charles Fletcher Lummis, *Letters from the Southwest*, ed. James W. Byrkit (London: University of Arizona Press, 1989), 298.

¹⁸ James H. Worth “The Climate Of New Mexico as Viewed by the Medical Fraternity There,” *Transactions of the American Clinical and Climatological Association* 7 (1891), 285-90, “Report of Mescalero Agency, July 1, 1897,” *Report of the Commissioner of Indian Affairs, Annual Report of the Department of the Interior for the Fiscal Year ended June 30, 1897* (Washington, DC: Government Printing Office, 1897), 193, Isaac Brewer, “Tuberculosis among the Indians of Arizona and New Mexico,” *New York Medical Journal* 84 (November 17, 1906): 981-82, Nancy Owen Lewis and Joan M. Jensen, *Chasing the Cure in New Mexico: Tuberculosis and the Quest for*

physicians and city boosters used both the presence and absence of Native Americans to lure white health seekers to the region. They promoted mythical stories of indigenous health, while assuring white eastern health seekers that Native Americans had been safely removed from civilization.

Health seekers were eager to believe these idealistic advertisements and flocked to cities such as Los Angeles, Phoenix, and Santa Fe. Not unlike the various eastern health destinations, each particular western locale attracted sick Americans for a variety of its climatological, economic, and cultural reasons. Historian Emily Abel argues that Los Angeles's popularity as a health destination was based on physicians' belief in the benefits of its subtropical climate.¹⁹ The mild weather of Los Angeles, they argued, suited invalids, consumptives, and the sickly, who would "find the drain upon vitality in a harsh climate too much for them."²⁰ Indeed, medical climatologists and city boosters claimed that Los Angeles provided a "delightful" climate for invalids based on its relative humidity, stable weather patterns, and proximity to the ocean.²¹

Developing cities in the desert southwest also attracted a good proportion of health seekers. Santa Fe, Albuquerque, Phoenix, and Tucson all became popular destinations among Eastern-born invalids looking for relief. The dry, arid desert, its proponents argued, offered the best chance for permanent recovery. For example, a 1903 New Mexico report to the Secretary of Interior extolled the lasting health benefits of the state, "Everyone is better here; the majority of health seekers get well entirely The very air helps to destroy the germs of tuberculosis, and

Health (Santa Fe: Museum of New Mexico Press, 2016), 14, John E. Baur and Robert Gregg Frank, *The Health Seekers of Southern California, 1870-1900*, Huntington Library Classics (San Marino, Calif.: Henry E. Huntington Library and Art Gallery, 2010), 13.

¹⁹ Abel, *Suffering in the Land of Sunshine: A Los Angeles Illness Narrative*, 8.

²⁰ Harry Ellington Brook, *The City and County of Los Angeles in Southern California* (Press of Out West company, 1904), 35.

²¹ George H. Rohé, "Medical Climatology and Balneology," *Annual of the Universal Medical Sciences and Analytical Index: A Yearly Report of the Progress of the General Sanitary Sciences Throughout the World* (F.A. Davis Company: 1888), 20.

if the consumptive has any hope he can usually expand it into life here.”²² Physicians and city boosters made similar exaggerated claims, naming different locations in the region as the ideal site for respite. While the Southern California and the desert Southwest drew in considerable numbers of migrants, the amplified rhetoric mentioned above attracted seekers to places all over the region of the American West. For example, some of the less popular health destinations included numerous seaside towns in northern California, Oregon, and even as far north as Washington.

Although cities in the desert southwest, the Pacific coastline, and other western locations became popular destinations for health seekers, each of these locations lacked the one critical element often touted by physicians as most therapeutic: altitude. A number of climatologists believed that high elevations increased heart and lung action, enabling pure, “aseptic” oxygen to reach deeper into the lungs and aid healing.²³ Many believed that mountain towns situated above what climatologists referred to as the “altitude of immunity” line (5,000 feet above sea level) offered patients the best chance for recovery.²⁴ The mountain town of Davos, Switzerland, for example, became the focal point for consumption treatment in Europe, while in the United States, Colorado capitalized on its similarity to Davos, giving itself the nickname “the Switzerland of America.”²⁵

Scholars, physicians, and state boosters mustered plenty of scientific arguments to support claims regarding the superior health benefits of Colorado. For example, Dr. Samuel Fisk,

²² *Report of the Governor of New Mexico to the Secretary of the Interior* (Washington: Govt. Print Off, 1903), 226.

²³ Ott, *Fevered Lives: Tuberculosis in American Culture Since 1870*, 40.

²⁴ The theory at the heart of the altitude of immunity line centered on the idea that elevation increased heart and lung function so that pure “aseptic” oxygen got deeper into the lungs and aided healing. See Ott, *Fevered Lives: Tuberculosis in American Culture Since 1870*, 40.

²⁵ The nickname “Switzerland of America” shows up in numerous newspaper articles, medical journals, and tourist brochures. For examples, see E.C. MacMechen, “Switzerland of America,” *Rocky Mountain News*, January 1, 1915, and “A Haven for Hay Fever Sufferers,” *The Critique* 18 (1911), 230-231.

one of the most prominent climatologists in the country, described the state's climate in 1888 with effusive praise. "So convinced am I of the merits of the Colorado climate," he wrote in an article published in the American Climatological Association's *Transactions*,

So many cures have I seen wrought in it, during an eight years' residence, and so efficacious do I believe it to be in the arrest or cure of pulmonary disease—in many of its forms—that I cannot refrain from adding my voice to those who are proclaiming its virtues, until, by sounding its praises so long and so loud, we may compel the world to hear.²⁶

Along with Fisk, other proponents of the state's health benefits generally cited four notable conditions. The first, was that Colorado's "rarified air" forced a healthy expansion of the lungs. Second, the dryness of the air aided in clearing congestion. Third, the state's high ratio of sunny days encouraged cheery dispositions, which contributed to patient recovery. Finally, a cool atmosphere, not only prevented overheating but promoted active lifestyles.²⁷

Colorado's reputation as a health and wellness paradise became so preeminent that between 1890 and 1920, historians estimate that as many as forty percent of the state's new residents relocated from the East and Midwest to improve either their own health or that of a family member.²⁸ Journalist Roscoe Fleming, for example, argued that "consumption" brought more people to Colorado than did the search for gold, suggesting, half seriously, that the TB

²⁶ Dr. Samuel A. Fisk, "A Study of the Climate of Colorado as Applied to the Arrest and Cure of Pulmonary Disease," *Transactions of the American Climatological Association* 5 (1888): 11.

²⁷ F. C. Nims, *Health, Wealth and Pleasure in Colorado and New Mexico: A Reliable Treatise on the Famous Pleasure and Health Resorts and the Rich Mining and Agricultural Regions of the Rocky Mountains* (Chicago: Belford, Clarke & Co, 1881), 124.

²⁸ These statistics show up in various early-twentieth century writings, but as western historian Carl Abbott has pointed out, the numbers are hard to verify. Susan Jane Edwards has used morbidity statistics in Denver, which differentiated between native cases of TB and immigrant cases to extrapolate the numbers of TB wellness seekers in the city, which roughly correlated to around 20 percent. Taking into account numerous other wellness seekers with other afflictions and their accompanying family members, the original statistic is probably not far off. Roscoe Fleming, "Denver Civic Schizophrenic," in Robert Allen, ed, *Our Fair City* (New York: Vanguard Press, 1947), 284, Susan Jane Edwards, "Nature as Healer: Denver, Colorado's Social and Built Landscapes of Health, 1880-1930" (diss., University of Colorado, 1994), 127-28, Carl Abbott, *How Cities Won the West: Four Centuries of Urban Change in Western North America*, *Histories of the American Frontier* (Albuquerque: University of New Mexico Press, 2008), 121-22.

bacillus should be “commemorated in stone.”²⁹ The famous showman, P.T. Barnum went even further, joking that “Coloradoans are the most disappointed people I ever saw. Two-thirds of them come here to die and they can’t do it.”³⁰ Though western historian Carl Abbott has noted that statistics regarding specific numbers of health seekers are impossible to verify, various contemporary and historical studies suggest that this number may not be far off. One informal study conducted by the superintendent of the city’s National Jewish Hospital in 1917, for example, claimed that about forty percent of the practicing physicians in Denver had been victims of tuberculosis.³¹

Rocky Mountain towns like Colorado Springs and Manitou quickly became popular destinations for health migrants. But as Colorado became the center of medical climatology in the United States, it was Denver that emerged as its epicenter, where several prominent climatologists set up shop.³²

²⁹ Fleming, “Denver Civic Schizophrenic,” in Robert Allen, ed, *Our Fair City*, 284.

³⁰ Barnum’s quote was featured in several newspaper articles and city booster ephemera. It also appears in Robert Strahorn, *To the Rockies and Beyond or A Summer on the Union Pacific Railroad and Branches*, (Omaha: The New West Publishing Company, 1879), 67.

³¹ “Valuable Statements from Medical Authorities with Reference to the location of an Army Recuperation Camp in Colorado,” *A Special Committee of the Denver Civic and Commercial Association* (Denver: 1917), 14.

³² Charles Dennison, Samuel Edwin Solly, and Samuel A. Fisk, were three prominent members of the American Climatological Association who lived and practiced in Denver. Each migrated to the city for health reasons and became converts to the western climate cure. Jones, *Health-Seekers in the Southwest, 1817-1900*, 126-28.

Denver's popularity as a health cure destination, however, did not stem from the advice of doctors alone. Sensing the immense profit potential from the ill American elite and hoping to escape the boom-and-bust cycle that plagued many other western towns, Denver businessmen, railroad executives, and politicians scrupulously cultivated the city's reputation by the extensive circulation of travel brochures, sanitarium advertisements, and health pamphlets all over the Eastern United States. Railroad companies published ads in eastern newspapers naming Colorado as the "place to find health and pleasure."³³ Denver's Chamber of Commerce circulated a brochure that claimed its "balmy climate...pure air" and "excellent sanitary conditions" afforded "Denverites . . . nearly perpetual youth."³⁴ Boosters hailed the city as the answer to all disruptions brought on by industrialization; here residents and visitors could access a sophisticated urban culture while also maintaining a regimen that involved fresh air and outdoor activities. The hyperbolic rhetoric of booster propaganda proved almost irresistible for many Eastern patients desperately seeking cures for their ailments.



Figure 1: Advertisement for the Denver and Rio Grande Railroad (Western History and Genealogy Dept., Denver Public Library).

The largest group of the city's health seekers, the consumptives, were often referred to as Denver's "one-lung army." The nickname was not meant pejoratively, as the one-lung army was considered crucial to Denver's economic and cultural development. Journalist Julian Ralph argued that it was not from the miners and oilmen that the city of Denver achieved a measure of taste and refinement, but from the educated invalids: "They are New Yorkers, Bostonians,

³³ Robert H. Shikes, *Rocky Mountain Medicine: Doctors, Drugs, and Disease in Early Colorado* (Boulder: Johnson Books, 1986), 146.

³⁴ Denver Chamber of Commerce, *Eleventh Annual Report, 1895* (Denver: News Printing, 1895), 28. Also see, *Denver: Mining Camp to Metropolis* (Niwot, Colorado: University Press of Colorado, 1990), 43.

Philadelphians, New Orleans men, Englishmen - the architects, doctors, lawyers, and every sort of professional men being among them.”³⁵ As historian Mark Caldwell has noted “illness” may be “a disaster for the ill,” but “it can form the basis of an economy.”³⁶ The emerging health industry in Denver fashioned a robust market for physicians, nurses, druggists, social workers, charity organizers, and institution directors, as well as service workers like servants, cooks, and aides. Physicians representing every imaginable medical sect migrated west, both as sufferers and caregivers.³⁷

While historians have largely concentrated their studies on the “one-lung army,” it is clear that campaigns to attract consumptives brought a wide range of disabled and debilitated Americans to the city. One early Denver resident noted that the city’s health seekers were not just “persons with pulmonary ailments, but of men in physical straits of many sorts, who find the rare air . . . better than medicine.”³⁸ Writer, Thomas Galbreath recalled that while in Denver, he shared a boarding house with “dyspeptics, rheumatics, nervous wrecks, heart patients, kidney patients, eye patients, and Keely Cure patients.”³⁹ Still others came to the city seeking relief from Civil War injuries, asthma, mental illness, and many other diseases, debilities, and disabilities.

Colorado, its capital city, and indeed the entire region, appealed to so many different types of health seekers because the rhetoric surrounding the westward prescription hinged on the idea of taking weak, sickly invalids and turning them into strong, responsible citizens. “Going West” represented an opportunity for transformation and rebirth. One doctor articulated this very

³⁵ Julian Ralph, *Our Great West: A Study of the Present Conditions and Future Possibilities of the New Commonwealths and Capitals of the United States* (New York: Harper & Brothers, 1893), 319.

³⁶ Mark Caldwell, *The Last Crusade: The War on Consumption, 1862-1954* (New York: Atheneum 1988), 94.

³⁷ Jones, *Health-Seekers in the Southwest, 1817-1900*, 26.

³⁸ Ralph, *Our Great West: A Study of the Present Conditions and Future Possibilities of the New Commonwealths and Capitals of the United States*, 319.

³⁹ Thomas Crawford Galbreath, *Chasing the Cure in Colorado: Being Some Account of the Author’s Experiences in Looking for Health in the West* (Denver, 1907), 29.

point: “Thousands of the population of this State . . . once belonged to this invalid class.” “Today,” he continued, as “useful, active citizens in the enjoyment of health and strength” they “attest the truth of [Colorado’s healing climate].”⁴⁰ A colleague reiterated this emphasis on citizenship: “Some of the most energetic and useful citizens of the State were formerly weak-lunged, weak-willed citizens of other States” she noted.⁴¹ For many, Denver became not only a site of healing, but also of redemption; a place where one could reclaim the physical and mental fitness required for the duties of citizenship.⁴² The Colorado climate cure promised an opportunity for rehabilitating one’s body for fitness to vote, work, marry, and live independently. Not only that, many travel guides suggested that the climate could make health seekers more successful Americans: “Attesting to [Denver’s] claims to health . . . are the facts that nearly one-half of the population are reconstituted invalids and that it is the resort of thousands of America’s most prominent divines, law-makers, and capitalists. . . .”⁴³

Intertwined with the rhetoric of medical climatology were also deeply gendered understandings of the West as a context for shaping frontier masculinity. Physicians often evoked the popular male imagery of “the wilderness” as a form of cure, comparing the conquering of consumption to the taming of the wilderness. Doctors offered medical evidence to suggest that, in contrast to its rehabilitative effect on men, the western climate could be damaging to women invalids. As one neurologist remarked after presenting his findings on gendered differences in

⁴⁰ Walter A. Jayne, M.D., “The Climate of Colorado And Its Effects,” *Transactions of the American Climatological Association* 5 (1884-1913), 55.

⁴¹ Helen M. Bingham, M.D., “The Agency of Climatic Influences in the Development of Will,” *Transactions of the 42nd Session of the American Institute of Homeopathy* 42, 281.

⁴² This intriguing articulation of the relationship between fitness and citizenship is a common theme explored in disability studies. Scholar Kim Nielsen argues that determining “which peoples and which bodies have been considered fit for public life and citizenship” lays at the heart of the American struggle for democracy since the beginning Kim E. Nielsen, *A Disability History of the United States, Revisioning American History* (Boston: Beacon Press, 2012), xi.

⁴³ Strahorn, *To the Rockies and Beyond or A Summer on the Union Pacific Railroad and Branches*, (Omaha: The New West Publishing Company, 1879),

respiration, “[Colorado’s climate was] not so bad for men, but hard on women and horses.”⁴⁴ Dr.

I. T. Eskridge also emphasized the gendered differences in climate treatment:

That the nervous system of woman is more irritable than that of man every one will admit, and that she in consequence suffers more from the irritating effects of our climate is self-evident. My notebook shows that a large percentage of those who suffer from the irritating effects of this climate is composed of women.⁴⁵

Even more dangerous than negative physiological reactions from the western climate, some physicians feared that women health seekers could not endure the additional mental anguish brought on by homesickness. Ironically, one of the strongest advocates against women health seekers was a western-based woman physician, Dr. Mary Hawes, who argued that a woman’s tendency to feel homesick negated all possible positive effects of the climate cure:

A home-loving woman, one who has a happy home circle which it is anguish for her to leave, will suffer such mental torture that it will be impossible for physical improvement to take place. Even a woman without family ties usually has a circle of friends whom it will be hard for her to leave. The strain is a great one for a man: but in his case it is often tempered by the consolation of activity, a consolation that is less possible for a woman, who is, besides, of less stern fibre.⁴⁶

These examples demonstrate how deeply ingrained gendered understandings of male and female bodies were in medical practice at the time. The literature often warned women away from the mountain air, arguing it taxed their delicate constitutions, while, at the same time, proposing a distinctly masculine climate cure augmented by ranch work, hunting, and outdoor exercise.

Undaunted, women health seekers migrated to Colorado and the West in significant numbers, despite such warnings about harming their delicate constitutions. While booster campaigns rarely targeted women, it is clear that many women used a variety of sources to interpret the West in a way specific to their needs. Just as John Hanson Beadle took his doctor’s

⁴⁴ Howell T. Pershing, “Nervous Disorders in Colorado,” *Denver Medical Times*, 28 (1908), 159.

⁴⁵ I. T. Eskridge M.D., “Nervous and Mental Diseases Observed in Colorado,” *Transactions of the American Climatological Association* 7 (1890), 170.

⁴⁶ Mary Hawes, “The Tuberculous Woman in Colorado” *The Woman’s Medical Journal*. v.15 (1905), 100.

advice to “go West,” so too did thousands of health-seeking American women. Also like Beadle, some documented their experiences chasing the cure in the West. Women’s western travelogues are well documented, but not emphasized or made visible in the scholarship is that health seeking often became the thrust behind these travels.

Lecturer and women’s rights advocate Anna Elizabeth Dickinson was one of the first Eastern women to travel west and report back on the salubrious quality of Rocky Mountain air. Similar to other health seekers, Dickinson was not a consumptive, but rather she suffered from an ambiguous, undefined, yet debilitating malaise. Following the tragic death of her niece in 1872, doctors diagnosed Dickinson with an “epidemic catarrh, with typhoid symptoms.” She later recalled that she “fell into a state of imbecility — or of general breakdown”⁴⁷ The following spring, Dickinson sought respite in Swampscott, Massachusetts, a beach town north of Boston, but soon found that the cold sea air disagreed with her.

In mid-August, Dickinson and her brother accepted an invitation from journalist Ralph Meeker to join him in Greeley, Colorado for a western tour. Dickinson would later document her journey in the 1879 book, *A Ragged Register (of People, Places, and Opinions)*. She described her time in Colorado as a series of adventures via railroad, stagecoach, horse, and occasional burro. She enthused that while exploring the state she “flourished like a Colorado sunflower.” Praising the state’s health-giving air, she told her readers: “If thou hast ever breathed the elixir of this air, and felt nerve and blood thrill within thee, thou wilt long for it, many and many a time thereafter.”⁴⁸ So enamored was Dickinson of Colorado and its health-giving climate she

⁴⁷ J. Matthew Gallman, *America’s Joan of Arc: The Life of Anna Elizabeth Dickinson* (New York: Oxford University Press, 2006), 128.

⁴⁸ Anna Elizabeth Dickinson, *A Ragged Register (of People, Places and Opinions)* (New York: Harper & Bros. 1879), 30.

contemplated for a time buying a piece of land in Colorado Springs, where she might migrate together with her ailing mother, and brother.

The English writer Isabella Bird was another early female visitor to Colorado. Like Dickinson, she wrote extolling the beneficial virtues of the Colorado air. Bird suffered from lifelong debilitating back pain, as well as bouts of insomnia and “low spirits.” Her doctors initially prescribed a sea voyage, and, in 1854, she set sail for Canada and the Eastern seaboard. Bird felt reinvigorated upon her return and nurtured a newfound passion for travel. In 1872, the writer embarked on an 18-month journey, traveling to Australia, New Zealand, the Sandwich Islands (Hawaii) and finally, Colorado.⁴⁹ Her book *A Lady's Life in the Rocky Mountains* documented her experiences and summed up her feelings about Colorado: “This is a glorious region,” she wrote, “and the air and life are intoxicating.” Describing her daily regimen living in the mountains of Colorado she explained:

I live mainly out of doors and on horseback, wear my half-threadbare Hawaiian dress, sleep sometimes under the stars on a bed of pine boughs, ride on a Mexican saddle, and hear once more rise low music of my Mexican spurs . . . [Colorado] is surely one of the most entrancing spots on earth.⁵⁰

Birds’ endorsement of the Rocky Mountain air, along with the writings of Dickinson and other women, not only contributed to the larger canon of western health literature, but also significantly pushed back against the widely held notion that the West was a specifically masculine therapeutic space. Her gutsy narrative of mountain climbing, horseback riding, and outdoor living, in fact, rivals that of Theodore Roosevelt’s masculine manifesto, *The Strenuous Life*, written over twenty years later.⁵¹

⁴⁹ Anna M. Stoddart, *The Life of Isabella Bird* (Boston: E.P. Dutton, 1907).

⁵⁰ Isabella L. Bird, *A Lady's Life in the Rocky Mountains* (New York: G. P. Putnam’s sons, 1879), 64.

⁵¹ Theodore Roosevelt, *The Strenuous Life; Essays and Addresses* (New York: The Century Co., 1900).

Bird's romantic characterization of mountain living hints at something perhaps even more compelling for women in Victorian America. Her account of days spent exploring the outdoors, experiencing nature, wearing less restricting clothing, and freedom from everyday domestic drudgery suggest that while "roughing it" could indeed benefit a woman's health, more importantly, western living embraced the loosening of gendered restraint. In fact, many of the musings individual women health seekers published on the West emphasized the dual allure of health *and* freedom.

Upper-class women purchased the published memoirs and read newspaper articles about these adventurous women health seekers like Bird and Dickinson. However, plenty of working-class women also read about the West, primarily in fictionalized short stories published in newspapers, magazines, and in dime-novel westerns.⁵² The mass-production of formulaic fiction specifically targeting women began in the early 1880s, and the genre grew rapidly in popularity well into the twentieth-century.⁵³ Historian Glenda Gates Riley has written about the larger group of women authors who specialized in fictional tales about the west, which, she argues, took a proto-feminist stance. For example, Marah Ellis Ryan's 1890 novel, *Told in the Hills*, features Rachel, the young heroine, who deliberately rejects the burdens of Eastern civilization for the freedom of the American West. Riley argues that Ryan deliberately portrays the western landscape as "welcoming and exhilarating for women."⁵⁴ The German-born writer, Josephine McCracken, also featured several female protagonists in her novels and short stories, in particular *Overland Tales* (1877), *Another Juanita* (1883), and *The Woman Who Lost Him*

⁵² For an examination of women who wrote about the West in fiction and non-fiction see Norris Wilson Yates, *Gender and Genre: An Introduction to Women Writers of Formula Westerns, 1900-1950* (Albuquerque, N.M.: University of New Mexico Press, 1995) and Glenda Riley, *Women and Nature: Saving the "Wild" West* (Lincoln: University of Nebraska Press, 1999).

⁵³ See Nan Enstad, *Ladies of Labor, Girls of Adventure: Working Women, Popular Culture, and Labor Politics at the Turn of the twentieth Century*, Popular Cultures, Everyday Lives (New York: Columbia University Press, 1999).

⁵⁴ Riley, *Women and Nature: Saving the "Wild" West*, 68.

(1913). McCracken, Ryan, and other female authors used the western heroine as a means to disrupt the popular notion that women withered under the harsh conditions of the West and scorned the frontier for its “incivility.” While the popularity of women-driven dime westerns and other western-based literature is difficult to quantify, literary historian Nina Baym has collected over 640 books written by 343 women between 1833 and 1927. Baym has also found that the rate of these publications increased dramatically during this period — from only two in the 1830s to more than 100 by the 1920s.⁵⁵

Whether they moved west for health reasons, were inspired by dime-novel heroines, or simply sought to benefit from the touted economic, social, and cultural freedoms of the region, women went West. Many made the journey with supporting friends and family members in tow. Yet, much like their male counterparts, others made the journey alone. This willingness to do so suggests that women were not simply “reluctant pioneers” moving west at the insistence of their husbands or fathers, but rather, a large majority were active subjects weighing the risks and benefits of moving across the country, by themselves or with their families, to start new lives.

Western historian Elizabeth Jameson has argued that women were most likely to move West during two periods of their life-cycle: either when young and single, or, in contrast, older and often widowed, suggesting that the decision linked to a time in their life-cycle which required minimal childbearing and household responsibilities. Jameson’s framework overlooks the growing population of professional women, who moved west during all stages of their lives, believing that the “American frontier” provided greater economic and professional opportunities. As lawyer Mary Florence Lathrop reported in the 1890s: “. . . the West is the country for the

⁵⁵ Nina Baym, *Women Writers of the American West, 1833-1927* (Urbana: University of Illinois Press, 2011), 9. Baym also found that publishers in eastern cities like New York, Boston, and Philadelphia, actively sought out western books written by women, which she argues, demonstrates a consumer demand for the genre.

woman. To a bright, ambitious woman it offers freer opportunities, better wages for her work, less criticism concerning her ‘sphere’, more genuine courtesy, and more hearty respect . . . I say, go West, young *woman* . . .”⁵⁶

Lathrop’s rosy picture of opportunity held sway with many white professional women, but perhaps no other group epitomized the dualistic draw of the West’s economic opportunity and gendered freedom than that of women doctors. There were, of course, several reasons medical women migrated west, but three interrelated factors stand out: first, the nineteenth-century belief in medical climatology; second, the powerful rhetoric of western opportunity; and, third, the creation and expansive growth of women’s professional networks. This westward migration, paired with the establishment of co-ed medical schools in several western cities beginning in mid-1870s, created a significant population of women doctors across the American West by the turn-of-the-century.

Health, Adventure, and Opportunity: Women Physicians Go West

Mary Barry was born in Millburn, Illinois in 1859. Her family moved north to Wisconsin, where Barry graduated from the normal school in Oshkosh intending to become a teacher. A year later, over the firm objections of her parents, Barry decided to pursue a career in medicine.⁵⁷ Eventually, she enrolled in the Woman’s Medical College of Chicago, where she graduated with honors in 1887. The following year, she secured a coveted internship at the Mary Thompson Hospital for Women in Chicago and upon completion, established a private practice in La

⁵⁶ Mary Florence Lathrop, “Through A Girl’s Spectacles,” *Philadelphia Methodist*, No. IX (July 17, 1886), Mary Florence Lathrop Papers, clippings file, MSS WH377, Western History Collection, Denver Public Library. Scholars who have examined the rhetoric of gender equality in the west include Armitage and Jameson, eds., *The Women’s West* and Scharff and Brucken, *Home Lands: How Women Made the West*.

⁵⁷ Mary Holland Kincaid, “The Women Legislators of Colorado,” *Ainslee’s Magazine*, 1899, 714-20.

Crosse, Wisconsin.⁵⁸ Only two years later, and well on her way to a successful career, Dr. Barry abandoned her La Crosse practice, packed up her belongings, and, with her older sister Abbie, boarded a train bound for Pueblo, Colorado.⁵⁹ Barry's motivations for migrating west were both personal and professional. Abbie suffered from tuberculosis, which had taken a turn for the worse. The sisters, like many others in this period, believed that relocating to a dryer mountain climate would aid in her recovery. Not wanting her to be alone, Dr. Barry decided to accompany Abbie. Barry also surmised that a move west, might also provide greater financial security for them both. Years later, Dr. Barry recalled that she had no idea she would be leaving behind her "common place life" when she boarded that train for Colorado in 1891.⁶⁰

Two years later, in 1893, Colorado's reputation for healthy air also lured Dr. Minnie Love to the region. Her husband, Charles Gurley Love, suffered from a particularly virulent strain of tuberculosis and the couple relocated to the city in a last-ditch effort to recuperate his failing health.⁶¹ Born in La Crosse, Wisconsin in 1856, Minnehaha Cecilia Tucker was related matrilineally to the prestigious Roosevelt family. At the age of twenty, Tucker married Charles Love, and in 1879, she gave birth to the first of the couple's three sons. The newlyweds settled in Washington, DC, and, after eight years of marriage, Minnie Love made the decision to attend

⁵⁸ Affiliated with the Woman's Medical College of Chicago, the Mary Thompson Hospital for Women became one of the earliest hospitals that accepted women interns. Ruth J. Abram, ed., *Send Us a Lady Physician: Women Doctors in America, 1835-1920*, 182-85. Northwestern University, *Alumnae of the Woman's Medical College of Chicago, 1859-1896* (Chicago: H.G. Cutler, 1896), 108. Kincaid, "The Women Legislators of Colorado," *Ainslee's Magazine*, 1899, 716.

⁵⁹ In a biographical article on Barry written during her term as state legislator in 1899, Barry recalled that she had established a fairly successful practice in La Crosse. Kincaid, "The Women Legislators of Colorado," *Ainslee's Magazine*, 1899, 716. Several historians have documented the hurdles of the first generation of female physicians in the mid-to-late nineteenth century. See Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine*, Ellen Singer More, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995* (Cambridge, Mass: Harvard University Press, 1999), Pernick, *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-century America*, and Arleen Tuchman, *Science has no Sex: The Life of Marie Zakrzewska, M.D.* (Chapel Hill: University of North Carolina Press, 2006).

⁶⁰ Kincaid, "The Women Legislators of Colorado," *Ainslee's Magazine*, 1899, 716.

⁶¹ Charles eventually succumbed to the disease in 1907.

medical school.⁶² In 1884 she enrolled at Howard University's Medical College.⁶³ A historically black college, Howard was one of the few co-educational medical schools in the late-nineteenth century, but Dr. Love was the sole woman, and the only white student in her 1887 class. This fact, noted by a newspaper reporter who attended the graduation ceremony, who wrote: "[Mrs. Love's] brown satin dress relieved the monotony of the array of her masculine classmates."⁶⁴ Subsequently, with husband and her three children in tow, she relocated briefly to San Francisco, but finally settled in Denver. The family hoped that the dry air of the Rocky Mountains would help slow down the progression of Charles' tuberculosis.

Justina Ford grew up in the small town of Knoxville, Illinois. Born in 1871, Ford, an African American, was raised by her mother who supported the family through her work as a nurse. Displaying an early interest in medicine, Justina accompanied her mother during her rounds and dissected frogs in her spare time. In 1892, she married Baptist minister, John Ford, and graduated seven years later from Hering Medical College. Soon after the couple moved down south, where Dr. Ford worked for two years as a hospital director in the small town of Normal, Alabama. Not comfortable with the region's racism, the couple moved to Denver in 1902, believing that it was a place where "a Negro might play a fuller part in community life." Unfortunately, her vision of better treatment in Colorado was quickly dashed when she applied for her medical license. The clerk told her, "I feel dishonest taking a fee from you. You've got

⁶² Upon first glance, it may seem unusual for a twenty-eight-year-old married woman in the nineteenth century to attend medical school, however; although female medical students were indeed rare, the majority of women who did attend medical school in the late-nineteenth century tended to be older, upper-class married women. See Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine*, 65.

⁶³ Considering her future position as a leader in the Women's Ku Klux Klan, it seems more than a little ironic that Love began her medical career as a student at a historically black college, however; women who wanted to become physicians had very limited options for training. According to Morantz-Sanchez, as of 1893, only 37 out of 105 medical schools accepted women as students. Also see, Gloria Moldow, *Women Doctors in Gilded-age Washington: Race, Gender, and Professionalization* (Urbana: University of Illinois Press, 1987), 37.

⁶⁴ Charles and Minnie Love, Manuscript Collection, History Colorado, Denver, Colorado, MSS 1233, Box 1, FF146.

two strikes against you to begin with. First of all, you're a lady, and second, you're colored."⁶⁵

African American physicians in Colorado were denied hospital privileges and membership in state medical associations during this period. Nevertheless, Ford set up a private practice in her own home, located in the Five Points area of Denver, also known as the "Harlem of the West." Located at 2335 Arapahoe, Dr. Ford welcomed the sick women and children of the neighborhood.

Margaret Long was born in 1873 in Boston, Massachusetts. Her father, John Davis Long, an attorney-turned politician, served as governor of Massachusetts between 1880-1883, when Margaret was a child. In 1897, Long was appointed Secretary of the Navy by President McKinley. It was during this period that Long attended Smith College. At Smith, she met and became friends with Florence Sabin and Dorothy Reed Mendenhall, two women who would later distinguish themselves as pioneers in public health research. Long shared a room with Mendenhall and the two joined a tongue-in-cheek social club known as the "Anti-Matrimonial Alliance."⁶⁶ All three women made their way to Johns Hopkins Medical School, considered one of the top medical schools in the nation. Reed and Sabin graduated first, while Long spent some time in Europe before getting her degree in 1903. Mendenhall recalled that during their tenure at Johns Hopkins, Long deeply resented the male students' attempts to embarrass the women with raunchy humor and practical jokes, especially in anatomy class. Mendenhall remembers that Long had a rather masculine demeanor, showed little interest in men, and kept a six-shooter in her room for protection.⁶⁷ During this period both Long and her sister contracted tuberculosis,

⁶⁵ "Justina Laurena Ford," Biographical File, Dr. Justina Ford Collection MSS ARLM95, Blair-Caldwell African American Research Library, Denver Public Library.

⁶⁶ Margaret Long Papers, Sophia Smith Collection, Smith College, Northampton, Mass.

⁶⁷ Letter to Margaret Long, August 12, 1896, Margaret Long Papers. Sophia Smith Collection, Smith College, Northampton, Massachusetts.

and her sister eventually died from the disease. In 1905, Long moved to Colorado hoping, along with many others, that the salubrious climate would help her recover from what was at the time called the “White Plague.”

These four women physicians, including how each of them came to practice in Colorado, are representative of the complicated, often vagabond lives of many women doctors at the turn of the twentieth-century. Their stories highlight stark differences among the various women who entered the profession during this period. They grew up with varying levels of income, some were married, some had children, some were older, some were younger, and only one was black. Yet, despite their differences, they all shared three very unique experiences for women during this period — they each attended medical school, they each entered a profession that was often hostile to women, and they all eventually relocated to Colorado.

Upon graduation, thousands of medical women were obligated to make crucial decisions about their next steps. Like Barry, Love, Ford, and Long, women doctors in turn-of-the-century America often struggled to establish viable and profitable practices in an environment that often hostile to women who practiced medicine. Encountering suspicion and sometimes contempt, many were no doubt well equipped to deal with such behaviors. They had, after all, endured years of scrutiny and doubt among friends, family members, male students and the masculine medical establishment. In co-educational institutions, faculty often argued that women were inferior students, while male medical students often delighted in verbally tormenting women classmates with obscene jokes similar to Long and Mendenhall’s experience at Johns Hopkins. Medical school administrators also worried that female students would sully their reputations as

reputable institutions.⁶⁸ Harvard University's medical school offers the most infamous example of this gender animosity when, in 1878, the entire faculty threatened to resign if the school began enrolling women.⁶⁹ Once graduation day came, each woman may have thought her most challenging days were behind her. Establishing a thriving practice and a reputation as a competent doctor, however, brought on a whole new set of challenges.

Probably the most difficult obstacle women faced after graduation was their lack of access to medical connections and established professional networks. Most newly degreed male physicians, both regular and homeopathic, could count on establishing hospital privileges and being welcomed into their local and state medical societies. Despite the still chaotic nature of the medical profession at the turn-of-the-century, most young male physicians readily tapped into well-entrenched networks of support within their respective medical sects. For women graduates, it might take years to establish similar professional networks. Marie Zakrzewska, one of the first women physicians to earn her degree in the U.S., often warned her women students to gird themselves for "five years of waiting and starvation" after graduation. Zakrzewska's warning was possibly hyperbolic, yet the length of time it took for a woman physician to turn a profit often differed drastically depending on location, area competition, and familiarity and openness to women physicians.

Mobility emerged as the best weapon for countering discrimination, lack of patients, or fierce competition in the Northeast. Women sometimes chose to practice in rural areas where they might be the only woman physician. Others sought out cities and towns where economic

⁶⁸ Prior to 1880 only thirteen regular schools of medicine were open to women in the United States. The schools in Philadelphia, New York, and Chicago were women-only institutions. Bonner, *To the Ends of the Earth: Women's Search for Education in Medicine*, 140.

⁶⁹ In 1878, Marian Hovey offered the school 10,000 if they enrolled women on equal footing as men. Due to mass opposition of the faculty, the school declined Hovey's generous offer. Bonner, *To the Ends of the Earth: Women's Search for Education in Medicine*, 140.

opportunity or institutional work might generate a need for them. Establishing a practice in the right location often became a trial-and-error process which sometimes required several relocations. Some women physicians simply followed the paths of opportunity and traveled across the country to advance their careers.

Dr. Jessie B. Fariior, for example, lived in six different cities throughout her career. Born in North Carolina, Fariior set up her first practice as an osteopathic physician in Seattle in 1914. One year later, city directories list Fariior practicing osteopathy in Portland, Oregon.⁷⁰ Augmenting her osteopathic training by taking a second degree in regular medicine from the University of Oregon's medical school in 1921, Fariior continued to practice in Portland for three more years. Around 1925, she traveled south to San Francisco to take residency training at the city's Children's Hospital and then briefly practiced across the bay in Oakland. Following the death of her husband in 1930, Fariior moved to Jamestown, North Dakota to work as the Medical Supervisor for St. Anthony's Hospital. Six years later she relocated once again in order to take postgraduate studies in public health in Chapel Hill, North Carolina. She briefly worked for the federal government at the U.S. Naval Hospital in Annapolis, Maryland, before finally retiring in San Diego. During this period, professional medical training was transitioning, crystallizing and diversifying, and Fariior took advantage of these changes.⁷¹

In a 1937 letter, Fariior reflected on her long career in medicine. She viewed her vagabond life as a benefit of her career, not a burden, noting that she enjoyed "every turn of the wheels." Fariior also believed that her itinerant lifestyle was a unique characteristic of female

⁷⁰ The historical record of Dr. Fariior's early years are quite sparse. It is unclear if, when, and where Fariior received her osteopathic medical degree. She is not listed as an alumnus in the most well-known osteopathic school, the American School of Osteopathy. She first shows up in city directories and medical journals as an osteopathic physician in 1914.

⁷¹ Biographical information of Jessie Fariior, Lucy I. Davis Phillips, Collection on Oregon Women Medical School Graduates, Box 2, Historical Collections and Archives, Oregon Health & Science University, Portland, Oregon.

physicians; indeed, she referred to her women colleagues as “wanderlusting medics.”⁷² While certainly this kind of geographic mobility could subvert gendered challenges, the experiences of Farrison and her peers suggest that perhaps more was at play than professional and economic survival for some women physicians. The medical profession at the turn-of-the-century in the US became one of the few careers that might provide an opportunity for women to travel the country, and in some cases, see the world.

The careers of alumnae who attended the University of Michigan provide compelling evidence for the diasporic nature of women physicians at the turn-of-the-century. In 1870, the university began admitting women medical students, one of the earliest schools to do so. As historian Thomas Bonner argues in his study of women’s medical education, the Ann Arbor school quickly became “the premier institution for educating women in medicine in the United States.”⁷³ But even Bonner underestimates the university’s popularity for women medical students. He argues that by 1900, one hundred women had graduated from the University of Michigan’s medical school. His findings are based on Wilfred Byron Shaw’s 1951 encyclopedic survey of the university. Shaw’s data, however, is merely a sampling of medical student graduates in five-year intervals, which cannot be taken as an accurate count. Furthermore, both Bonner and Shaw’s work exclude the university’s short-lived homeopathic medical school in their estimates. Given the epistemological instability of medical knowledge during this period and the appeal of homeopathic medicine for women, this omission is significant. The result is that both Shaw and Bonner vastly underrepresent the numbers of women enrolling in and graduating from medical school at the University of Michigan before the turn of the twentieth

⁷² Dr. Jessie Farrison to Lucy Davis, March 11, 1937, Lucy I. Davis Phillips, Collection on Oregon Women Medical School Graduates, Box 2, Historical Collections and Archives, Oregon Health & Science University, Portland, Oregon.

⁷³ Bonner, *To the Ends of the Earth: Women's Search for Education in Medicine*, 142.

century.⁷⁴ In fact, by 1900 almost 450 women medical students had graduated from both the homeopathic and the regular schools. By 1921, that number had reached approximately 600 female graduates.⁷⁵

The university's *General Catalogue of Officers and Students* provides a snapshot of the geographic disbursement of these women in 1921. Of those who graduated between 1871 and 1921, approximately eighty percent were practicing in states other than Michigan. Of that number, California and New York had the highest percentage of Michigan graduates, each with 11%. In total, while 125 women remained in Michigan, 120 graduates were practicing in the other Midwestern and plains states, 158 were practicing in eastern states, 149 were practicing in western states, 22 in the South, 20 in foreign countries, and 2 with "whereabouts unknown."⁷⁶

As these figures demonstrate, women physicians who trained at the University of Michigan spread far and wide across the country, and even the world. Yet, pinpointing where Michigan alumnae were located in 1921 provides only one fixed moment in time that elides the extent of their geographic mobility throughout their careers. For example, Dr. Emma Hastings Gillmore, a Michigan native who graduated with her MD in 1890, listed Illinois as her location in 1921. Yet throughout her long career Gillmore also practiced in Colorado, Tennessee, and Texas. Dr. Minerva M. Knott, another Michigan alumnus, returned to her home state of Missouri after graduating in 1895 and indeed, Jefferson City is listed as her location in 1921. Yet between 1895 and 1921, Knott also practiced in New Mexico for four years followed by a ten-year stint in Canon City, Colorado before returning home to Missouri.

⁷⁴ William Byron Shaw, ed., *The University of Michigan, as Encyclopedic Survey*, 4 vols. (Ann Arbor: University of Michigan Press, 1951), 2: 792.

⁷⁵ My evidence is based on alumni records contained in *The General Catalogue of Officers and Students and Supplements Containing Death Notices, 1837-1921*, compiled by the University of Michigan in 1924.

⁷⁶ These numbers also include the last known place of practice if the physician died before 1921.

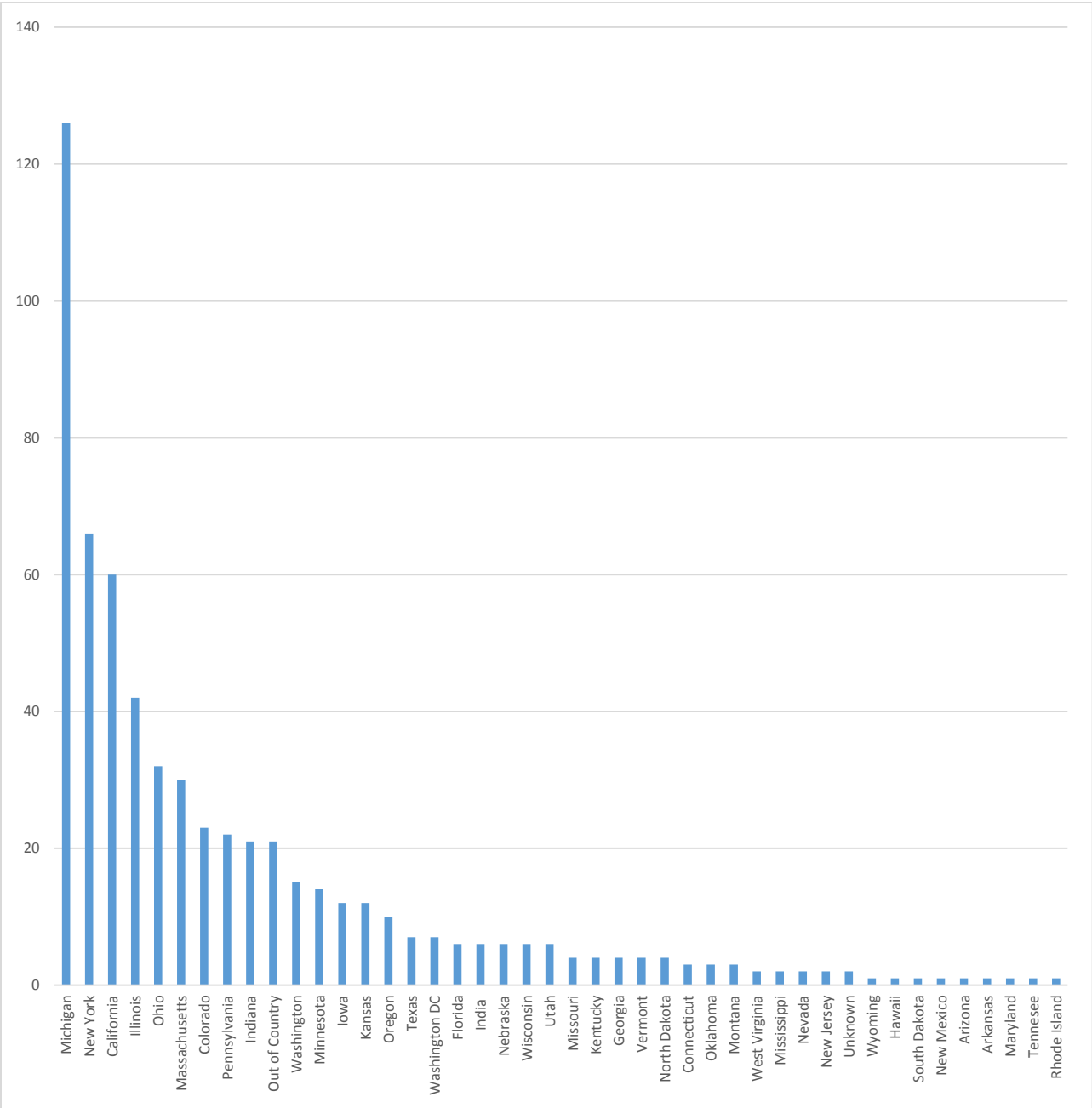


Figure 2: Location of Women Graduates from University of Michigan Medical Schools in 1921

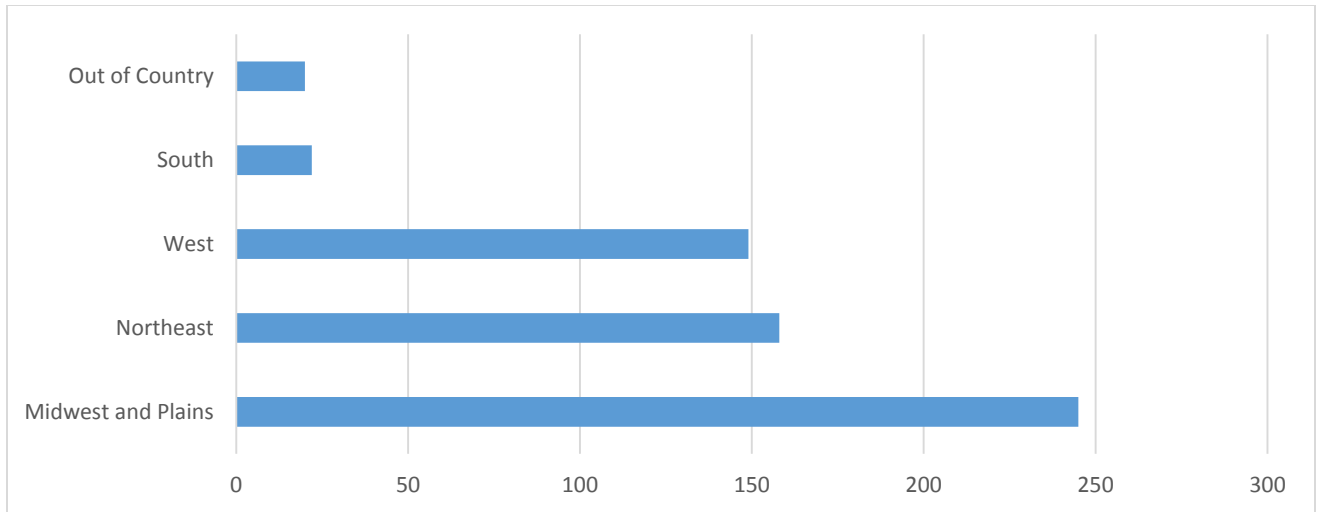


Figure 3: Location of Women Graduates from the University of Michigan by Region in 1921

Of these approximately 600 Michigan alumnae, 121 women were practicing in the American West in 1921. Others, such as Minerva Knott and Emma Hastings Gilmore, also spent time practicing medicine in the region before or after 1921. In fact, the American West became a particularly strong draw for women physicians, and they were disproportionately represented in western towns and cities across the region. While the national figure for women physicians stood at slightly less than four percent at the dawn of the twentieth century, three out of the four states with the highest populations of women practitioners in relation to their male colleagues were located in the West — California with ten percent, followed by Massachusetts with nine percent, Oregon with eight percent, and Colorado with seven percent.⁷⁷

⁷⁷ In 1918, for example, 117 women and 1,596 men were licensed to practice medicine in Colorado. These numbers only include licensed homeopaths and “regulars,” and exclude osteopaths and women and men who, for various reasons, failed to or were prohibited from obtaining licenses. Jensen, “The ‘Open Way of Opportunity,’ Colorado Women Physicians and World War I,” *Census of Women Physicians* (New York, 1918) and *American Medical Directory 1918*, 6th ed. (Chicago: Press of the American Medical Association, 1918). Susan Edwards claims that the Colorado percentage is actually higher (twelve percent) based not on who was licensed, but who identified as physicians in the U.S. Census. Edwards, “Nature as Healer: Denver, Colorado’s Social and Built Landscapes of Health, 1880-1930,” 122.

In fact, by the 1920s Colorado's capital city had twice the national average of women doctors.⁷⁸ For this reason, Colorado offers an ideal site for scholars interested in women physicians in the West. Its reputation as a climatological haven, its burgeoning healthcare industry, and its suffrage laws post-1892 provided opportunities, both politically and professionally for female physicians. As Dr. Minnie Love reported in the Colorado Medical journal in 1901, recounting the history of women physicians in the state: "The decade just closed has witnessed the advancement of women in medicine to a fairly satisfactory degree."⁷⁹ Indeed, by the time Love wrote her essay, all of the state's medical schools accepted female students and women physicians staffed every major hospital in the state.⁸⁰

Roughly 360 women practiced medicine in Colorado between 1870 and 1930.⁸¹ Like many early residents, most were born in other states, territories, or countries. Although by 1900 the state boasted a total of five co-educational medical schools of various sects, only twenty-percent of Colorado's women doctors during this period graduated from a Colorado medical school, while seventy-three percent received their medical training outside the state (with the remaining

⁷⁸ Edwards, "Nature as Healer: Denver, Colorado's Social and Built Landscapes of Health, 1880-1930," 122.

⁷⁹ Dr. Minnie C.T. Love, "History of the Women Practitioners of Colorado," *The Colorado Medical Journal*, (October 1901), 48.

⁸⁰ *Ibid.*

⁸¹ Two scholars have tried to calculate the numbers of women practicing in the state. In the 1970s, Mary DeMund compiled list of women physicians practicing in Colorado from the 1870s to the 1930s by examining medical licenses issued in the state from that period. In her study, DeMund calculated just under 300 numbers of women practicing. In the 1990s, historian Kimberley Jensen estimated rough percentages of women physicians operating in Colorado during this period by combining DeMund's study with the 1917 Census of Women Physicians, conducted as part of the war effort. Both DeMund and Jensen, however, do not take into account the scores of women who failed to make it on to any official list, including women doctors who were not licensed, women doctors whose sect was not recognized by a state's medical board, women healers who refused to be recognized by the state, and medical women who may have not had formal training, but practiced anyway. In addition to census records and medical licenses, my list includes women who advertised themselves as physicians in Colorado newspapers and city directories, and corroborating evidence of some medical training could be found. Mary DeMund, *Women Physicians of Colorado* (Denver: Range Press, 1976), Jensen, "The 'Open Way of Opportunity,' Colorado Women Physicians and World War I."

seven percent undetermined).⁸² Perhaps somewhat surprisingly, the out-of-state school that provided Colorado with the most medical women during this period was the American School of Osteopathy (ASO) located in Kirksville, Missouri. The substantial numbers of female osteopaths can be attributed to the fact that the school's very first female graduate, Jenette "Nettie" Bolles, relocated to Colorado in 1896, becoming the first practicing osteopath in the state.⁸³ Bolles was an influential member of the osteopath community and her ties with ASO and osteopathy's founder, Andrew Still, nourished professional links between Denver and Kirksville that would last well into the mid-twentieth century. Other schools that sent substantial numbers of their graduates to the state include the University of Michigan, Northwestern, Hahnemann Medical School of Chicago, and Woman's College of Pennsylvania.

While women from all medical sects and from a variety of medical schools moved to Colorado, the majority chose the state's capital city as their destination. One hundred ninety-six of the first female physicians who came to Colorado set up their practices, at least in the beginning of their careers, in Denver. Considering the city's rapid growth and strong popularity among health seekers during this period the choice of Denver is not surprising. In the early years of the twentieth-century, Denver became the largest of all the cities located between the Missouri River and the Pacific Coast.⁸⁴ The emergence of the specialty of climatology

⁸² 71 graduated from Denver and Gross Medical College and 22 graduated from the homeopathic college in Denver, and 6 graduated from Colorado osteopathic organizations. The five schools that existed in 1900 were Denver College of Medicine (founded in 1881), University of Colorado Department of Medicine and Surgery (1883), Gross Medical College (1887), Denver Homeopathic Medical College (1894), and Bolles Institute of Osteopathy (1895). It should be noted that all of these schools went through various name changes and Denver College of Medicine, Gross Medical College, merged in 1902 and was eventually absorbed by the University of Colorado in 1910. Additionally, nationally, many medical schools merged or underwent name changes. For the sake of clarity, I've relied on the last known name of each school.

⁸³ Bolles' husband, Alden, graduated from ASO four years after Jenette and joined her in Colorado in 1898.

⁸⁴ Stephen J. Leonard and Thomas J. Noel, *Denver: Mining Camp to Metropolis* (Niwot, Colorado: University Press of Colorado, 1990), 1.

contributed to the rapid growth of the city, as studies on the relationship of climate to health helped make Denver a center for medical work in the Intermountain West.

Colorado Springs, Boulder, and Pueblo were also popular among women doctors looking to live and practice in an urban area large enough to attract a sustainable patient population. Each location appealed to medical practitioners for different reasons. Colorado Springs, a bustling town at the base of Pike's Peak, became a popular health tourism destination and thus an attractive spot for sanitariums. The University of Colorado Medical School originally located in Boulder drew a number of physicians to the city until the school relocated to Denver in 1911. Pueblo, known as the "Pittsburg of the West" because of its thriving steel industry, also became a favored location for physicians. Here, too, there were numerous opportunities, especially for those interested in industrial medicine. Significant for others was the fact that Pueblo also housed the Colorado State Insane Asylum.

Certainly, many women chose cities because they offered more professional opportunities than rural towns, but urban areas held an additional advantage: the chance to be part of a community of medical women. Cities provided the space to foster collegiality through membership in local women's medical societies, social clubs, and women's professional organizations. Women doctors going west often chose cities and towns where they knew a colleague was already practicing. For example, Martha Morrison graduated from the American School of Osteopathy in 1904, moved to Greeley, Colorado, and set up a private practice. The following year, a former classmate, Amanda Hamilton, joined her in Greeley and the two shared an osteopathic practice for at least two years. Mary Hawes and Ossee Wallace Hoffman, both 1897 graduates of Ohio's Laura Memorial Medical College, moved to Denver within three years of each other and worked together downtown in the city's Jackson Building for over four years.

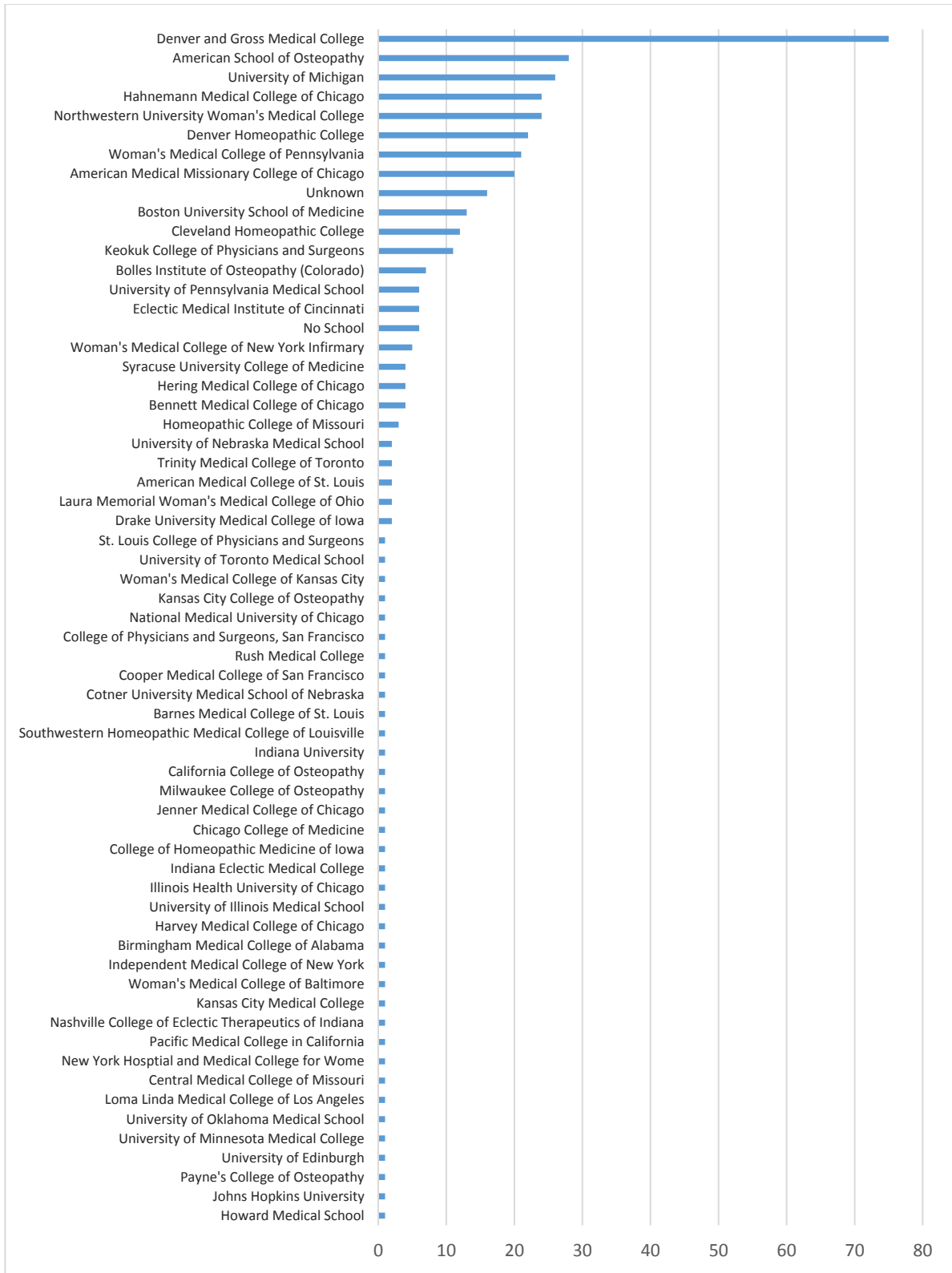


Figure 4: Medical Schools of Colorado Women Physicians

This pattern of chain migration demonstrates how the growing professional networks among women physicians informed and facilitated westward migration.

A majority of Colorado's women doctors were concentrated in urban areas, but some chose small mountain, mining or ranching towns, where they were often the only female doctor, and in some cases the only doctor. Such women certainly fit the cultural stereotype of the lone lady doctor working on the frontier, an image popularized in fictional accounts such as the television show *Dr. Quinn, Medicine Woman*, a CBS weekly series which ran from 1993 to 1998. Dr. Mary Winter Fisher, for example, moved to the rural mountain town of Pagosa Springs in 1895. Dr. Fisher's job as a rural medical doctor in turn-of-the-century Colorado was often arduous and difficult. She often had to ride horseback up in the mountains to make house calls or tend to emergencies. There are many aspects of Dr. Fisher's life and career that sound straight out of a western dime novel. She had a pet wolf which often rode with her into the distant mountains for house calls. She also had a pet bear named "Pickles," who she trained to wrestle miners and cowboys in local saloons.

Although Dr. Fisher certainly lived an adventurous life, it was not an isolated one. Like many women physicians in the region, she cultivated connections to the larger medical community and women's professional networks. Indeed, Dr. Fisher worked as the Archuleta coroner in 1911, served as the county health officer, and regularly attended state medical society meetings in Denver.⁸⁵ Most women physicians in the state, wherever they were located, eagerly tapped into available professional networks, they joined state, regional, and national women's

⁸⁵ Tom Sherlock, *Colorado's Healthcare Heritage: A Chronology of the Nineteenth and Twentieth Centuries* (Bloomington, IN: iUniverse Com, 2013), 423, "The People Behind the Names: Dr. Mary Fisher, *The Pagosa Springs Sun*, *Polk's Medical Directory of North America* 1912, 320.

medical associations, traveled to regional women's medical conferences, and stayed in touch with colleagues and former classmates through regular correspondence.

Written correspondence was the primary means of close communication in the nineteenth century, and women physicians used letter writing, not only to maintain friendships and keep up with the latest news, but also to seek or give medical advice and enable informal mentorships and collegial support. The correspondence between Dorothy Reed Mendenhall and Margaret Long is one such example. The two women became fast friends during their undergraduate years at Smith College. When Reed went off to medical school in 1896, their friendship evolved into a mentor-protégé relationship. Reed encouraged Long to follow her into the pursuit of medicine, noting, “. . . You could fit yourself for medicine in two years,” and insisting that Long “must come [to Johns Hopkins] next year for sure.”⁸⁶ Long not only took Mendenhall's advice, but their personal and professional correspondence continued throughout their careers.

Letter writing also enabled the circulation employment opportunities. In 1906, Florence Weaver, an alumna of the Woman's Medical College of Pennsylvania wrote to her former professor, Clara Marshall searching for the names of women physicians who might be interested in medical work in China:

A woman physician is needed for the American Board Woman's Hospital in Foochow, China. Dr. Woodhull who has been on the field for more than twenty-five years, will soon be obliged to resign on account of failing health. She urges me to find someone to take her place. Do you know of a woman physician who might be influenced to consider medical work in China?⁸⁷

⁸⁶ Letter to Margaret Long, August 12, 1896, Margaret Long Papers, Sophia Smith Collection, Smith College, Northampton, Massachusetts.

⁸⁷ Florence Weaver to Clara Marshall, Records of W/MCP: Registrar 1921-1975 (ACC-266), Drexel University: College of Medicine Legacy Center.

Corresponding also enabled the sharing of information about the willingness of various regions of the country to accept women physicians. Susan Anderson, for example, a Michigan graduate and Colorado physician, received a letter from a colleague who was having difficulty establishing her practice in North Carolina. “They look askance at women doctors here. They are not very popular in the South....” she lamented. She then wondered to Anderson if she should possibly try treating patients for free to gain their trust and that of her new community. She also inquired whether Anderson had faced similar difficulties in the West.⁸⁸ Letter writing helped to build and maintain professional relationships, but it was also a significant mechanism for finding employment and obtaining needed information. Women wrote to each other about everything from the conditions of various institutions to the particular characteristics of different cities they might be considering as possible sites for setting up a practice.

Women’s medical journals emerged as important networking tools which helped promote and circulate information about the West as a site of possibility for their readers. One example can be found in the 1898 edition of the *Woman’s Medical Journal*, in a report on the AMA’s annual conference held in Denver. The journal praised the city in its promotion of the conference. “The very breeziness and charm of the great western metropolis is brought vividly before us,” their article began, “and we can quite understand the inspiration given to the fortunate ones who were permitted to breath the wonderful air in this Mecca for the invalid.” Colorado, the journal argued, offered “renewed hope” to women physicians.⁸⁹

Women doctors also shared stories about their adventures out West in their medical journals. Dr. Florence Jean Holt, formerly the private secretary to John Harvey Kellogg in Battle

⁸⁸ Letter to Susan Anderson, folder 1, box 1, Susan Anderson papers, Bentley Historical Library, University of Michigan.

⁸⁹ “The Denver Meeting of the American Medical Association,” *The Woman’s Medical Journal* v.7 (1898), 233-235.

Creek, Michigan, moved to Haskell, Colorado because of failing health. Holt regularly wrote letters to the Michigan sanitarium, which were later summarized in the *Battle Creek Idea*, a weekly magazine devoted to Kellogg's particular health regime. In one such letter, Holt reported that she was the only doctor in a "30-mile radius" and that the townsfolk referred to her as "the little doctor." She also noted that, in addition to her medical practice, she and her companion, Miss Rouzee, ran a household that included a horse, a pet lamb, a small dog, and sixteen chickens."⁹⁰ The national readership of the *Battle Creek Idea* delighted in learning about the western adventures of Dr. Holt and Miss Rouzee, and the magazine regularly reported on their progress. But more important, Dr. Holt was only one of six women physicians trained under Kellogg's who moved to Colorado. Eventually Dr. Holt opened a Battle Creek-affiliated sanitarium in Boulder, together with three other Kellogg alumnae colleagues.

Conclusion

Once Elizabeth Blackwell had received her medical degree in 1849, a select group of women followed her lead, comprising the first generation of female physicians in America. The majority practiced medicine in the Northeast; however, in subsequent decades, a small number of female physicians began appearing in states and territories on the frontier. Today, nearly every western state includes at least one heroic tale of its first woman doctor proudly embedded in its pioneer mythology. While the masculine rhetoric of the West and its climate cure generated a wave of male-centered migration and motivated male physicians to take advantage of the emerging health economies in the region, these female physicians interpreted this discourse in ways that appealed to women as well.

⁹⁰ "News and Personals," *The Battle Creek Idea*, March 4, 1910.

Framing medical women's practice in the American West as a solitary endeavor, however, ignores the extent to which women doctors built growing professional networks that helped facilitate their westward migration. In fact, by the turn-of-the-century, urban centers like Denver, Portland, and San Francisco had some of the highest ratios of women physicians in the nation. This geographic mobility of women physicians reveals an expanding network of women professionals that relied on personal correspondence, alumni associations, medical journals, and women's medical associations to circulate information on job prospects, living conditions, and other details of various locations. The "promise" of the western frontier held multiple meanings for women physicians in the United States at the turn-of-the-century. The West became a site where women physicians imagined they might lead healthy lives, pursue professional opportunities, and enjoy political freedom. Once settled in the American West, women physicians saw the potential to mold the region, especially its developing urban areas, into public health utopias infused with racial and class ideologies of maternalist medicine.

Chapter 2
“We Have Only a Desire to Cure, Not Punish”:
Women Physicians and the Moralistic Medical Geography of
Denver, Colorado

In September of 1914, Denver juvenile court judge Ben Lindsey sentenced seventeen-year-old Helene Crosby to serve an indeterminate sentence at the Colorado State Industrial School for Girls.¹ An orphan since the age of twelve, Helene worked in domestic labor and various other odd jobs to make ends meet after her mother died. She spent five years on her own before being picked up by the police for an unspecified charge of “immoral conduct.” Upon being processed into the school, Helene Crosby officially became known as inmate #690.² The industrial school records indicate that Helene had no formal education, was illiterate, and that her mother, a black woman, had become pregnant by an unknown white father, a fact that left Helen with “no place in society.” The records note that the girl “feels above the colored people” but “cannot take a place among the white.” A year into her sentence, Helene ran away from the institution. Administrators transferred her to the Florence Crittenden Home for unwed mothers. During her time there, Helene learned nursing skills and the home eventually offered her a

¹ Indeterminate sentences were common in juvenile courts in the early twentieth century. Courts sent juveniles to institutions for an indefinite period, and each became eligible for parole only when the state deemed them rehabilitated. The literature on the history of juvenile delinquency is quite lengthy, but for more on indeterminate sentencing, see Anthony M. Platt, *The Child Savers: The Invention of Delinquency*, 40th ed., Critical Issues in Crime and Society (New Brunswick, NJ: Rutgers University Press, 2009), 47.

² See In accordance with contractual agreements this author made with Colorado’s Health and Human Services Division of Youth Corrections, all inmate names obtained from the closed records of the Division of Youth Services have been changed so as not to violate the confidentiality of any persons who were incarcerated as minors in the state of Colorado.

fulltime position. Helene's parole records indicate that after a few years, she left Crittenden to take a nursing job in Chicago and eventually married a "colored physician."³

The following year, Judge Lindsey sentenced Loretta Gates to serve an indeterminate term at the industrial school. At seventeen, Loretta found herself in Judge Lindsey's courtroom because she had run away from home dressed as a boy and was caught "doing man's work and associating with men altogether." Lindsey sentenced Loretta to the institution to "get her head settled." The intake physician noted that Loretta had the physical build of a boy, wore her hair short "like a man," and that it would be "difficult to tell the difference." Loretta spent two years at the industrial school. Records indicate that, other than a fall from a horse, her incarceration was unremarkable. In April of 1917, she was released to her parents. Parole records noted that neighbors claimed Loretta still ran around town with other men, but her father denied the allegations. The school officially discharged Loretta from parole in 1918 when she married.

In 1917, a Las Animas county judge charged Maria Ursilli with juvenile delinquency and meted out an indeterminate sentence at Colorado's industrial school. A sixteen-year-old Italian immigrant, Maria was married to a man named Santo Ursilli. Santo had Maria arrested after she took money he had given her for housekeeping expenses to purchase a train ticket to San Francisco. Intake notes report that Maria accused Santo of being "mean to her" and beating her frequently; she bought the train ticket in a desperate bid to escape her violent marriage. While Maria was incarcerated, Santo divorced her. A little over a year into her sentence, Maria was paroled to her mother. Included in her parole records is a letter from Maria, written a few years later, thanking the school for treating her well and offering her safe harbor from a bad marriage.

³ Each biographical sketch of inmates incarcerated at the institution are compiled from several sources located at the Colorado State Archives, including the inmate intake register, the clinical reports of the doctor, and the inmate's card files.

On June 11, 1924, the very same Las Animas county judge sentenced Mary Parks, a white Catholic girl from the small mountain town of Crested Butte, to serve time at the industrial school. The fifteen-year-old girl had run away from home late one evening. A week later, her parents found her in Denver in the company of a married Mexican man. Mary's parents were Bulgarian immigrants and her father worked as a miner, while her mother added to the family income by keeping boarders. Rumors in the neighborhood suggested that the family were actually clandestine bootleggers. Mary's parents testified in court that their daughter repeatedly chose to associate with Mexicans, and that her consorting with a married man was for them the last straw. Notes on Mary's behavior while in the school are sparse, but her parole records indicate that the young woman was discharged from parole after marrying a white man who worked as an attendant at a filling station in a Denver suburb.

These vignettes – sketches of girls and young women whose lives were forever altered by the intervention of the state – are telling. For the historian, they are representative of the lives of hundreds of inmates incarcerated at the Colorado State Industrial School for Girls between the years 1895 and 1930. Some girls, such as Helene Crosby, served time for sexual promiscuity. Loretta Gates, and others like her, found themselves at the school simply for transgressing the normative boundaries of acceptable gendered behavior and identity. Still others, like Maria Ursilli, served time for running away from their husbands, while young women like Mary Parks got in trouble with the state for race mixing. Their “crimes” reveal much about the nature and mission of the industrial school itself. Although a small percentage of girls and young women were sent to the school for petty crimes or violent offenses, most inmates served time for sexual indiscretions or for violating gender or racial boundaries. The industrial school served primarily

as a carceral space in Colorado for containing, surveilling, and “rehabilitating” wayward or “fallen” girls who had trespassed against cultural norms of race, gender, and sexuality.⁴

Rehabilitating the “male delinquent” became an important concern among many Progressive-era reformers. Indeed, Ben Lindsey, the same judge who sentenced Helene Crosby and Loretta Gates, became known nationwide as a champion for troubled boys.⁵ Although Lindsey adjudicated cases of “female delinquents,” he was much less vocal in his advocacy on their behalf. This silence was largely due to his concerns about maintaining the reputations of these “fallen” young women. Yet, as historians Mary Odem and Ruth Alexander have demonstrated, the female delinquent did become the cause *du jour* for many women reformers in America, and in Colorado, it was primarily women physicians who championed their cause. In fact, the Colorado State Industrial School for Girls had long been a pet project for a group of Denver-area physicians. Their interest in establishing and overseeing the institution stemmed from their increasing belief that delinquency was a pathology in need of both moral *and* medical intervention. As one Denver woman physician put it, “[They] come to us moral and physical wrecks, diseased in mind and body . . . these girls are our helpless, sick sisters.” Not only was female delinquency diagnosed as an individual sickness, it was characterized as a dangerous

⁴ The historiography on female juvenile delinquency too large to list here, but some of the more important works include Barbara M. Brenzel, *Daughters of the State: A Social Portrait of the First Reform School for Girls in North America, 1856-1905* (Cambridge, Mass: MIT Press, 1983), Ruth M. Alexander, *The Girl Problem: Female Sexual Delinquency in New York, 1900-1930* (Ithaca: Cornell University Press, 1995), Mary E. Odem, *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States, 1885-1920* (Gender & American culture. Chapel Hill: University of North Carolina Press, 1995), Anne Meis Knupfer, *Reform and Resistance: Gender, Delinquency, and America's First Juvenile Court* (New York: Routledge, 2001), Michael A. Rembis, *Defining Deviance: Sex, Science, and Delinquent Girls, 1890-1960* (Urbana: University of Illinois Press, 2011), Miroslava Chávez-García, *States of Delinquency: Race and Science in the Making of California's Juvenile Justice System*, American Crossroads (Berkeley: University of California Press, 2012), and Karin L. Zipf, *Bad Girls at Samarcand: Sexuality and Sterilization in a Southern Juvenile Reformatory* (Baton Rouge: Louisiana State University Press, 2016).

⁵ In fact, according to his archival collections, Lindsey often burned his documents concerning female delinquents to protect their privacy. Box 207-226, Ben B. Lindsey Papers, Manuscript Division, Library of Congress, Washington, D.C.

public health problem for the developing urban West. As another doctor simply argued, “[They are a] menace to the community.”⁶ Female delinquency was not simply a problem that required fresh mountain air and moral reform, although that was part of it. It also mandated a regimen of medical care, containment, and surveillance. This task, according to the school’s founders, was best accomplished through the discretion and special expertise of the woman physician.

The existence of the industrial school, the populations it targeted, and the prominent role women physicians played in founding, funding, and operating the institution, offer historians a useful example of how to think about the complex and contentious public health landscape women physicians both debated and cultivated in Denver at the turn-of-the-century. They recognized that “The West” offered more freedom and ample opportunity for professional women (mostly white) such as themselves. However, they also believed that the frontier cultivated crime, vice, degeneracy, and disease among the lower classes and racial minorities in the region. Juvenile delinquency, venereal diseases, prostitution, out-of-wedlock pregnancies, and the spread of communicable diseases, they argued, affected the daily lives of women, children, and families in the city.

Because of their sex *and* their medical training, women physicians felt confident that they offered the best possible qualifications for addressing these crucial issues. Equipped with scientific knowledge *as well as* the maternalist ethos generated by the Progressive Era itself, women physicians had both training and the capability to become reformers and public health advocates for the region. Leveraging their professional and personal networks, as well as their newly granted political power in a universally enfranchised state, Denver’s women doctors were crucial to the development and expansion of public health efforts not only within the city but also

⁶ “History of the Institution,” *Denver Times*, July 18, 1898.

in its hinterlands. They cultivated, in short, a “maternalist medical geography,” running sanatoria, hospitals, medical charities, and carceral institutions in the city.⁷

Examining the American West through its maternalist medical geography is valuable for understanding the urban development of the region. Historian Gunther Barth has argued that Denver rose up as an “instant city,” an urban space that “raced through the entire process of city building,” squeezing a century of urban development into one generation.⁸ Western historian Carl Abbott not only agrees with Barth, but argues that such rapid development was possible only because cities were able to take advantage of the region’s vast “empty” spaces, once Native Americans were forced out. This enabled the creation of entire new communities, which allowed for the “full development and expression of new urban trends.”⁹ In Denver, medical infrastructure became a significant part of this development. The popularity of medical climatology and the consequent migration of health seekers to the region enabled physicians to imagine and construct a wide variety of medical spaces throughout the region.

⁷By using the term “maternalist medical geography,” I am combining elements of medical and feminist geography. Within the discipline of geography, “medical geography” incorporates geographic analysis into several strands of research, including the spread of diseases, the impact of climate and location on health, and the spatial distribution of health services within a specific region.⁷ While medical geographers are concerned with understanding current-day epidemiology, usually in order to address healthcare inequality, the field can be of tremendous value to scholars who are interested in studying such issues from a historical perspective. I am also invoking the methodology of feminist geography pioneered by scholars like Dolores Hayden and Doreen Massey.⁷ Feminist geographers explore the interdependence of geography, gender relations, and economic development, and are specifically interested in contextualizing meanings of places in relation to gender, demonstrating how it “intersects with other social constructed categories within particular spacialities.” Dolores Hayden, *The Grand Domestic Revolution: A History of Feminist Designs for American Homes, Neighborhoods, and Cities* (Cambridge, Mass.: MIT Press, 1981), Doreen B. Massey, *Space, Place, and Gender* (Minneapolis: University of Minnesota Press, 1994). For an overview of medical geography, see Melinda S. Meade and Michael Emch, *Medical Geography*, 3rd ed. (New York: Guilford Press, 2010), 1-24. For an example of how historians have used medical geography, see S.M. Quinlan, “Medical Geography in Historical Perspective,” *British Journal for the History of Science*, 35 (2002), 478-479 and Valenčius, *The Health of the Country: How American Settlers Understood Themselves and Their Land*.

⁸ Gunther Paul Barth, *Instant Cities: Urbanization and the Rise of San Francisco and Denver*, The Urban Life in America Series (New York: Oxford University Press, 1975).

⁹ Carl Abbott, *The Metropolitan Frontier: Cities in the Modern American West*, The Modern American West (Tucson: University of Arizona Press, 1993), xxii.

As Abbott and Barth make clear, however, the very existence of this “elbow room” enabled institutional segregation much easier to accomplish than in Eastern cities that were already being crowded by immigrants from Southern and Eastern Europe. City boosters, politicians, and physicians themselves were quick to found and promote a number of new health institutions that catered to elite, white health seekers. But such groups hesitated or deliberately refused to fund, build, or promote institutions for poor and working-class families for fear of attracting even more destitute health seekers to the region. By the turn-of-the-century, Denver had become a celebrated health destination in the United States, yet the city’s deliberate lack of attention to poor and destitute health seekers created a wildly disparate health care system in the city that benefited the wealthy and middle-class populations and disregarded everybody else.

By focusing on one city in the American West — Denver, Colorado — this chapter aims to explore the relationship between women physicians, medical and institutional development in the region, and how anxieties surrounding race, class, gender, and sexuality fueled this public health activism. It begins by briefly tracing the growth of Denver as an urban space. In its early years, city officials embraced their reputation as a healthy, welcoming climatological destination and actively courted wealthy health seekers. As the city grew, Denverites, including its large number of women physicians, began expressing their anxieties over increasing numbers of poor invalids, non-white health seekers, unsightly disabled, and other “deviants” and “delinquents.” The chapter then contextualizes women physicians’ medical practice and professional networks within this increasingly urban area – it examines where they set up their medical practices, how their professional networks evolved into public health work, what institutions they founded, and how their work affected the various population groups of the city. By examining their private

practices, professional networks, and public health work, I argue that women physicians played a significant role in creating the health landscape of the city.

Responding to a set of growing public health crises in the city, women physicians and reformers worked together to advocate for, plan, build, and operate several institutions targeted at the region's marginalized communities. Importantly, while women physicians filled critical gaps in the city's public health system by creating these institutions, the medical and maternalist ethos embedded within these organizations emphasized a process of care, containment, surveillance, and sometimes physical violence. This institutional work sheds light on how race, class, gender, and sexuality became pathologized during this period, embodying the not-unfamiliar settler colonial ethos of domestic reform, or what anthropologist Ann Stoler has labeled the "intimacies of empire."¹⁰ Women physicians collaborated with reformers, clubwomen, and politicians to establish several institutions and organizations that operated under a moralist medical philosophy that combined health care with behavior modification. These institutions offered medical treatment to poor, immigrant, and racial minorities, but demanded home surveillance or in some cases, institutional incarceration, in return.

City of Demons

Traveling to Denver, Colorado with Horace Greeley in 1859, Boston newspaperman, A.D. Richardson characterized the town as "a most forlorn and desolate looking metropolis."¹¹ Indeed, long before the Denver's Industrial School for Girls opened its doors in 1895, many

¹⁰ As American West historian Margaret Jacobs points out, although Stoler's work focuses on Colonial Indonesia, her articulation of "intimacies of empire" is useful for providing a theoretical framework for addressing how "intimate domains" like domestic arrangements, sex, child-rearing, and reproduction, are integral to settler colonial aims. Ann Laura Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule*, Margaret D. Jacobs, "Getting Out of a Rut: Decolonizing Western Women's History," *Pacific Historical Review* 79 (2010): 585-60.

¹¹ Duncan Aikman, *The Taming of the Frontier; El Paso, Ogden, Denver, St. Paul, San Francisco, Portland, Kansas City, Cheyenne, San Antonio, Los Angeles* (Freeport, N.Y.: Books for Libraries Press, 1925), 79.

Eastern visitors had remarked on the uncertain future of the embryonic city. While many travelers viewed Denver as just another future ghost town, a settlement destined for abandonment once the last of the silver and gold deposits had been stripped from the mines, others saw economic possibility. Those who saw potential profit in the developing town would prove correct. Denver grew rapidly from a “mining camp to metropolis,” fueling the economic growth of the entire state by the turn-of-the-century.¹²

By 1915, Denver emerged as the largest city between the Missouri River and the Pacific Coast, with twenty-nine banks, eight different lines of steam railroads, and a population of 256,491.¹³ Mayor J.M. Perkins’ New Year’s Day editorial that year, boasted of the city’s progress, calling it “magical,” and even “mysterious,” comparing it to “the formation of a mirage on the Western prairies.”¹⁴ Known as the “Queen City of the Plains,” Denver became the uncontested commercial center of the Rocky Mountain West, extending out for 500 miles in all directions.

Despite the mayor’s belief in the supernatural origins of Denver, the city’s success could largely be attributed to more mundane factors. Industry, finance, and banking certainly played a key role in the growth of Colorado’s capital city, but its popularity as a climatological haven also fueled the city’s rapid development, drawing thousands of health seekers and healers of all sorts from all over the country and the world, including a significant number of women physicians. Quite early in the city’s history, boosters began to lure elite health seekers to the region.

¹² Leonard and Noel, *Denver: Mining Camp to Metropolis*, 1.

¹³ United States, and U.S. Census Bureau. *Statistical Abstract of the United States*. Washington: U.S. G.P.O., 1920.

¹⁴ J.M. Perkins, “Denver, Queen City of the Plains,” *The Rocky Mountain News and the Denver Times*, January 1, 1915.

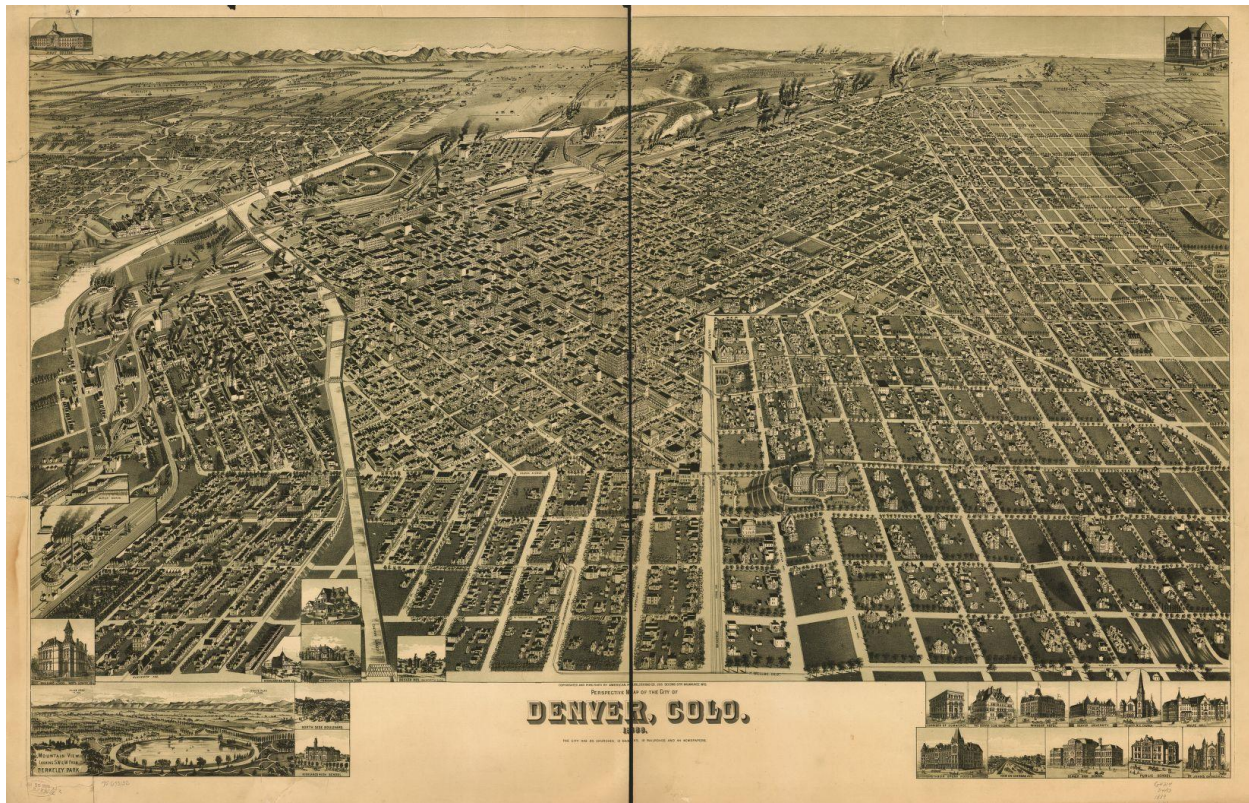


Figure 5: Denver, 1899.
Perspective Map of the City of Denver, Colo. (Milwaukee, American Publishing Co, 1889).

Denver, they claimed, offered the best of both worlds. It provided the sophistication of a cultured city combined with easy access to the natural environment. They hailed the city as the answer to all disruptions brought on by industrialization; here residents and visitors could access urban culture while also maintaining a regimen that involved fresh air and outdoor activities.

Consumptives, or “lungers,” heeded the siren song of Denver’s famous climate and moved to the city by the thousands. Although reliable statistics are unavailable, most historians estimate that up to half of Denver’s population in the first years of the twentieth century was made up of health-seekers and their families and descendants.¹⁵

¹⁵ These statistics show up in various early-twentieth century writings, but as western historian Carl Abbott has pointed out, the numbers are hard to verify. Susan Jane Edwards has used morbidity statistics in Denver, which differentiated between native cases of TB and immigrant cases to extrapolate the numbers of TB wellness seekers in the city, which roughly correlated to around 20 percent. Considering numerous other wellness seekers with other afflictions and their accompanying family members, the original statistic is probably not far off. Roscoe Fleming,

Consumptives were not the only health seekers migrating to the city in droves. Americans with various diseases, disabilities, and debilities moved to Denver seeking relief from a wide variety of physical and mental health problems, believing the climate offered some sort of all-encompassing healing power. Although city boosters at first welcomed elite and wealthy health seekers, as the city's reputation grew, and railroad prices fell, poorer and more destitute health seekers poured into the city. By the beginning of the twentieth century, many of the city's public health officials, doctors, and politicians became increasingly alarmed over the large population of sick and disabled migrants living in the city. Denver coroner, W.T. Little summed up what many were feeling when he wrote in 1904 that, "We Coloradoans know what a dumping ground our state has been for the consumptive of the East."¹⁶

Little's rhetoric is partly demonstrative of changes in understandings of health, disease, and disability that led to a significant shift in scientific belief, popular rhetoric, and public policy at the turn-of-the-century. Earlier entrepreneurs had emphasized the positives of health seekers to the city's development, yet by the early twentieth century, when advances in germ theory made it well known that tuberculosis was a communicable disease, civic officials worried that the city was being overrun with the contagious and disabled, a population they believed too physically and mentally frail for the duties of citizenship.¹⁷

"Denver Civic Schizophrenic," in Allen, *Our Fair City*, 284, Edwards, "Nature as Healer: Denver, Colorado's Social and Built Landscapes of Health, 1880-1930," 127-28, Abbott, *How Cities Won the West: Four Centuries of Urban Change in Western North America*, 121-22.

¹⁶ W.T. Little, "Consumptives in Colorado," *Colorado Medicine* 1 (1904): 277.

¹⁷ Prior to the general acceptance of germ theory in the late-nineteenth century, "consumption" was thought to be an inherited disease, a romanticized condition that mainly affected affluent, white males. With the discovery of *Mycobacterium tuberculosis* bacteria by Robert Koch in 1882 and general changes in understanding of public health, consumption became tuberculosis, a contagious disease associated with immigrants, the poor, and racial minorities. Abel, *Suffering in the Land of Sunshine: A Los Angeles Illness Narrative*, Emily K. Abel, *Tuberculosis and the Politics of Exclusion: A History of Public Health and Migration to Los Angeles*, Bates, *Bargaining for Life: A Social History of Tuberculosis, 1876-1938*.

Denver’s claim of being a health paradise, unsurprisingly, was deeply exaggerated. As early as 1879, an observer described the dead bodies of consumptives being loaded onto train cars and shipped back to their families in the East.¹⁸ By 1909, Colorado had one of the highest tuberculosis morbidity rates in the country, while Denver had the highest TB death rate in the state.¹⁹ City officials, of course, were quick to differentiate between the number of TB cases *originating* in Denver and those of health seekers immigrating *to* the city. In fact, in 1909 health officials claimed that eighty percent of the tuberculosis deaths that year originated from out of the state.²⁰ State leaders were adamant in maintaining the idea that Colorado’s climate made it nearly impossible to contract tuberculosis once residing in the state, and Colorado physicians

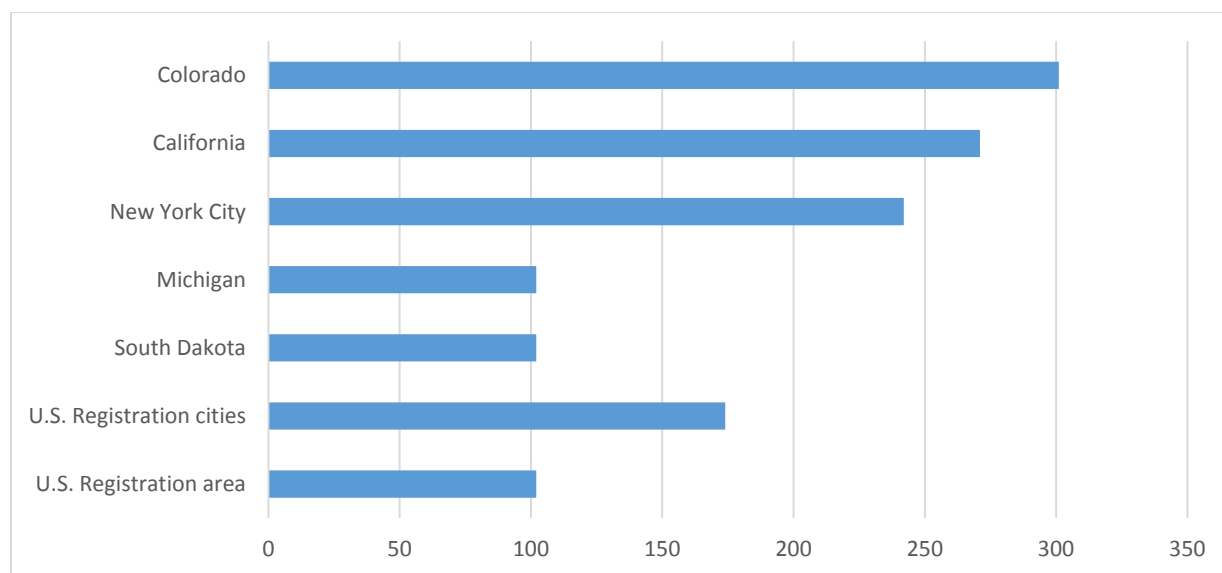


Figure 6: The 1908 Annual Death Rates for Tuberculosis (per 100,000)
City and County of Denver Health Department, *Statement of Deaths* (Denver: Board of Health, 1909), U.S. Bureau of the Census, *Historical Statistics of the United States* (Washington, 1975).

¹⁸ Leonard and Noel, *Denver: Mining Camp to Metropolis*, 43.

¹⁹ In 1909, the City and County of Denver Health Department reported that approximately 3,548 of Denver’s 225,000 residents had passed away. Of that number, tuberculosis claimed 754 cases or 21 percent of the total deaths. City and County of Denver Health Department, *Statement of Deaths* (Denver: Board of Health, 1909), U.S. Bureau of the Census, *Historical Statistics of the United States* (Washington, 1975), 59.

²⁰ *Ibid.*

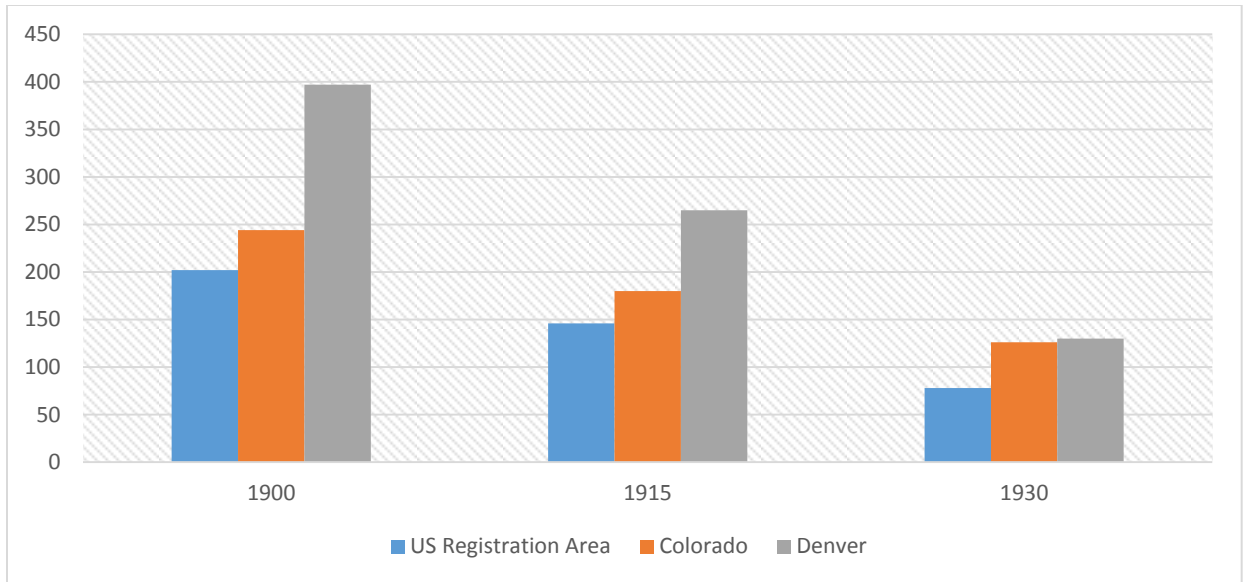


Figure 7: Death Rates for Tuberculosis, per 100,000. Denver Tuberculosis Society (1929).

never ceased celebrating the healing power of climatology. Instead, they blamed Denver’s death statistics on three factors: physicians in the East often misdiagnosed their patients, patients themselves often ignored doctors’ advice once they arrived, and, given the rapid in-migration of sick people, conditions in Denver’s urban core, especially its public health infrastructure, deteriorated.

Because Denver grew *in tandem* with medical climatology’s popularity, this simultaneity was reflected in the city’s extensive, yet disparate medical geography. Boarding houses, tent hospitals, and charities popped up throughout the quickly growing city to accommodate poor health seekers, while luxurious, private sanatoria catering to a wealthier clientele populated the foothills surrounding the city. Denver’s 1890 building codes, for example, required that residences should be built at least five feet from the property line, allowing space between buildings for sunlight and fresh air. In reality, however, a neighborhood’s affluence often

dictated the spacing between homes.²¹ As Denver continued to grow, its suburbs epitomized climatological ideals with roomy homes that featured large sun porches and numerous windows to capture the southern exposure, while overcrowded, badly ventilated, and poorly constructed boarding houses dominated many of the city's downtown neighborhoods.

Much attention, in fact, was paid to the increasingly unhealthy conditions in Denver's downtown. Early descriptions of the city embodied the idealistic, often problematic notions of Manifest Destiny, but by the dawn of the twentieth century, Denver began to suffer from familiar post-Turnerian urban problems. Life in the inner city was difficult for those who could not afford an exurban sanatorium in Denver's foothills. Destitute health seekers crowded into substandard housing along the Platte River, known as "the Bottoms," as well as industrial suburbs like Globeville, where smelters polluted the air around the clock. As one doctor argued with no little irony, "People who have come . . . to reap the benefit of Colorado air . . . are trying to do so in close, unventilated, and often unventilable apartments."²² Public health officials referred to the worst dwellings as "human coops," measuring a mere four feet by five feet.²³

Despite, or perhaps because of, its rapid development and expanding population of health migrants, turn-of-the-century Denver lagged behind most other large cities in public health planning and infrastructure. The city lacked both the resources as well as the political cooperation to remedy its escalating public health crisis. In fact, political bickering between state and city governments accounted for much of the Denver's health problems. In 1889, the Colorado state legislature placed jurisdiction of Denver's public works, police, and fire

²¹ Edwards, "Nature as Healer: Denver, Colorado's Social and Built Landscapes of Health, 1880-1930," 194-5.

²² L.H. Wood, "The Treatment of Consumption in Colorado," *Denver Medical Times* 1886-87 Vol. 6, 208.

²³ The Denver Tuberculosis Society and the Mountain Division of the Red Cross, *A Limited Investigation of Housing Conditions for the Tuberculous in Denver* (Denver, 1921), 12. Edwards, "Nature as Healer: Denver, Colorado's Social and Built Landscapes of Health, 1880-1930," 225.

departments under the control of state-appointed commissioners. In 1902, Denver voters rebelled against this situation by approving Article XX of the state constitution, which returned “home rule” to Colorado's capital city, enabling Denver to become an essentially autonomous municipality within the state. The resulting separation created several conflicts between the state board of health and Denver public health officials and often hampered any substantial efforts to create a systematic approach to health and welfare in the city.²⁴

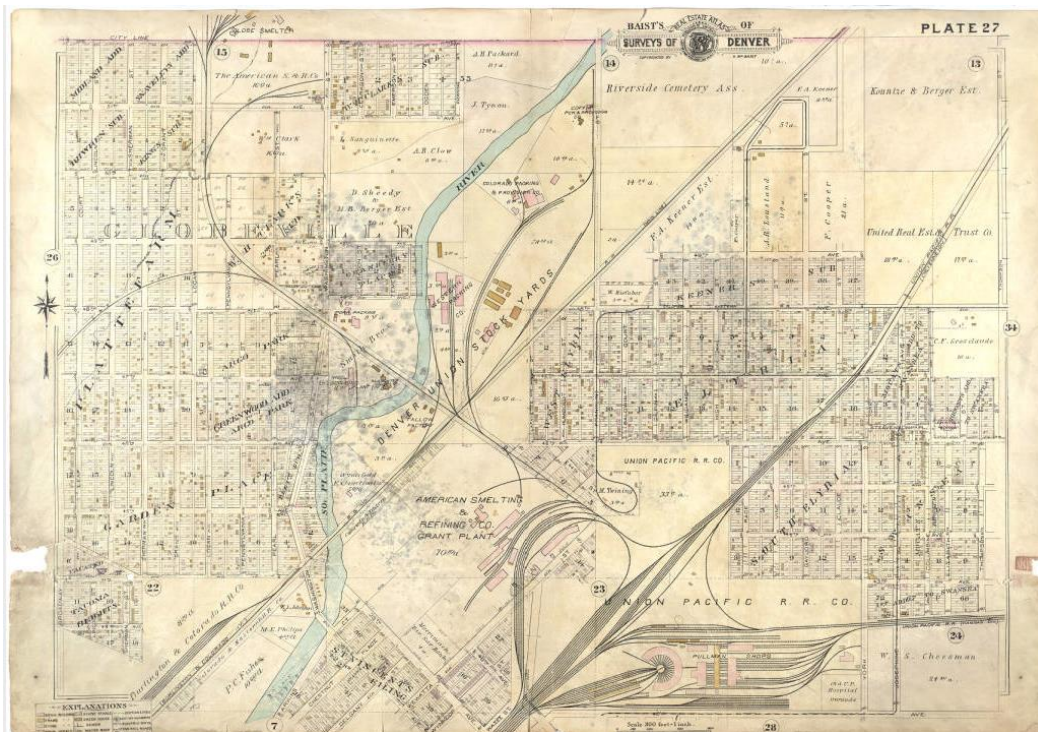


Figure 8: Map of Globeville section of Denver, 1905.
Baist's Real Estate Atlas of Surveys of Denver, Col. (Plate 27) (Western History and Genealogy Center, Denver Public Library).

Denver’s inability to address its public health problems at the turn-of-the-century is perhaps best exemplified by its issues with water and sewage. By the late-nineteenth century, Denverites could get their drinking water from two sources, private wells or the Denver Water

²⁴ Connolly, “Public Health in 1920s Colorado: Health to Match Its Valleys,” 130-131.

Company.²⁵ Neither option was ideal. While private wells were usually, “in close proximity to cesspools, privy vaults and garbage heaps,” Denver Water Company pumps were located on the banks of the South Platte River, just below Cherry Creek. During floods, the water that poured from Cherry Creek into the Platte was a “murky, maddening irresistible flood, emitting a peculiarly unpleasant odor.”²⁶ Cherry Creek, in fact, served as Denver’s unofficial receptacle for stable manure, animal carcasses, ashes, and household trash. The president of the Colorado State Medical Society, Dr. H.E. Lemen, pointed out in 1881 that this mixture of garbage and filth was pumped without adequate filtration directly into various residences, hotels, and “palaces of entertainment.” As a result, he argued, Denver’s water supply was, “entirely inadequate.” He claimed that an “inefficient city government,” paired with greedy corporate interests have “practically forced polluted water down the throats of the populace for years. . . .” Dr. James McDonald put it more succinctly: “Our water is not only filthy, but it is dammed filthy.”²⁷ Denver’s inability to institute an effective water and sewage system meant that the city endured several typhoid fever epidemics well into the twentieth century.²⁸

Although physicians like Dr. Lemen and Dr. McDonald complained about the unsanitary conditions of Denver, many others were reluctant to publicly critique the city, fearing it would

²⁵ Prior to 1874, there were about ten different companies supplying water to Denver residents. Many dug wells and used water wagons and water boys to carry their water in buckets to households and businesses in the city. In 1874, the Denver City Water Company was given exclusive rights to lay water pipes within city limits. The company used a crude filtration system that was largely ineffectual. In 1879, the company began constructing a new filtration system, and by 1906, they were chlorinating its water supply. In 1918, Denver residents voted to buy the Denver Union Water Company and form the municipal agency now known as Denver Water. Sherlock, *Colorado’s Healthcare Heritage: A Chronology of the Nineteenth and Twentieth Centuries*, 230-232, Elizabeth Victoria Wallace, *Hidden History of Denver* (Charleston, SC: History Press, 2011).

²⁶ Seymour Wheelock, MD., “The Children’s Hospital of Denver – A Backwards Glance,” *Colorado Medicine* 96 (1999), 304-305.

²⁷ Sherlock, *Colorado’s Healthcare Heritage: A Chronology of the Nineteenth and Twentieth Centuries*, 231.

²⁸ In fact, Lemen was responding to a recent typhoid fever outbreak in the city. In the summer and autumn of 1879 and 1880. Dr. Lemen and his colleagues estimated that somewhere between 1,000 and 2,000 people perished from the disease. H.A. Lemen, M.D., “History of an Epidemic of Typhoid Fever in Denver, Colorado,” *Report of Colorado State Board of Health*, vol. 3, (Denver: 1881) 63-72.

hurt Denver's reputation. For example, in an anonymous editorial to the 1885 Denver Medical Society, someone argued, "It is to our interest that the traveling and health seeking people of the East may remain in the correct belief that they now possess, to wit: that Denver is The Sanitarium of America, and not . . . a vile, stinking city, ready to breed the comma bacilli as a dog breeds flies."²⁹ Instead of publicly calling on the city to reform its public health infrastructure, physicians often suggested private, educational approaches with one's own patients.

It is probably not surprising that Denver's high mortality rates and the deterioration of its downtown neighborhoods was often blamed on the behavior of health seekers themselves. "Many who had lived quiet lives and kept regular hours for rest and eating in the Eastern States go to Colorado," explained Dr. I.T. Eskridge, "overindulge in the use of alcohol and tobacco, and try their nervous systems by late and irregular hours."³⁰ Many doctors agreed, some adding that health seekers new to the city spent too much of their energy on city entertainment, rather than focusing on their treatment. Physicians were not the only ones who blamed Denver's problems on health seekers. By the turn-of-the-century, politicians, reformers, and long-term Denver residents expressed growing resentment and fear of the increasingly overcrowded and dependent class that committed crimes, stole jobs, scared children, and burdened resources. A vigorous attempt to restrict the rights of invalids and the disabled in Colorado was one result of these developments. Politicians and reformers often rejected the construction of new public health facilities for tuberculars, debated a quarantine bill, and even considered requiring TB sufferers by law to wear bells around their necks. Writer Thomas Galbreath joked that the bell legislation

²⁹ Henry Sewall, "How May the Dissemination of Tuberculosis in Colorado be Prevented?" *Denver Medical Times* 16 (1897): 388.

³⁰ I. T. Eskridge, M.D, "Nervous and Mental Diseases Observed in Colorado," *Transactions of the American Climatological Association* 7 (Philadelphia: D. Appleton and Co., 1890), 163.

was only defeated because “the noise would be deafening.”³¹ Denverites, who may have once been ill themselves, feared destitute health seekers because they perceived them to be destructive and dependent.

Fears over the growing numbers of the dependent sick were not entirely unfounded. By 1920, Denver had approximately one indigent health seeker to every 156 residents in the city. According to a report by the National Tuberculosis Association, local charities cared for a total of 1,635 tuberculars that year. Of those cases, over sixty percent had lived in Denver less than a year and over half applied for aid within three months of arriving in the city.³² Even if a health seeker had funds for his or her care, tuberculosis and other long-lasting illnesses could spell financial ruin for a family. For example, one Denver health seeker, M.P. Andreini, wrote that after his first hemorrhage in 1907, his family spent \$2,000 over the next four years on medical advice and treatment. Finally, they sold their household effects in order to “chase the cure” in Colorado.³³

Much of the panicked rhetoric around dependent health seekers was also framed around racial anxiety and racist medical theories. In 1900, for example, the Colorado State Board of Health issued a decree excluding Japanese and Chinese citizens from traveling “into and through” Colorado for fear of spreading disease. Officials only backed down when the Japanese

³¹ Shikes, *Rocky Mountain Medicine: Doctors, Drugs, and Disease in Early Colorado*, 146, Galbreath, *Chasing the Cure in Colorado* (1907), 31.

³² The study was part of a larger examination of the effects of tuberculosis on western states. There were six other cities included in the study: San Antonio, Los Angeles, Phoenix, Colorado Springs, El Paso, and (as a control city), Cleveland. Phoenix had the greatest growth, with 58 invalids to every resident and San Antonio has the least with 1 to 264 (Cleveland had 1:231) S.R DeBoer, *Health Report, 1942*. S.R. DeBoer Papers, WH1082, Western History Collection, The Denver Public Library, Edwards, “Nature as Healer: Denver, Colorado’s Social and Built Landscapes of Health, 1880-1930,” 148.

³³ J.H. Tilden, *My Experience with Doctors and Tuberculosis* (Published by J.H. Tilden, MD: 1920), 4.

Ambassador called on the US government to intervene.³⁴ International incident aside, inexpensive railroad travel permitted larger numbers of poor health seekers to travel to the city, including larger numbers of Russian Jews and a smaller number of African Americans. While established Jewish communities were able to pool resources to found the National Jewish Hospital in 1899 and the Jewish Consumptives Relief Society in 1904, there remained few institutional options for the small African American community in Denver.³⁵ Except for the segregated public ward at Denver General Hospital, and later at the Fitzsimmons Army Hospital, sick and disabled African Americans had to rely on boarding houses in the Five Points area of Denver and along the South Platte River area known as “The Bottoms.” Because of racial discrimination in housing, Denver minorities, whether they were health seekers or not, were funneled into these denser areas of the city, putting them at greater risk for tuberculosis and other diseases. A 1925 report from the State Board of Health reveals this health disparity. That year, tuberculosis represented twenty percent of all deaths for whites, thirty-three percent for African Americans, and forty percent of Asians.³⁶

Discrimination barred many Denver minorities from institutional care, but physicians, local newspapers, and public health officials compounded the problem by perpetuating ideas of medical racism by linking race to disease, crime, and sexual deviancy. One newspaper, commenting on the need to keep African Americans out of Denver, argued: “Tuberculosis is terribly rife among the city negroes. Drink and loathsome disease help in the decimating

³⁴ Interestingly, the Japanese Ambassador’s ire mostly stemmed from the Colorado State Board of Health’s grouping of Japanese citizens together with the Chinese. He argued that the Japanese were not subject to communicable diseases the way the Chinese were, and furthermore, Japanese citizens did not associate with the Chinese, and to suggest as much was insulting. “Japanese Object to Colorado Quarantine,” *San Francisco Chronicle*, July 24, 1900, 3, “It’s up to you, Governor Thomas,” *The Critique* v. 7 (Denver: The Denver Publishing Co., 1900), 313.

³⁵ Jeanne Abrams, *Blazing the Tuberculosis Trail: The Religio-Ethnic Role of Four Sanatoria in Early Denver* (Denver: Colorado Historical Society, 1991).

³⁶ *Report of Colorado State Board of Health*, Colorado State Board of Health (State Printers, 1925), 7.

process.”³⁷ A Colorado coroner made this connection between TB and venereal disease more explicit when he claimed that evidence of syphilis was found during most autopsies of African Americans soldiers also infected with tuberculosis.³⁸ The small population of African Americans in Denver comprised a significant portion of domestic workers in the city. In 1910, for example, African Americans made up 2.5 percent of Denver’s overall population, yet they made up 15 percent of the city’s domestic laborers. The growing acceptance of tuberculosis as a contagion combined with the popular belief that African Americans were disproportionately infected with the disease fueled fears over cooks, maids, nurses, and other domestic laborers traveling to white neighborhoods, entering their homes, and infecting their families.³⁹

Though doctors and city officials had encouraged early waves of health seekers to move to Denver, by the first decade of the twentieth-century, they began to actively discourage health migrants, especially those of with no means to support themselves. Fear of contagion, combined with the increased job competition created resentment and paranoia among Denver’s longer-term residents against the sick and disabled. One visitor remarked, “As you wander about these hot and dirty streets you seem to be walking in a city of demons.”⁴⁰ To many of the city’s inhabitants, health seekers were now seen as burden, rather than an asset, and political infighting hampered any serious effort to address the public health needs of the city.

As medical geographer Susan Edwards has noted, Denver’s *laissez-faire* approach to city building and public health infrastructure left both the “burden and opportunities” to the private

³⁷ *Greeley Daily Tribune*, Apr 6, 1917, 5.

³⁸ Dr. G.H. Catermole, “Tuberculosis in the Army,” *Colorado Medicine* v.17 (1920), 68.

³⁹ Other historians have explored in depth white fears over black domestic workers and tuberculosis, especially in the American South. Tera W. Hunter, *To 'joy My Freedom: Southern Black Women's Lives and Labors After the Civil War* (Cambridge, Mass.: Harvard University Press, 1997).

⁴⁰ William Hepworth Dixon, *New America*, (London: Hurst And Blackett Publishers, 1867), 111.

and charitable sectors of the city.⁴¹ Into this gap, a loose coalition of women physicians, reformers, and clubwomen cobbled together private and public resources to create several institutions in an attempt to remedy Denver's growing urban problems. These organizations offered much-needed medical treatment to poor, immigrant, and racial minorities, but also demanded home surveillance or institutional incarceration in return.

Hanging Out a Shingle: Women Physicians, Medical Practice, and Professional Networks

About a decade after A.D. Richardson's 1859 visit to the "forlorn and desolate metropolis," the first group of Denver's women physicians began settling in the area. By 1900, the city had become far-and-away the most popular destination for women physicians who migrated to the state, with over 80% of women doctors opening practices in the state capital. By this time, Denver had become the medical hub of the Intermountain West. Women physicians in the region would have had, at the very least, some familiarity with the city at some point in their careers. Some women experimented with several other Colorado towns before moving to Denver, while others moved in and out of the city with frequency. Many spent their whole careers in Denver, while others spent just a few short months in the city before moving on. This transient nature of women doctors in the city is, in some ways, a result of the volatility of the medical profession at the turn-of-the-century, but their seemingly perpetual movement throughout the region also reflects the seismic growth and instability of the American West during this period. Medical migrants, both patients and practitioners, often moved from one developing town to another, seeking the ideal location to cultivate health and prosperity.

Although some women moved to the city to work as employees at hospitals, colleges, and sanitariums, private practice became the most ubiquitous, yet invisible feature of women's medical

⁴¹ Edwards, "Nature as Healer: Denver, Colorado's Social and Built Landscapes of Health, 1880-1930," 184.

work in Denver. Opening a small office in Denver became the most popular and practical option for new women physicians in the city, and their locations reveal much about both the social position of each practitioner and whom they treated. As historian James Schafer has shown with his study of early twentieth-century Philadelphia, private medical practice remained the primary career objective for new physicians during this period, with institutional work acting as auxiliary labor to supplement income. Although physicians continued the traditional practice of house calls, especially with non-ambulatory cases, by the turn-of-the-century, urban doctors began to receive some of their patients in a medical office, whether in a home office or non-residential space.

Medical offices proved advantageous for both physicians and patients because, in theory, doctors could save time and money on travel and pass the savings onto patients. The most significant economic consideration for physicians setting up a new medical practice was weighing the cost to rent a non-residential space versus the added expense of buying a house with an extra room for an office.⁴² These financial concerns often dictated what location a physician could practice in and whom they could serve. As the twentieth-century progressed and physicians began to abandon the home office and cluster their practices in non-residential office buildings in downtown business districts, this spatial relationship also dictated the strength of one's participation and prominence within professional networks.

Women physicians in Denver faced a similar set of decisions when setting up their private medical practices. For many newly arrived doctors in an unfamiliar city, setting up a home office was the cheapest, quickest, and most convenient option. For those women who chose to open a

⁴² James A. Schafer, *The Business of Private Medical Practice: Doctors, Specialization, and Urban Change in Philadelphia, 1900-1940*, Critical Issues in Health and Medicine (New Brunswick, New Jersey: Rutgers University Press, 2014), 46.

home office, however, factors beyond economic considerations influenced their professional arrangements. Historians have explored how, for the male physician, the home office operated as a unique site in the age of industrialization, one that combined elements of family and work. A physician could attend to his patients in his own home, and the physician's wife could balance her domestic tasks with bookkeeping or nursing duties.⁴³ In this way, the home office countered the trend towards "separate spheres" of work and home began by nineteenth-century industrialization. Yet, for the woman doctor, the home office represented an additional blurring of the domestic and the professional. Much of the turn-of-the-century cultural rhetoric emphasized the home as the ultimate symbol of the sacredness of the American family, with the wife/mother responsible for curating domestic bliss. Home offices thus served as sites where women physicians could establish professional spaces within their own homes without neglecting their own domestic sphere.

This arrangement carried different ramifications for different women. For a married woman, especially one married to another physician, working from home could be a beneficial arrangement, one that allowed space for her to pursue career and family.⁴⁴ It is possible that this arrangement also retained an important veneer of respectability. By working out of the home, a woman physician remained secure in her domestic sphere, and the presence of a husband, especially if he was a doctor himself, lent legitimacy to her medical practice. For single women physicians, however, the proposition of opening a home office may have been a dicier proposition. Although she could more easily afford a home office rather than taking on the

⁴³ Ann Marie Adams and Stacie Burke, "A Doctor in the House: The Architecture of Home-Offices for Physicians in Toronto, 1885–1930," *Medical History* 52 (2008): 163-92.

⁴⁴Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine*, 136.

additional cost of a non-residential office, a single woman practicing medicine out of her own home carried the risk of being labeled a quack, a midwife, or even an abortionist.

Despite the various cultural and professional maneuvers to be considered, women physicians opened home offices all over the Denver metropolitan area. Each had to weigh carefully in which neighborhood to reside; a house needed to be in a location appropriate to start a home, but it also needed to be in a place that could sustain and grow a medical practice. While many women physicians chose to set up their home offices in downtown, just on the outskirts of the Central Business District, many others took advantage of Denver's growing public transportation system and set up home offices in one of the many streetcar suburbs popping up throughout the metropolitan area. Their presence in almost every Denver neighborhood not only reflected the wide distribution of women physicians in the city, it also sheds light on the different populations they served and how home offices worked to create localized neighborhood spheres of care.

For example, Augusta Rothwell, graduated from Gross Medical College in 1900 and, together with her physician husband Edwin J. Rothwell, set up a private practice in their home at 3021 Lawrence Street.⁴⁵ Located in Denver's first "streetcar suburb," an area just northeast of downtown known as Curtis Park, they practiced medicine together while raising two daughters and four sons. Curtis Park was home to mostly American easterners and Northern European migrants, and the neighborhood reflected an unusual mix of economic difference. In the closing decades of the nineteenth century, well-to-do railroad men and businessmen in Curtis Park lived

⁴⁵ All business and residential addresses for physicians in this dissertation were compiled and crosschecked in several medical journals, local newspapers, census records, and directories, including Polk's Medical Register and Directory of North America, The Medical Directory for Denver, and Corbett & Ballenger's Annual City Directory.

in lavish houses next door to blacksmiths and bank clerks whose homes were modest. By the turn-of-the-century and in the aftermath of the silver crash of 1893, some of the neighborhood's most prominent residents relocated to the newer and more prestigious neighborhood of Capitol Hill, while Curtis Park grew increasingly blue-collar.

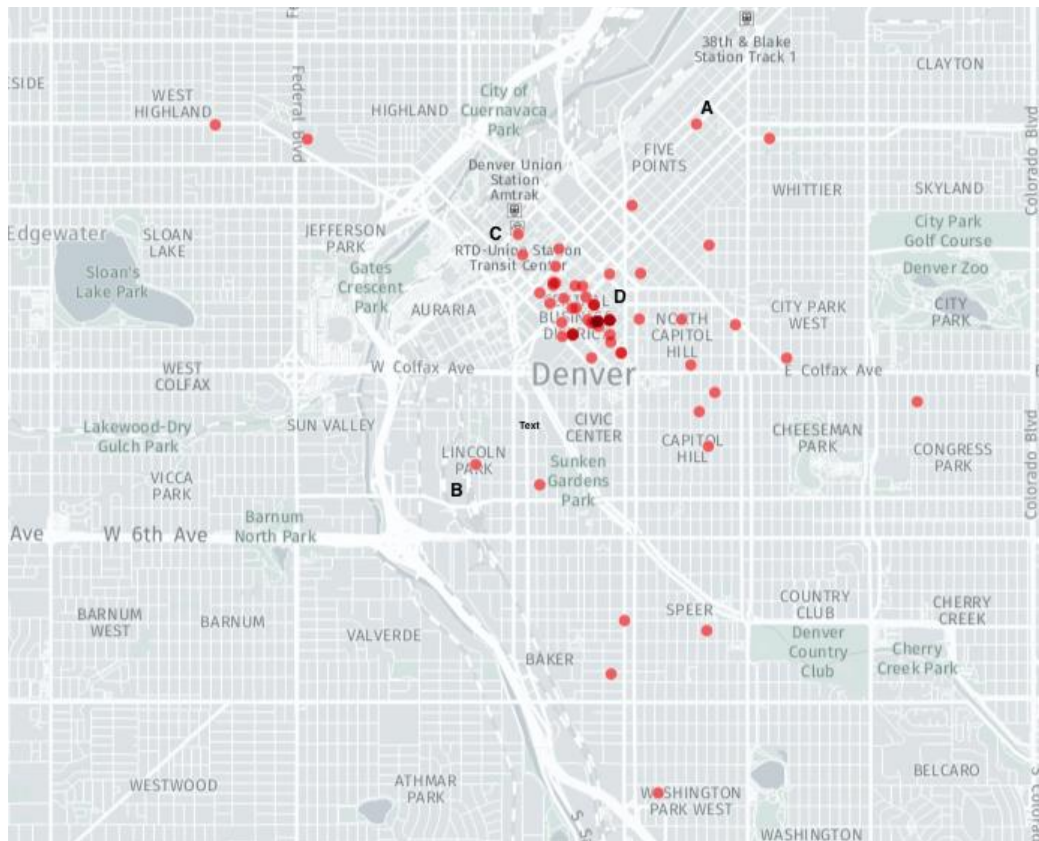


Figure 9: Location of Women Physicians' Private Practices in Denver, 1910.
A: Justina Ford B: Ida Beers C: Augusta Rothwell D: Minnie Love

Within this changing economic landscape, the Rothwells provided medical care to the neighborhood. Not much is known about their day-to-day life during this period, but what is evident is that Augusta Rothwell was an active physician in the neighborhood. Both practiced “regular” medicine and Augusta’s patients seemed to be largely women and children. In 1904,

for example, she reported a childhood case of typhoid fever, and during her time on Lawrence Street she presented several papers on obstetrical cases from her practice.

In contrast to Augusta Rothwell, Ida Valeria Beers never married. A “regular” physician, she graduated from Gross Medical College a year after Rothwell. In 1907, she rented a small house by herself on 9th Avenue in the Lincoln Park suburb of Denver. Located just southwest of the Central Business District, the suburb was bordered on its western edge by several milling, brewing, and smelting industries situated along the South Platte River. Unlike the mixed economy of Curtis Park, Lincoln Park’s residents were largely European, Russian, and Mexican working-class families who labored in nearby factories. For over fourteen years, Beers cared for the women and children of the neighborhood in her 646 square feet, one-bedroom home.

Like Augusta Rothwell, not much is known of Beers’ day-to-day medical practice during her home office years, but she also focused her practice on treating women and children. Medical journals offer a few clues to her work in the neighborhood. In 1907, she reported to the *Denver Medical Times* her methods for treating neighborhood children with whooping cough.⁴⁶ In 1912, three of Beers’ obstetric patients appeared in case studies in *The Journal of the American Medical Association* (JAMA). In all three cases, the women encountered medical issues during labor and ultimately required cesarean sections at Mercy Maternity Hospital. In all cases, the operations were performed by Dr. T. Mitchell Burns, Professor of Obstetrics at the University of Colorado, and assisted by Dr. Beers. The case studies offer frustratingly little about the patients themselves. Beyond reporting the fact that all three women survived the procedure, the journal

⁴⁶ Beers advised mothers to keep their children in the open air, especially during bedtime, and for more severe cases, she administered chocolate quinine every 4-5 hours. Ida Valeria Beers, “Treatment of Whooping Cough,” *Denver Medical Times*, Volume 27 1907.

indicates only that one child, a male, was stillborn, and that one woman left the hospital with her newborn without permission fourteen days after her cesarean.⁴⁷

Another physician who practiced from her home, Dr. Justina Ford, had no choice in the matter. The state's only black woman physician until her death in 1952, Ford relocated to Denver in 1902 because, as she later recalled, she believed it was a place where an African American "might play a fuller part in community life."⁴⁸ Yet, the medical community in Colorado denied her and other black physicians hospital privileges and prohibited them from joining any medical associations during this period. Ford consequently set up practice in her own home in the Five Points area of Denver. In her modest house on 2335 Arapahoe Street, Dr. Ford opened her doors to women and children of the neighborhood. Most of her patients were African Americans, Mexicans, Japanese, Koreans, Hindus, and poor immigrants who either distrusted, could not afford, or were denied access to hospitals, midwifery services, or physician care. "Folks make an appointment and I sit for them to come or go to see them," she later explained, "and whatever color they turn up, that's the color I take them."

To better communicate with her diverse patient population, Ford learned to speak phrases in several languages, and in later years she used her car to visit ill men and women living in migrant camps. It was not unusual for Ford to offer her services for free, accept goods and services in lieu of money, or to accept delayed payment. "Folks pay, but not always the right way," she recalled, "Sometimes they pay me in goods, rather than cash — groceries, poultry, and so forth." Ford counted some of her "payments" as her most prized-possessions and they reflect the diversity of her patient base. She loved showing off her brightly colored "oriental" cloth and

⁴⁷ T. Mitchell Burns, MD, "Cesarean Section: Indications and Technic: Report of Twenty-Nine Cases" *JAMA: The Journal of the American Medical Association*, Volume 58; 1912, 80-86.

⁴⁸ Mark Harris, "Forty Years of Justina Ford," *Negro Digest*, vol. 9 (March 1950), 43-45.

a hand-woven Mexican blanket. Most of her patients eventually paid in cash, even if it took years. “They’ll have it in a bible maybe, or tucked away in a tin can somewhere. There was one lady who couldn’t pay for her baby until the baby was thirteen years old. I had forgotten about the bill. But she hadn’t.”⁴⁹ Ford was also known to buy coal and groceries for her poor and indigent patients.⁵⁰

Ford’s story is typical of the lives of a number of women physicians attempting to practice medicine out of their own homes who created local neighborhood spheres of care. But her practice also reveals the racist medical geography that was developing in the state. Ford, a black physician, was confined to practicing medicine in Five Points, while her patients, mostly from marginalized populations, were funneled to her home on Arapahoe Street for many of their healthcare needs. Ford and her patients also offer insight into diverging treatment and care options in obstetrics in the early twentieth century. Between 1902 and 1952, Ford attended to over 7,000 home births, far after other doctors began requiring their patients to deliver in hospitals. Although Ford attended to home births often out of necessity brought by racial discrimination, she also did so as a deliberate alternative for patients who may have preferred to avoid hospitals.⁵¹

The home office only offers a narrow picture of women’s private medical practice in Denver, but an important one for contextualizing how they first operated their private medical practice in the city. In the early decades of the twentieth century, more and more physicians abandoned the home office for non-residential medical buildings. This transition was fueled

⁴⁹ Harris, “Forty Years of Justina Ford,” 43-45.

⁵⁰ “Justina Laurena Ford,” Biographical File, Dr. Justina Ford Collection MSS ARLM95, Blair-Caldwell African American Research Library, Denver Public Library.

⁵¹ “Justina Laurena Ford,” Biographical File, Dr. Justina Ford Collection MSS ARLM95, Blair-Caldwell African American Research Library, Denver Public Library.

largely by two factors: a growing reliance on scientific medicine, which required more and bigger technology, and a greater reliance on nurses and clerical support.⁵² Historians Neil Larry Shumsky, James Bohland, and Paul Knox have argued that one additional development in early twentieth-century cities served as an important cultural factor in the growth of non-residential medical offices – the creation and promotion of fashionable residential neighborhoods and prestigious business districts: “In order to satisfy status considerations, many doctors perceived a need for homes in one area and offices in another.”⁵³

With the development and expansion of the streetcar system and robust neighborhood boosterism, Denver was certainly no exception. It became more and more common for physicians and other professionals in the city to live in one neighborhood and work in another. For women physicians who could afford to pay the rent on a commercial space, separating home and office may have offered distinct gendered advantages. By establishing their medical practices in non-residential offices where other male physicians practiced, women physicians drew another boundary between themselves and midwives. Additionally, by clustering their offices in commercial buildings, women physicians could create and foster female medical spaces and facilitate professional networks.

Women physicians could be found practicing in non-residential buildings throughout the larger metropolitan area, yet not all commercial buildings were created equal. Each carried varying degrees of respectability or prestige. One of the more unusual places that women opened medical offices was in first-floor commercial spaces in hotels like the Ellsworth on Broadway and the American House Hotel on 16th and Blake. The most prestigious hotel commercial space

⁵² Adams and Burke, “A Doctor in the House: The Architecture of Home-Offices for Physicians in Toronto, 1885–1930,” 163-92.

⁵³ Neil Larry Shumsky, James Bohland and Paul Knox, “Separating Doctors’ Homes and Doctors’ Offices: San Francisco, 1881-1941,” *Social Science and Medicine* 23, no. 10 (1986): 1051-1057.

for women physicians was the Oxford Hotel. Located in lower downtown Denver across from Union Station, the Oxford Hotel was touted as a “city within a city,” when it opened its doors in 1891. The five-story hotel had its own stables and a “vertical railway” that carried guests to the upper-floors for a bird’s-eye view of the growing city. The ground floor also contained several businesses, including a Western Union office, a drug store, cigar shop, candy store, and medical offices.⁵⁴

Within this opulent hotel, several women physicians practiced medicine. For example, before opening her home office in Curtis Park, Ida Beers practiced out of the Oxford Hotel for several years. Beers shared office space with a former medical school classmate, Theresa Fantz. From their hotel office space, Fantz and Beers treated both locals and tourists. Fantz also occasionally practiced medicine by mail, advising patients how to treat themselves if they were unable to make an office visit. For example, Oklahoma immigrant Elinore Pruitt Stewart, a housekeeper in Denver, wrote to Fantz at the Oxford after her young daughter, Jerrine, rolled down the steps of her apartment while sleeping in her baby carriage. Fantz advised her how to treat the child and urged her to come in for an office visit if she could manage it.⁵⁵

Other medical women opened practices in small commercial spaces throughout the metropolitan area. Dr. Mary Hunter, a 7th Day Adventist and an 1897 graduate of the University of Michigan’s Medical School, moved to Denver in 1910 and established a private practice one block north of Denver City Park. German-born doctor Wilhelmina O’Connor graduated from the Denver Homeopathic College in 1897 and set up practice on Stout Street where she stayed for

⁵⁴ Alexandra Walker Clark, *Colorado’s Historic Hotels* (Charleston, SC: History Press, 2011).

⁵⁵ Elinore Pruitt Stewart, *The Adventures of the Woman Homesteader: The Life and Letters of Elinore Pruitt Stewart*, Women in the West Series (Lincoln: University of Nebraska Press, 1992) 8.

twelve years. Anna Marshall Rae, a graduate of Gross Medical College, spent her entire career practicing in Denver, moving offices five times in and around the downtown area.

The most desirable neighborhood for medical practice in Denver was located within the city's downtown core, what is now known as the Central Business District. Roughly bordered by Broadway, Colfax, Larimer, and 14th Street, the developing financial district housed some of the most prosperous women physicians of the city. Though they occupied the same professional space as many of their male colleagues, within this eleven city blocks, they created a distinctly female medical space, clustering their offices and sometimes sharing space in office buildings like the Majestic, Metropolitan, Mack, McPhee, Masonic Temple, and Nevada. The women practicing medicine in these buildings were among the most well-known of Colorado's physicians. Indeed, many played larger roles in politics, social programs, and institutional work. Mary Elizabeth Bates, M. Jean Gale, and Minnie Love, for example, became prominent physicians, politicians, and reformers in the state. They all carved out profitable businesses in Denver's downtown buildings, largely providing medical care for women and children of the city.

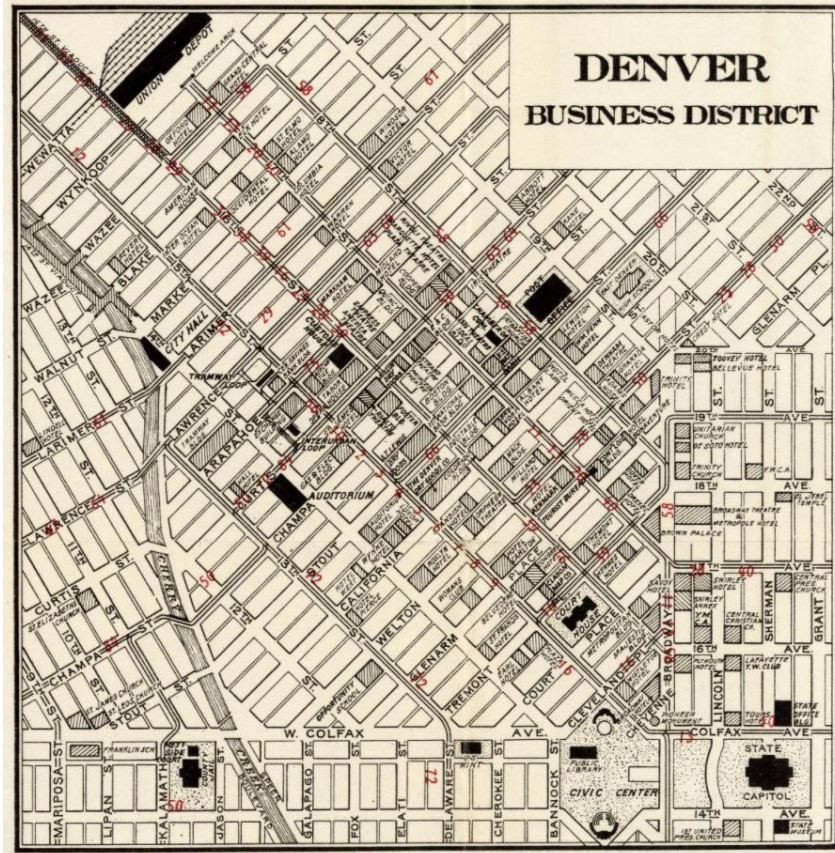


Figure 10: Denver Business District, 1920,
Clason's Denver Green Guide (The Clason Map Co. Chicago – Denver).

Dr. Minnie Love, for example, moved into an office in the Nevada Building on the corner of 17th and California in 1898. Bookkeeping records for that year document her daily practice as well as the financial accounts of prominent women physicians in Denver. That year, Love recorded her practice income as \$1,320.10.⁵⁶ The average annual income for city physicians was approximately \$730 at the turn of the century, so Love's income put her in the upper income bracket for physicians in America.⁵⁷ Love treated an average of ninety-six patients every month,

⁵⁶ Charles and Minnie Love, Manuscript Collection, History Colorado, Denver, Colorado, MSS 1233, Box 2.

⁵⁷ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books 1982), 84-85. See also "A Legion of Leeches," *Detroit Review of Medicine and Pharmacy* 6 (January 1871), 19 and C. R. Mabee, *The Physician's Business and Financial Advisor*, 5th ed. (Cleveland: Continental Publishing, 1901), 170.

both men and women, but because she largely focused on gynecology, most of her patients were pregnant women who visited the doctor several times during their pregnancy.

Her account books also reveal the daily routine of medical practice in downtown Denver. On Tuesday, November 1, 1898, for example, Love saw five patients, all pregnant women. She received a payment from only one patient that day, a Mrs. Misel, who paid her \$2.50 for an examination. Before heading home at the end of the day she attended a board meeting for an undisclosed organization. The following day Love saw three patients, two women and one baby. Feeling ill, she went home in the late afternoon to rest. Love was back in the office the following day, however, when she saw three more women, one of whom was a new patient. The remainder of November proved to be much busier. On November 17, Love diagnosed Miss Francis Killam with “nervous prostrations” and exhaustion. She then examined three more women and one male patient. She also recorded that Mr. Flint came in to settle a bill for \$27.00. Love’s fragmented notes makes it difficult for the historian to piece together much about her patients beyond the reasons for their visits. Sometimes she recorded her patients’ full names, but more often she jotted down last names only. Her account books, however, do offer occasional glimpses into the lives of some of her clients. One was a Polish dressmaker, another a married Norwegian immigrant, the wife of a cigar maker. A third was widowed but worked as a nurse to support herself.⁵⁸ Love was considered a prominent “lady physician” of the city, yet this small 1898 sample is comprised largely of white working-class Denverites, together with a smaller number of those belonging to an emerging middle-class.

Within this downtown core, elite women physicians not only practiced medicine, they also held professional meetings, planned political actions, and campaigned for various public health

⁵⁸ Charles and Minnie Love, Manuscript Collection, History Colorado, Denver, Colorado, MSS 1233, Box 2.

policies. The McPhee building, for example, acted as the headquarters for the Denver Clinical Society (DCS). Founded in 1896 by regular women physicians, the DCS hoped to foster professional and political relationships among women in medicine and healthcare more generally. The organization succeeded in creating a cross-community of women physicians, dentists, and undergraduate women interested in pursuing medicine. Importantly, the DCS welcomed homeopaths, eclectics, and orthodox physicians as members, effectively creating good relations among the multi-medical-sect community of women physicians in the city.

The Denver Clinical Society hosted conferences, planned future institutions, and hosted dinners for out-of-town medical dignitaries, including one for the famous Polish-American physician, Marie Zakrzewska, celebrating her 50-year-career in medicine. The organization's success in creating and fostering a women's professional network was in part due to the fact that it operated as a social space for medical women. For example, the DCS held an annual "social evening" where women physicians gathered for a night of revelry and camaraderie. During these boisterous evenings, the women would enjoy a dinner together, exchange "medico-humorous anecdotes" and "roast" each other with good natured toasts. As the twentieth-century progressed, the DCS and the downtown core continued to operate as a vital space for women physicians interested in medicine, public health, and politics. By the 1910s, The Women's Medical Society, the successor to the DCS, held their meetings at the Majestic building. These offices were also home to the Medical Women's War Service League during WWI and served as campaign headquarters of various women physicians running for political office. These women-centered

medical spaces worked to strengthen women's professional networks, but in enfranchised states in the West, they also fostered political activism and collaborative public health work.⁵⁹

In 1900, the *Colorado Medical Journal and Western Medical and Surgical Gazette* published an editorial excoriating women physicians in general, and the DCS in particular. The editor argued that women's participation in state societies was a "sorry spectacle" and the DCS wrongly "supplanted" rather than "supplemented" membership in these societies. He advised women to "try harder to succeed in the professional world of male physicians," rather than waste their time with the DCS.⁶⁰ Women physicians responded to this attack in a range of ways. Many canceled their subscriptions to the journal. Others wrote their own editorials justifying in strong words the existence of women-only organizations. One doctor insisted: "[Women physicians] are not treated on the same footing as men. A prejudice is felt and exhibited toward them because they are women, and they are therefore not given the same opportunities for professional progress as the men."⁶¹ Others tried to explain that the DCS provided an important space for women physicians to first practice and discuss their craft among other women, before moving to participating in larger medical societies, which were usually dominated by the men.

Although the Denver Clinical Society was incredibly successful in creating a space that fostered professional networks and acted as a barrier between male doctors who disagreed with

⁵⁹ "Woman's Clinical Society," *The Colorado Medical Journal* 2 (1896), 158, "The Denver Clinical Society," *The Colorado Medical Journal* 6, (1900): 205, "A Woman's Banquet," *The Weekly Gazette*, Wednesday, May 9, 1901, 4, "Denver Clinical Society (Annual Meeting)," *The Woman's Medical Journal* 14, (1904) 31, "Miscellany: Denver," *Journal of the American Medical Association* 30 (1898), 283, Cora Bagley Marrett, "On the Evolution of Women's Medical Societies," *Bulletin of the History of Medicine* 53, 3 (Fall 1979): 434-448. Jensen, "The 'Open Way of Opportunity,' Colorado Women Physicians and World War I."

⁶⁰ "The Women Physicians of the West," *The Colorado Medical Journal and Western Medical and Surgical Gazette* 6 (July 1900): 301-303.

⁶¹ "The Woman Physician Again," *The Colorado Medical Journal and Western Medical and Surgical Gazette* 6 (September 1900): 408-409, "The Woman Physician," *The Colorado Medical Journal and Western Medical and Surgical Gazette* 6 (October 1900): 462-463.

their presence in the medical community, perhaps the power of an organization like the DCS is evident in who they excluded: Justina Ford. Although she managed to build a thriving practice in Five Points, because of her race, she was isolated from the women's medical community in Denver, as well as the larger medical community of Colorado. Not only was she barred from joining the DCS, the Colorado Medical Society (CMS) also refused her membership until 1950, despite Ford re-applying on a yearly basis.⁶² The ramifications of this exclusion are important. Ford could not obtain hospital privileges unless she was a member of the American Medical Association, but she could not join the AMA unless she was first a member of CMS. Not only did this exclusion bar Ford from access to hospitals, but it also essentially excluded her from the benefits of professional networking and, in turn, participating in the institutional and public health work fostered through these relationships. Ultimately, the racial and class exclusivity embedded within women physicians' professional networks in Denver framed the direction and tone of institutional work in the city.

Creating the Public Health Spaces of Denver

While the Denver Clinical Society and the downtown business district that fostered it evolved into an important female medical space which nurtured community and opportunity for a group of mostly elite, white physicians, it also became a laboratory of collaboration that attempted to address the growing health needs of the city well beyond the capabilities of their private practices. Women reformers spearheaded many of the city's early philanthropic

⁶² "Justina Laurena Ford," Biographical File, Dr. Justina Ford Collection MSS ARLM95, Blair-Caldwell African American Research Library, Denver Public Library.

organizations. In 1872, for example, a group of clubwomen founded the Denver Orphans' Society and two years later, another group of reformers established the Ladies Relief Society. As Denver continued to grow at a quick pace, locking the state and city in a range of political battles, Clinical Society women began leveraging their personal and professional networks to address what they saw as a set of growing public health crises.⁶³

In the early years, they debated and planned several projects that never got off the ground. In 1905, for example, they considered opening a polyclinic dedicated to the treatment of women and children. The women announced their plans in the *Colorado Medical Journal* and outlined a proposal for offering complete care to needy families of the city. They planned to staff the clinic with members of the DCS, and each would specialize in a different area: chest and stomach, pediatrics, ophthalmology, laryngology and rhinology, electricity, bacteriology, and general medicine.⁶⁴ The women also planned on opening a free milk station to provide sterilized milk or formula to poor infants of the city. Although there is no evidence that either one of these projects ever came into fruition, they offer important examples of how downtown medical offices allowed for the space and opportunity for collaborative public health work.

These professional partnerships resulted in a flurry of projects, plans, and ideas beyond individual medical practices, and the resulting institutions they did eventually found not only demonstrate how women physicians attempted to fill the void left by a bickering, fractured political system. It also reveals how medical women forged partnerships with city reformers and clubwomen to build a significant portion of the city's public health infrastructure. Finally, and

⁶³ Several male-dominated medical organizations in the city expressed concern about Denver's public health problems, as this chapter has already demonstrated; however, as Edwards has pointed out in her study of the city's medical geography, their collaborative activism largely focused on strengthening the power of their respective medical sects and fortifying the state's medical licensing laws. Edwards, "Nature as Healer: Denver, Colorado's Social and Built Landscapes of Health, 1880-1930," 122.

⁶⁴ *Colorado Medical Journal* 11 (1904), 24.

perhaps most importantly, the institutions women physicians founded reflect growing uneasiness with poor, immigrant, and racial minority populations in the city. Women physicians recognized the fact that large groups in the city lacked access to basic health care, yet they also believed that factors like race, class, and ethnicity contributed to crime, vice, and degeneracy – all issues they viewed through the lens of public health. Thus, the institutions they founded emphasized a dual approach of care and surveillance.

By and large, women physicians achieved the most success when they pooled their resources to aid women and children of the city. The Denver Children’s Hospital stands out as one of the most successful and enduring institutions created through their collaboration. The city had several hospitals in operation already, with each catering to specific populations. In 1860, Denver County Hospital was established in a log building at 16th and Blake to administer to the city’s most destitute. Thirteen years later, in 1873, the Sisters of Charity opened St. Vincent’s Hospital, located at 1421 Arapahoe Street to serve the city’s working-class Catholics. St. Luke’s hospital, a two-story converted hotel, was founded by the Episcopalians in 1881. Unlike Denver County Hospital and St. Vincent’s, St. Luke’s Hospital aimed to cater to Denver’s more prosperous citizens. Its printed announcement noted that “The Hospital is not intended for that class of patients who would be received at the County Hospital.” In 1899, the National Jewish Hospital for Consumptives also opened its doors, catering to both Jewish and non-Jewish residents in the region, with the motto: “None may enter who can pay—none can pay who enter.”⁶⁵

Denver had several niche hospitals, however, none provided healthcare exclusively to children. In the years following the Civil War, a national movement for children’s hospitals

⁶⁵ Rebecca Hunt, “Denver’s Pioneer Medical Community,” in *Colorado History*, vol. 16, *Denver Inside and Out* (Denver, CO: Colorado Historical Society, 2011), 11-18.

gained momentum. Reformers across the country argued that the ravages of industrialization and urbanization threatened the health and welfare of children living in American cities and hospitals dedicated to them were direly needed. In Denver, as the city continued to experience rapid growth, its public health problems intensified. As early as 1881, the president of the State Board of Health described Denver as an “ambitious, but sickly young city” that was “foul-smelling,” “filth-sodden,” and infested with diphtheria and typhoid.⁶⁶ City officials constantly complained that Denver suffered not only from the same urban problems of eastern cities, but carried the additional burden of dealing with hundreds of juvenile health seekers as well as an equal number of children orphaned by parents who had died of their illnesses. As one resident of “The Bottoms,” the floodplain area of the South Platte River where transients, poor, and minority communities lived, told a *Rocky Mountain News* reporter in 1890, “Children be dyin’ down ‘ere all the time. It all comes from these piles of dirt an’ nobody comes and takes it away like they do on Capitol Hill.”⁶⁷ In fact, Denver was slowly recovering from an outbreak of typhoid fever that year. Of the 1200 cases reported, one half were children.⁶⁸ Hospital advocates argued that children were being killed by the city and their parents’ inability to protect them from its ravages. By 1890, Denver’s population was 106, 713 and still lacked a children’s hospital. As one newspaper lamented, “There is no such institution nearer than Chicago and the need for one is pressing.”⁶⁹

⁶⁶ His entire quote is worth reprinting: “It has been suggested that had a human being, endowed with normal olfactory organs and provided with pterodactyl-like wings, been stationed at some point on the plains not more than one hundred miles east of Denver, and impelled on a dark night, by fancy or otherwise, to bend his flight towards the Queen City of the Plains, keeping his eyes tightly closed as he approached the site of the ambitious, but sickly young city, his nose would have informed him of its exact locality!” H.A. Lemen, M.D., “History of an Epidemic of Typhoid Fever in Denver, Colorado, *Report of Colorado State Board of Health*, vol. 3 (Denver: State Printers, 1881) 72.

⁶⁷ *Rocky Mountain News*, July 15, 1890, 3.

⁶⁸ Wheelock, “The Children’s Hospital of Denver – A Backwards Glance,” 305.

⁶⁹ *The Weekly Gazette*, Thursday, November 8, 1906, 5.

Troubled by the large population of sick children in Denver and wanting poor youth to benefit from Colorado's climate, Dr. Minnie Love established the Babies Summer Hospital in 1897. Intended to serve babies and toddlers of the city, Love garnered the logistical support of her Denver Clinical Society colleagues and the financial backing of the Denver Woman's Club to establish the tent hospital one block west of City Park at 18th and Gaylord. She staffed the tent hospital with six other medical women and volunteer nurses who could attend to up to fifty children under the age of five, all free of charge. The first summer of its operation, *The Rocky Mountain News* reported that the tent hospital was a place where "the soot of Denver, who, on account of their unsanitary homes and surroundings, experience the most suffering during the trying heat of summer can send their babies and little ones." After spending an afternoon there, the reporter described it as a happy, carefree environment with "little invalids running around the enclosure, rolling in the alfalfa, and shouting in glee over their freedom." The article praised Dr. Love's efforts, writing that the "best medical service has been rendered gratuitously."⁷⁰

Despite the numerous reports of frolicking and laughter, operating an outdoor hospital proved to a difficult task. Physicians and nurses had to work in sometimes oppressive heat and had to make sure supplies, medicines, and refrigeration "received meticulous attention."⁷¹ In 1898, with the outbreak of the Spanish American War, the tent hospital was forced to shut down so that Denver's medical services could be diverted to the war effort.

In the years following the Spanish American War, Minnie Love and fellow Denver Clinical Society members, Dr. Eleanor Lawney and Dr. Ethel Fraser began discussing plans to establish a permanent, year-round site for the hospital. On May 2, 1908, the women filed for articles of

⁷⁰ *Rocky Mountain News*, June 19, 1897.

⁷¹ John W. Amesse, M.D., *Children's Hospital; A History of Achievement and Progress from 1910 to 1947* (Denver: The Children's Hospital Association, 1947), 20.



Figure 11: Babies Summer Hospital, Denver 1897
(Children's Hospital Colorado Archives, Denver, Colorado).

incorporation, forming “The Children’s Hospital Association.” Love had intended to name the hospital after her sister, Blanche Roosevelt, a famous opera singer who had recently passed away. She believed that her sister’s popularity, along with the Roosevelt family name, would encourage the generosity of the local elite. But, in fact, the Roosevelts were disliked among many western populists, and in the end, “Denver Children’s Hospital” was chosen.⁷² Love, Lawney, and Fraser drafted a constitution for the new organization and future institution, outlining the objectives and naming the hospital’s first board of control. Included in its bylaws was a stipulation that women make up the majority of the members of the association and at least half of the physicians on staff. They also made clear their intention to make the Denver

⁷² Dr. Minnie Cecilia Tucker Love was matrilineally related to the Roosevelt family and was a distant cousin to Theodore Roosevelt. Her sister used the stage name, “Blanche Roosevelt.” “Family Pedigree Chart,” Charles and Minnie Love, Manuscript Collection, History Colorado, Denver, Colorado, MSS 1233, Box 1. Rickey Lynn Hendricks and Mark S. Foster, *For a Child’s Sake: History of the Children’s Hospital, Denver, Colorado, 1910-1990* (Niwot, Colo.: University Press of Colorado, 1994), 17.

Children's Hospital more scientifically orientated than the nearest children's hospital in Chicago, which was founded by a non-physician female reformer.⁷³

Despite these lofty goals, state and city officials, not unlike their response to many other public health projects in the city, refused to help fund the hospital's construction. The physicians and other clubwomen responded by organizing numerous small, private fundraisers across the city, including doll bazaars, public readings, concerts, charity balls, and anything else they could think of to raise money. Denver clubwomen also pledged to raise \$100 each for the building fund and came together to make bedding for the hospital from donated supplies.⁷⁴ In her fundraising efforts, Dr. Love often evoked sympathetic, maternal imagery when speaking of the city's "sick and crippled children." She assured potential donors that such an institution would not only be a healing site, but also a protective space. "The little patients," she promised, would be "free from subjugation to sights and sounds not best for them to see and hear, none, which are unavoidable among the adult sick."⁷⁵ Small donations largely came in piecemeal, and the project was in danger of falling apart until *The Denver Post* ran a fundraising campaign that netted over \$7000.⁷⁶ Following the publicity of the campaign, Lawrence C. Phipps, former vice president of Carnegie Steel, donated \$5,000, and Thomas Patterson, publisher of the *Rocky Mountain News* gave \$1,000. Local utility companies also promised free water and electricity to the hospital.

⁷³ The Chicago Children's Hospital was founded by Julia Foster Porter in 1882. Porter, a wealthy, philanthropic widow, funded the project after the death of one of her sons. The second closest hospital, in San Francisco, was founded in 1875. Like Denver, the San Francisco hospital was started by a group of women physicians. Hendricks and Foster, *For a Child's Sake: History of the Children's Hospital, Denver, Colorado, 1910-1990*, 17.

⁷⁴ "Colorado Historical Society, Jan-March 1982," Charles and Minnie Love, Manuscript Collection, History Colorado, Denver, Colorado, MSS 1233, Box 1.

⁷⁵ "A Children's Hospital," *Denver Medical Times* 25 (1906): 27-28.

⁷⁶ Carol Sanborn Packard, *A Little Story of the Children's Hospital of Denver* (Denver: Children's Hospital Association, 1934).

Finally, in 1909, the Children's Hospital Association bought the former Denver Woman's and Maternity Hospital at 2221 Downing Street, paying a little over \$15,000 for the property.⁷⁷

Residents of the moderately prosperous neighborhood of City Park West, however, were not pleased about the idea of a children's hospital in their neighborhood. In general, affluent Denverites opposed the building of charity institutions in their neighborhoods because it violated the very premise of the streetcar suburb: a safe, healthy, and attractive space away from the crime, dirt, disease, and poverty of the city.⁷⁸ For example in 1897, after a residential campaign, an asylum for homeless children at 800 Logan Street was demolished to "relieve the affluent Capital neighborhood of unsightliness." Like the residents of Capital Hill, the Downing street neighbors were worried that the hospital would be an eyesore on the neighborhood and the children would become a nuisance. Members of the hospital association described their efforts to "bitterly combat" neighborhood opposition: "The hospital is not a home in any sense of the word. The children will be seen very rarely in the yard. For when it is sick enough to stay in the hospital it will be kept indoors, except as it may be placed in a lawn chair to get the benefit of the open air and sunshine."⁷⁹ The argument that sick children would neither be seen nor heard seemed to quell neighborhood concerns and on February 17, 1910, the Children's Hospital finally opened its doors as a "well-equipped institution with a capacity of 30 beds."⁸⁰

Although Dr. Love, Dr. Lawney, and Dr. Fraser envisioned a hospital run primarily by women physicians, they chose Dr. George Packard Sr. to oversee the institution. There was no shortage of women physicians who worked for the hospital, however. They included Mary

⁷⁷ Elizabeth Costello, Michelle Fulcher, and Sandy Graham, *Let It Be Us: A History of Children's Hospital Colorado* (Aurora, Colorado: Children's Hospital Colorado, 2011), 12.

⁷⁸ Leonard and Noel, *Denver: Mining Camp to Metropolis*, 54, Kenneth T. Jackson, *Crabgrass Frontier: The Suburbanization of the United States* (New York: Oxford University Press, 1985).

⁷⁹ Hendricks and Foster, *For a Child's Sake: History of the Children's Hospital, Denver, Colorado, 1910-1990*, 24.

⁸⁰ Sanborn Packard, *A Little Story of the Children's Hospital of Denver*.

Barker Bates, Laura Liebhardt, Elsie Pratt, Edith Root, Mary E. Bates, M. Jean Gale, and Hattie Bedortha. It is no coincidence that these women were members of the Denver Clinical Society and had their medical offices in Denver's Central Business District. The close professional networks developed within the DCS and the Central Business District facilitated not only institutional development, but also employment opportunities.

Unlike the summer tent hospital, Denver's Children's Hospital, had more selective admissions policies. The institution refused admission to children with incurable or contagious diseases, while patients with chronic diseases were not accepted unless a physician noted that treatment might be helpful. The hospital did, however, admit patients of any race, ethnicity, or income level. They came from all over the Colorado, the Intermountain West, and the greater Southwest, making the Children's Hospital a critical health resource for the entire region. By the end of its first year, the hospital housed 291 children, with roughly a third receiving free or discounted care.⁸¹ For the hospital's local patients, however, free care came with strings attached. Charity cases, for example, received visits in their homes from individuals appointed by a committee charged with monitoring discharged patients to see if they were receiving "proper care and nourishment" from parents or guardians.⁸² Although nineteenth-century sanitarians often linked illness with substandard living conditions, Progressive-era physicians and reformers, baptized in the twin gospels of eugenics and germ theory, increasingly linked poor health to race, ethnicity, and/or class. They believed that poor immigrants and racial minorities were not only prone to disease, but ignorant of proper hygiene techniques, which led

⁸¹ Costello, Fulcher, and Graham, *Let It Be Us: A History of Children's Hospital*, 12.

⁸² *Biennial Report of the State Board of Charities and Corrections* 10 (Colorado: State Board of Charities and Corrections, 1910), 108.

them to pay inadequate attention to household cleanliness.⁸³ Home visits, then, became an important tool, not only for providing aftercare to patients, but also to help sanitarians monitor families and correct household routines.

The dual approach of combining care with surveillance was a common tool women physicians employed again and again in both their public health and institutional work throughout the city. Indeed, it was a core tenet of their moralist medicine philosophy. In 1889, Denver Clinical Society physician and co-founder of the Denver Children's Hospital, Dr. Eleanor Lawney, together with her colleague Dr. Katherine Yont, founded the Flower Mission, an organization that evolved into the state's first home healthcare agency. Headquartered at the McPhee Building in the Central Business District, the charity's original purpose was to distribute flowers, fruit, literature, and clothing to sick, infirmed, and disabled residents of the city. But after witnessing the overwhelming numbers of Denverites too debilitated to leave the house to visit the doctor or go to the hospital, the Flower Mission soon began providing home health care. The service was a significant departure from the traditional physician's house call that began declining following the rise of the home office and the non-residential medical office. The Flower Mission offered the medical treatment commonly associated with the house call, but also included the traditionally feminine work of nurturing and ministering to the poor, combined with the health surveillance regime of moralist medicine. After working on their own for three years, Dr. Yont and Dr. Lawney hired a nurse named Hattie Corrie, who helped with the home visits.

⁸³ John Duffy, *The Sanitarians: A History of American Public Health* (Urbana: University of Illinois Press, 1990), Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge, Mass.: Harvard University Press, 1998), Abel, *Tuberculosis and the Politics of Exclusion: A History of Public Health and Migration to Los Angeles*, Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001).

By 1905 the Flower Mission incorporated itself and changed its name to the Visiting Nurse Association (VNA), employing three nurses charged with attending to invalids fulltime.

In her study of home health care, historian Karen Buhler-Wilkerson argues that home-care nurses became wedged between (male) physicians as authorities in scientific knowledge and patients who needed individualized care and nurturing. In other words, home-care nurses might be required to follow doctors' orders, but the daily task of caring belonged to the nurse.⁸⁴

Because Denver's Visiting Nurses Association was founded and run by women physicians, the line between motivations of physician and nurse – between medical care and the act of caring – were not so distinctly drawn. The association continued to offer flowers, food, and comfort to residents of Denver, while also providing critically needed health care. For example, in 1899 the organization made 1,787 visits to 145 homes. They distributed 276 garments, performed 14 operations, removed 8 residents to the hospital, and attended to 13 deaths. Although tuberculosis was the main ailment women physicians and nurses attended to, they cared for patients with a wide variety of the illnesses, diseases, and other health care needs.

Abscess	1	Joint Disease	2
Accident	5	“La grippe”	15
Apoplexy	2	Maternity Cases	42
Blindness	2	Meningitis	1
Cancer	3	Miscarriage	6
Consumption	17	Pneumonia	7
Erysipelas	3	Puerperal Disease	2
“Female Disease”	11	Rheumatism	5
Gastric Disease	12	Typhoid	7
Hernia	2	Total	145

Table 1. Medical cases of Denver's VNA, 1899

⁸⁴ Karen Buhler-Wilkerson, *No Place Like Home: A History of Nursing and Home Care in the United States* (Baltimore: Johns Hopkins University Press, 2001), 21.

The narratives that Lawney, Yont, and the other Nursing Association organizers relied on to solicit donations, although exploitative in nature, offer insight into the unique difficulties of being poor, debilitated, and homebound in the turn-of-the-century American West: “We meet our Denver nurses at all hours and in all grades of homes . . . Sometimes it is in a dreary basement room into which no ray of sunshine ever enters, [other times] families live in tents all the year; and . . . the living, eating, and sleeping, the noise and confusion of the children, all under the one canvas, make tent life a miserable existence for many.” Izetta George, a reformer and VNA administrator, described a few of the Denver families the organization cared for:

One old lady in our city, who had all her life been well and active, became suddenly helpless. Not only is she herself afflicted, she has a deformed daughter, who is dependent. Another old lady whom I have in mind lives in our worst slum. . . She has an imbecile son. There being no home for the feeble-minded in Colorado, these two, the mother dreadfully crippled with rheumatism and the son in worse condition, lived unattended for many years. Their rooms were very dirty, their food and fuel scant; but the small pension received by the mother, as the widow of an old soldier, paid their rent.⁸⁵

Although these anecdotes demonstrate that the Visiting Nurse Association was often the sole public health organization available to disabled populations in the city, the stories illustrate the dual approach of care and surveillance emphasized by its women physician founders.

The organization sent nurses to patients of “every creed and nationality,” but like the children’s hospital, their free care came with a heavy dose of behavior monitoring and modification. Nurses not only treated illness, they sought to bring “order to [the] chaos” in patients’ households by instructing its residents in proper housecleaning, disinfection, food preparation, childrearing, and personal hygiene. The VNA provided medical care, but also taught “cleanliness and thrift,” promoted “building up the characters of the unfortunate,” and worked

⁸⁵ “Minutes and Discussions” in National Conference of Charities and Correction, *Proceedings of the National Conference of Charities and Correction* (Press of George H. Ellis, 1902), 519-520.

towards the “moral elevation of the poor.” Administrators described their organization as an “educational force” that reaches people during sickness in order to “have the best opportunity of forcing home lessons in hygiene and right living that no amount of teaching or talking to, under other circumstances, could induce them to heed.”⁸⁶ The goal of the VNA, then, was to reform households to reflect Anglo-normative motherhood and family life, and to enable “the breadwinner of the family to continue at his work.”⁸⁷

The data the Visiting Nurses Association collected on its patients helps demonstrate this combination of medical treatment and surveillance. Beginning in 1906, the organization required its nurses to gather demographic information on each tubercular patient and record it on a registration card. The card gathered the following data:

- Family name
- Given name
- Age
- Sex
- Marital Status
- Residence
- How long in U. S.
- How long in Denver
- Previous residence
- Nation/race
- Occupation
- Ability to work
- Length of illness
- Cost of living
- Number in family
- Disposal of sputum
- Hygienic conditions
- Apparent health

The VNA used the information they collected to not only assess the health care needs of its patients, but also to map out where poor tubercular patients lived, how the disease was spreading, and which groups were spreading it. They also used the data to assess household and economic conditions in order to formulate more effective home and moral education regimens.⁸⁸

Medical treatment and surveillance could best be conducted within the walls of an institutional setting, especially when monitoring the sexual health and behavior of women who

⁸⁶ The National Conference on Social Welfare, *The Social Welfare Forum: Official Proceedings, Annual Forum* (American Social Science Association, 1902), 520.

⁸⁷ “A Colorado Nurse,” *The Woman’s Column*, January 13, 1900, 1.

⁸⁸ Eleanor Lawney, M.D., “The Visiting Nurse Association,” *Denver Medical Times: Utah Medical Journal. Nevada Medicine* 26 (1906), 456.

transgressed moral boundaries. Denver's women physicians, in fact, found a niche market in creating carceral health spaces in the city designed to rehabilitate the bodies and souls of delinquent and diseased women. They played key roles in founding and managing institutions like the Denver branch of the Florence Crittenden Home for unwed mothers, the State Industrial School for Girls, and the State Detention Home for Women. The latter, for example, was founded in 1919, when Dr. May T. Bigelow, a state representative, wrote legislation establishing an institution designed to forcibly quarantine women and their dependents who were diagnosed with sexually transmitted diseases. Although World War I federal legislation appropriated money to already established reformatories and industrial schools to incarcerate and treat women convicted of prostitution, the Colorado law was unique in that it stipulated that *any* woman reported to the State Board of Health by a licensed physician or pharmacist could be deemed a "danger to public health" and committed to a specialized detention home for women infected with venereal diseases. Unlike many other public health institutions in the city, the State Detention Home for Women received an allocation of money from the state – \$15,000 for startup costs, largely due to Dr. Bigelow's advocacy in passing legislation for appropriations for the home.⁸⁹

Once the bill was signed into law by Governor Oliver Shoup, the State Board of Health appointed Dr. Minnie Love to open and operate the home; however, not unlike the Denver Children's Hospital, the State Detention Home for Women faced resistance from neighborhood groups. Again, they argued that the presence of the institution would affect property values,

⁸⁹ S.B. No. 22, "Appropriation: State Detention Home for Women Suffering with Venereal Diseases, Laws, etc. (Session Laws: 1919). H.B. No. 485, Bill for the Establishment of a State Detention Home for Women Suffering with Venereal Diseases, (Session Laws: 1919). For more on federal legislation passed during WWI, see Allan M. Brandt, *No Magic Bullet: A Social History of Venereal Disease in the United States Since 1880* (New York: Oxford University Press, 1987), 88-90.

reflect badly on the neighborhood, and endanger residents.⁹⁰ After a year of lawsuits and injunctions, the home finally opened its doors in 1920, in an old roadhouse on West Mississippi Street not too far from the State Industrial School for Girls, outside of Denver's downtown core.

The mission of the Detention Home for Women reflected the familiar ethos of moralist medicine, with an emphasis on sexual surveillance: "First to prevent the spread of disease, second to relieve suffering, third to prevent late stage disease, and fourth to educate."⁹¹ Like the State Industrial School for Girls' public emphasis on fostering a "home, not a prison," Dr. Love professed that the spirit of the State Detention Home was "a desire to cure, not punish." She wrote: "Deserted wives and children, many clandestine cases unable to work because of their infections, [and] victims of rape and seduction are sent to us for harbor and treatment."⁹² Yet this statement of safe harbor belies the ways in which the detention home relied on forced and coerced incarceration. During its first year of operation, more than half of the detention home's patients were involuntarily committed by the state, and a smaller number were "persuaded" to commit themselves by the institution's clinical staff, whom often relied on guilt, threats of jail time, and other scare tactics. As Love succinctly put it, "In the interest of public health, we do a lot of bluffing."⁹³ Once forcefully or voluntarily committed, patients were not allowed to leave before their medical treatment was completed. One 1924 newspaper report, for example, documented the escape of twelve girls from the detention home. "Four of the girls were captured a short distance away by two members of the police riot squad. Some of the girls . . . ran to a

⁹⁰ "Colorado Detention Home," *Social Hygiene Bulletin*, Volumes 6-9 (American Social Health Association, 1919), 7.

⁹¹ "Biennial Report of the State Detention Home for Women Suffering with Venereal Diseases," Charles and Minnie Love, Manuscript Collection, History Colorado, Denver, Colorado, MSS 1233, Box 1.

⁹² Minnie C.T. Love, M.D., "Report of Three Years' Public Health Work of the Denver Venereal Disease Clinic," *Colorado Medicine* 20 (1923).

⁹³ "Medical Report on the Detention Home," Charles and Minnie Love, Manuscript Collection, History Colorado, Denver, Colorado, MSS 1233, Box 1.

motor highway in the rear of the home, and asked passing motorists to pick them up, several escaping in this manner.”⁹⁴

In 1921, Love submitted the first biennial report of the State Detention Home for Women. In its first year of operation, the institution detained 139 women and children.⁹⁵ Her report offers a breakdown of patients, noting complications like drug dependency and pregnancy, and differentiates detainees by “sex offenders” and “innocent victims,” meaning which women were considered prostitutes and which may have been taken advantage of by unscrupulous men through premarital sex, incest, or rape.

Children between 1 month and 15 years	26	Narcotic addicts	15
Women between 50-60	3	Cases complicated by Pregnancy	5
Married women infected by their husbands	17	Innocent victims	15
Girls and Children held for investigation	10	Sex Offenders	77

Table 2: 1921 Biennial Report of the State Detention Home for Women

The State Detention Home for Women only quarantined patients until they were non-contagious, but Dr. Love described her patients as “the most pitiful of derelicts,” who needed long-term institutionalization and moral retraining. She asked the State Board of Health to pursue legal authority to hold some patients indefinitely until they were deemed “strong enough, regardless if they are infected.” She justified the need for long-term institutionalization because venereal diseases were a “little different problem to handle” than other contagious diseases because of the “moral and social questions” surrounding infected patients. She considered it a disservice to the

⁹⁴ “Twelve Girls Flee Colorado Detention Home,” *Arizona Republic*, July 14, 1924, 1.

⁹⁵ The children were often sons and daughters of women incarcerated in the facility and housed with their mothers until completion of treatment. These children may have also been infected through maternal transmission during pregnancy or delivery.

state to send patients out into the world after they were no longer infectious because the detention home did not have adequate time to build up their morals.⁹⁶ Medical treatment was insufficient, according to Dr. Love, unless it was accompanied by long-term sexual surveillance and education.

Although Dr. Love failed to secure long-term incarceration for women quarantined at the State Detention Home, she and her fellow physicians and reformers had much more success with the Colorado State Industrial School for Girls. This institution was designed to house, school, and vocationally train girls and young women deemed delinquent by the various jurisdictions in the state. Dr. Love and several other women physicians and reformers of the city understood delinquency and deviancy to be an increasing problem nationally, but they argued that such behaviors were particularly exacerbated in the Rocky Mountain West, where frontier life had long fomented crime and vice. The founders of the Colorado Boys and Girls Home and Employment Association, for example, believed that many Denver homes were “not fit” for children. Parents, they argued, spent “their meager earnings for drink and live a depraved life which inoculates the children from the innocence of youth, and they became casehardened criminals.”⁹⁷ Colorado became notorious for its large numbers of unstable and turbulent family relationships, and in fact, the state had the highest divorce rate in the nation per capita in 1890, and the second highest per capita between 1900 and 1916.⁹⁸

While Eastern states began establishing more “benevolent” reformatories and industrial schools in the mid-nineteenth century, early Colorado laws regarding juvenile criminals

⁹⁶ “Biennial Report of the State Detention Home for Women Suffering with Venereal Diseases,” Charles and Minnie Love, Manuscript Collection, History Colorado, Denver, Colorado, MSS 1233, Box 1.

⁹⁷ Bernard Rosen, *Social Welfare in the History of Denver* (Thesis (Ph. D.) University of Colorado, 1976), 183.

⁹⁸ United States, William C. Hunt, and Arthur E. Seymour. *Marriage and Divorce, 1916* (Washington: Govt. print. off, 1919), 14.

remained harsh. The 1868 Territorial law, in fact, stipulated: “Infants under the age of twelve shall for all offenses the penalty whereof is imprisonment be punished by confinement in a county jail for a period not exceeding two years.”⁹⁹ After statehood, reformers and government officials equally recognized the need to redesign the existing regulations to reflect a more compassionate stance that mirrored Eastern approaches to reform. In 1881, the General Assembly passed an act to establish the Colorado State Industrial School for Boys. The State purchased five acres of land located fifteen miles west of Denver, and the institution opened its doors that same year. Although designed for male juvenile delinquents, the legislative act that established the school included a provision for girls and young women. When the school unexpectedly received its first female inmate in 1881, the school administrators had no idea where to house her.¹⁰⁰ For the next fourteen years, women physicians, reformers, and clubwomen worked to raise funds and petition the state to build a facility.

Denver’s community of female physicians took a special interest in female juvenile delinquency, largely because it fell within their wheelhouse of providing care, treatment, and surveillance of the bodies and minds of girls and young women. They wanted to design an institution to address the problem of the western female delinquent. In Colorado, a complex combination of social, economic, and geographic factors converged to form a unique environment for girls and young women who populated the ranches, mining towns, and cities of the state. Homesteads and ranches often necessitated a flexibility in gender roles, while the numerous saloons, roadhouses, and brothels not only fueled the state’s Wild West reputation, it also inflamed anxieties about sexuality, vice, and race mixing. The result, according to

⁹⁹ Efay Nelson Grigg, “Social Legislation and the Welfare Program,” in *Colorado and its People: A Narrative and Topical History of the Centennial State*, ed. LeRoy Hafen, vol. 2, 335.

¹⁰⁰ Wilbur Fiske Stone, *History of Colorado* (Chicago: S.J. Clarke, 1918), 832.

proponents of the industrial school, was the West cultivated a more difficult, rowdy, freewheeling, often-diseased, and dangerous female delinquent. Women physicians, and their reformer allies, wanted an institution that would offer moral, social, and industrial training, along with medical treatment and surveillance.

In early October of 1895, the Colorado State Industrial School for Girls finally opened its doors. Located in the old St. Cloud Hotel on the Tramway loop near City Park in Denver, the three-story building had been modestly redecorated for its new purpose, with furniture and housewares donated from women's clubs across the region. After holding an evening reception welcoming donors, politicians, and community members to tour the facility and meet the staff, the Colorado State Industrial School and Home for Girls received its first round of inmates – forty-one girls, ages ten to seventeen. Thirty-seven had transferred in from the House of the Good Shepherd and four from the county jail. Most of the institution's first inmates were European immigrants, African Americans, or Mexicans, with only 24% described as “purely American.”¹⁰¹ They ranged in ages between 10 and 18 and came from mostly Protestant and Catholic homes, although records indicate one Jew and one “infidel” among this first group of inmates. Most girls and young women were sent to the school for “incorrigible and immoral” behavior, others for “habits of vice,” “vagrancy,” and “wandering the streets.”

Upon arrival, the matron, Mrs. Martha J. Kinkade, took each inmate in and gave them a tour of the facility, going over the rules and routines: no outside communication; all outgoing packages and letters will be examined; school is held twice a day, one morning session and one afternoon session; all inmates will participate in household duties. Kinkade stressed to each girl that the institution was not meant to be a prison, but rather a home that maintained strict

¹⁰¹ Biennial Report,” 1895-96, Colorado State Industrial School for Girls, Governor's Records, 26696, FF20, Colorado State Archives.

discipline – a place where she would be kept busy so there will be no time for “evil thought or deed.” Next, each inmate was measured for her dress, bathed, issued two sets of clothing, and assigned an inmate number. The staff then conducted a thorough interview, including questions about family, religion, ethnicity, and thoughts on why each girl had gotten into trouble.

Finally, each inmate underwent a rigorous medical examination, which included a physical exam, a pelvic exam, and a complete menstrual and sexual history. In fact, so important was the medical aspect of the industrial school that the institution retained six women physicians on its staff and each took turns serving on the state’s Board of Pardons and Corrections, which oversaw the parole and discharge of the school’s inmates. Each young woman would remain incarcerated at the industrial school indefinitely until Board of Pardons determined that she was morally and physically rehabilitated, and no longer posed a danger to society. Most inmates were not discharged from parole until they either married or had found and maintained respectable employment.

Although the institution was to provide a stable site to rehabilitate wayward girls and young women, the Colorado State Industrial School, like the Denver Children’s Hospital and the State Detention Home for Women, encountered resistance from neighbors often objected to their presence and politicians failed to provide adequate funds. In the first ten years of its existence, the school was forced to relocate three times because of budget shortfalls or because residents forced them out of the neighborhood. The school finally found a permanent home outside the town of Morrison after women physicians and reformers, including Dr. Love, lobbied the governor to secure and fund a parcel of land far from the influence of neighborhood interference.

By the time Judge Ben B. Lindsey sentenced Helene Crosby to serve an indeterminate sentence in 1914 for “immoral conduct,” the Colorado State Industrial School for Girls had been

incarcerating girls and young women for over a decade. Although the school occasionally housed wayward girls from the white middle class, the majority of its inmates were not unlike the girls documented at the beginning of this chapter – girls from poor and working-class families, often from immigrant and minority populations. Girls who violated sexual mores, transgressed gender normative boundaries, or breached racial lines.

Over the years, Colorado newspapers delighted in reporting on the exploits of various inmates of the institution. For example, in 1904, the *Rocky Mountain News* described in detail a group of inmates who were caught having unauthorized “moonlight walks and picnics” with a local man. In 1905, another newspaper ran a story that documented a coordinated riot among the inmates, resulting in eight girls successfully escaping the institution:

It occurred shortly after 7 o'clock, when dinner was being served. Suddenly, at a signal from nowhere in particular, the tablecloth was raised and the dishes thrown unceremoniously on the floor. At the same instant there was a rush for the door. Miss Harcourt, the only officer in the room, pulled her revolver and yelled to the rioters that they must be good.

Miss Harcourt, according to the report, fired her weapon in the air in an attempt to scare the girls into submission, but apparently her efforts failed and the riot continued.¹⁰²

Newspapers also reported on the controversial disciplinary methods practiced at the industrial school. The school used a demerit system as the official reward and punishment system; however, several reports of physical punishment surfaced over the years and prompted numerous investigations by the State Board of Charities and Corrections, the governor's office, and the State Humane Society. In August 1905, a few weeks after the riot, the State Humane Society issued a lengthy report documenting incidences of abuse at the school, including girls being “unmercifully whipped,” “put on short rations,” and several incidences of girls with “black

¹⁰² “More Trouble at the School,” *Rocky Mountain News*, May 4, 1903, 3, “Riot at Girls' School,” *Yuma Pioneer*, August 4, 1905, 4.

and blue marks” on various parts of their bodies. Girls who ran away and later caught were given twenty-five strokes with a piece of rubber tubing one-quarter-inch in diameter. The tubing was six feet long and doubled twice, “so as to make it hurt worse,” the organization reported. The Humane Society closed its report with a stinging admonishment: “The school almost entirely fails at the object of its creation and rather than continue as it is now it might better be done away with.”¹⁰³ Although women physicians envisioned a school that would medically and morally rehabilitate wayward young women, the Colorado State Industrial School for Girls, like many institutions they founded in the city, relied on a carceral system of surveillance and correction, and in this case, physical violence.

Conclusion

In the closing decades of the nineteenth century, Denver emerged as a top destination for health seekers all over the country. Government agencies, railroad companies, and business interests engaged in a vigorous propaganda campaign to lure the ill elite to the embryonic city. They believed that by attracting wealthy health seekers from the East, Denver would become the cultural center of the Intermountain West. In just a few short decades after its founding, Denver not only became the largest city in the region, it became the epicenter of medical climatology, attracting a large cohort of physicians, druggists, nurses, and service industry workers to care for its growing health-seeking population.

Denver’s rapidly expanding health care economy also attracted significant numbers of women physicians – the city, in fact, had twice the national average of women physicians by the 1920s. Believing Denver might offer both professional opportunity and political freedom, many women educated in the East migrated to the city looking to establish their careers. Although

¹⁰³ “Management of Colorado School for Girls Severely Criticized,” *Summit County Journal*, August 26, 1905, 8.

women physicians could be found in every neighborhood in the city, not all medical practices were created equal. While some women chose to establish modest home offices in Denver's expanding streetcar suburbs, others, like Justina Ford, were restricted to specific neighborhoods because of their race. The wealthiest women doctors, however, clustered their offices in the Central Business District, effectively creating and fostering a community of professional women who could collaborate on various public health projects.

Public health, in fact, became a particular concern for women physicians of the city. Although in its early years, Denver actively courted eastern health seekers, by the turn-of-the-century, politicians, businessmen, and physicians became increasingly alarmed by the growing numbers of indigent, immigrant, and minority health seekers pouring into the city. They feared the city's small number of institutions and charity organizations would be overwhelmed by the large numbers of the dependent and disabled classes. Indeed, political infighting and hesitancy among the medical community to publicly criticize the city's inattention to dirt and disease stalled any serious effort to create a comprehensive and responsive public health infrastructure. This negligence, however, created an opportunity for women physicians to attend to the duties of medical housekeeping and city building.

Leveraging their professional networks, Denver's women doctors cultivated a maternalist medical geography in Denver, founding and operating several hospitals, medical charities, and carceral institutions designed to care for women and children of the city. For many, Denver became an ideological project and the institutions they founded became the embodiment of their philosophy of moralist medicine. Women physicians, like many reformers, linked disease and degeneracy to poverty, crime, vice, and immorality, and they created institutions that targeted poor, immigrant, and racial minorities whom they believed needed medical care and moral

guidance. They argued these institutions were benevolent – “not a prison, but a home,” a “desire to cure, not to punish.” While these institutions certainly provided critically needed healthcare and sometimes a respite from the outside world, they also relied on a regime of medical surveillance, incarceration, and sometimes physical punishment.

The maternalist medical geography created by women physicians left a permanent mark on Denver’s built landscape. Long after Helene, Loretta, Maria, and Mary were paroled from the Colorado State Industrial School for Girls, the institution continued to operate as a carceral space for female delinquents. In the 1940s, the institution was renamed the Mount Morrison School for Girls and today, it continues to operate as a co-educational juvenile detention facility known as Mount View Youth Services Center. The longevity of the school is a testament to the legacy of women physicians’ institutional work in the state. Indeed, although the State Detention Home for Women closed its doors in 1925, the Visiting Nurse Association and the Denver Children’s Hospital continue to operate as important health facilities in the city. In fact, many sanitariums, hospitals, and other facilities created by women physicians still operate as sites of health care all over the city. Women physicians institutional work can certainly be seen in Denver’s modern schematics; however, the populations they targeted set a precedent for providing public health care with moral and behavioral strings attached.

Chapter 3
Suffragist Cities: Gender, Race, Sexuality, and the Politics of Public Health
in the Urban American West

“So I have put my neck in the yoke and will hope to accomplish something for the public good.”

-Dr. Ella Mead

In 1911, feminist writer Charlotte Perkins Gilman published a one-act play titled “Something to Vote For” in the June edition of her magazine, *The Forerunner*. A pro-suffrage piece, the play centered on a woman physician from Colorado named, “Dr. Strong.” While visiting an undisclosed eastern city, Dr. Strong was invited to speak at a meeting of an anti-suffrage woman’s club on the topic of “pure milk.” Other guests included the boss of a local milk trust, Mr. Billings; a city milk inspector named Harry Arnold; and a poor Irish American woman whose infant son died of a milk-borne disease. All the guest speakers were invited to offer their views on milk sanitation, but the highlight of the meeting was to be a purity test of a sample from Mr. Billings’ company. Dr. Strong suspected that the milk trust was a corrupt organization that delivered pure milk to the rich areas of the city, while sending cheaper, adulterated milk to poor and working-class neighborhoods. Dr. Strong decided to test her theory by replacing the sample Mr. Billings brought with him with a sample purchased from a grocer located in a less prosperous neighborhood. Believing that Mr. Billings would try to bribe the milk inspector when he found out about the switch, Dr. Strong secretly marked a \$100 bill with red ink and then asked Mr. Billings, in front of the president of the woman’s club, to change the bill for smaller ones.

Dr. Strong's suspicions proved correct. Mr. Billings made the bribe, but the inspector, in collaboration with Dr. Strong, took the money but did not switch the samples.

As the bereaved mother recited for the clubwomen the heart-wrenching tale of her son's death from impure milk, the inspector conducted tests on the sample. The cloth strain test for bacterial deposits showed dark brown sediments, and an iodine test turned the milk bright blue, indicating the sample had been adulterated with starch. The inspector then produced the marked \$100 bill that Mr. Billings used to bribe him. The clubwomen, shocked by the turn of events, berated Mr. Billings, and the milk trust boss left the meeting in disgrace. Dr. Strong told the ladies that if mothers ran the milk business they would "not be willing to poison other women's babies even to make money for their own," and stressed the need for women to avoid becoming "apathetic citizens." The president of the woman's club, in a dramatic change of heart, declared:

Now we see what our "influence" amounts to! Rich or poor, we are all helpless together unless we wake up to the danger and protect our homes! To protect our children! To protect the children of the poor! I'm willing to vote now! I'm glad to vote now! I've got something to vote for! Friends, sisters, all who are in favor of woman suffrage say AYE!"

Gilman's play concludes with the entire group of clubwomen realizing the error of their ways and converting to the suffragist cause, thanks to Dr. Strong, the visiting physician from Colorado.¹

It is not surprising that Gilman chose a female physician to be the protagonist of her play. The "woman doctor" was a common character in turn-of-the-century popular culture. Literary scholars Barbara Bardes and Suzanne Gosset argue that the female physician gave novelists an

¹ Charlotte Perkins Gilman, "Something to Vote For: A One-Act Play," *The Forerunner* Vol. II no. 6 (June 1911), 143-153.

entry point for joining the debate over a woman's place in the public sphere.² With titles such as *Kitty's Choice*, *A Country Doctor*, and *Helen Brent, M.D.*, the mostly-women authors depicted their main characters as altruistic, middle-class ladies who struggled with balancing, or choosing between, their professional calling and their marriage prospects.

By the early twentieth century, however, the personally-and-professionally conflicted lady doctor gave way to a new type of character: the politically active woman physician.³ In 1916, for example, Mutual Film Corporation released, *The Woman in Politics*, starring Mignon Anderson. The silent film centers on "Dr. Beatrice Barlow," an intrepid young woman doctor who, once appointed as the health inspector of an eastern metropolis, learns that the city is run by a corrupt political ring. Instead of ignoring the fraud and malfeasance surrounding her, Dr. Barlow decides to risk her career by trying to expose the political criminals. Dr. Barlow's "puny will," as one reviewer phrased it, succeeds only after she is aided by the governor's private secretary, a young man of "superior strength and mental resource."⁴ In the film's telling, women physicians possessed the right amount of medical knowledge and feminine altruism to effectively and righteously serve in municipal politics; yet, largely because of their lack of political experience, they needed to rely on the aid of their savvier male counterparts.

It is significant, then, that the protagonist of Gilman's "Something to Vote For" was a woman doctor from the American West. For Gilman, a feminist activist and social reformer, women physicians in the enfranchised West represented the ultimate possibilities of womanhood unshackled from sexual discrimination and oppression. Dr. Strong was an educated woman with

² Barbara Bardes and Suzanne Gossett *Declarations of Independence: Women and Political Power in Nineteenth-century American Fiction* (New Brunswick: Rutgers University Press, 1990), 137.

³ Rebecca Harding Davis, *Kitty's Choice: A Story of Berrytown* (Philadelphia: J.B. Lippincott & Co., 1874), Sarah Orne Jewett, *A Country Doctor* (Boston: Houghton Mifflin Co., 1884), Annie Nathan Meyer, *Helen Brent, M.D.: A Social Study* (New York: Cassell Publishing Co., 1892).

⁴ Louis Reeves Harrison, "The Woman in Politics," *The Moving Picture World* vol. 27 (1916), 257-258, "Suffragette Film at Gill's De Luxe," *Arizona Daily Star*, February 27, 1916, 9.

a professional career, a woman who devoted her life to improving the health and welfare of mothers and children, and unlike Dr. Barlow, a woman who voted. Even her name, “Dr. Strong,” is evocative of the power of informed and enfranchised womanhood. For Gilman, female physicians in the American West represented the sublimity of women’s citizenship. In fact, Dr. Strong was not the first fictitious western woman doctor Gilman wrote about. A year earlier, in 1910, Gilman published the novel, *The Crux*, which includes the character Dr. Jane Bellair. Dr. Bellair acts as the moral and medical conscience for a group of eastern women who migrate to Denver in the early-twentieth century.⁵

Indeed, western women doctors occupied a unique station in the turn-of-the-century United States because of profession and geography. By the closing decades of the nineteenth century, women who were born, raised, and educated in the East, began looking westward for personal, political, and professional opportunities. The popularity of medical climatology, the need for physicians in the region, and the rhetoric of “freedom on the frontier” lured hundreds of women physicians to western states and territories, and by 1900, cities in California, Colorado, and Oregon had some of the highest ratios of women physicians in the nation.

Upon arrival, women doctors established private medical offices, sanitariums, hospitals, and other institutions throughout the region. The experiences they gained treating patients informed them of the public health and welfare needs of their communities, while also building up their professional and public reputations. For many of them, their medical work in the region fundamentally shaped and guided their future political work. From municipal housekeeping, to

⁵ American Studies scholar Bettina Friedl argues that Dr. Jane Bellair became the model for Gilman’s later character, Dr. Strong. Charlotte Perkins Gilman, *The Crux* (New York: Charlton Company, 1911), Bettina Friedl, *On to Victory: Propaganda Plays of the Woman Suffrage Movement* (Boston: Northeastern University Press, 1987), 25.

suffrage activism, to running for elected office, women physicians leveraged their status as medical professionals to propel their political careers and drive their maternalist health reforms.

This chapter explores the political trajectories of women physicians in the pre-and post-suffrage American West. Broadly, it examines the centrality of western women doctors to Progressive-Era politics and reform movements, and the racial and gendered public health ideologies often driving their political activism. More specifically, this chapter analyzes their work in four areas – as municipal health officers, suffrage activists, political lobbyists, and elected state officials – in order to demonstrate two key points. First, by tracing the paths of their political careers, this chapter demonstrates how women physicians played an influential role in local, state, and national politics. Scholars have made the argument that women physicians took public health positions partly because of the difficulty in finding work in a male-dominated field.⁶ While this may have been true for women physicians in the un-enfranchised East, this chapter demonstrates how women physicians in the enfranchised West were largely successful in building long political careers based on their reputations as practicing physicians in the region. Their work as women physicians in private practice made them favorable candidates to serve in municipal government, and in turn, their exposure to critical health and welfare issues in their respective cities informed their suffrage activism. Once enfranchised, western women physicians used their political power and professional expertise to lobby government and run for state office in order to improve the health and welfare of women and children in the region. This impulse was not entirely altruistic, but rather, dialectic. Women physicians used their political power to advance public health, but they also used the plight of women and children to advance their political careers.

⁶ Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine*.

Their desire to improve public health in the region informs the second key point in this chapter. Throughout their political careers, many women physicians in the American West combined their maternalist ideologies and medical knowledge to actively pathologize race and sexuality in ways that helped create public health policies that protected white womanhood and reinforced white supremacy. Women reformers during this period often undertook teaching, missionary work, and domestic reform projects in an effort to Americanize immigrants, while also maintaining racial and class hierarchies under settler colonialism. Women physicians participated in this work of “imperial intimacy” in a very particular and specialized way: by making the claim that women doctors were both moral guides and medical experts, they were able to promote public health policies designed to segregate, exclude, or deport racialized bodies under the rubric of benevolent, yet rational maternalist concerns.⁷ In turn, they leveraged both racial fears and their identities as medical-maternalist reformers to advance their political and professional careers. From anti-Chinese public health policies in San Francisco, to eugenic arguments for suffrage in Portland, to Ku Klux Klan activism in Denver, women physicians promoted a biopolitical framework for the region that prioritized medical science, racial ideology, and sexual surveillance. Women physicians in the American West began their political careers in the late-nineteenth century with attempts to improve the milk supply of their cities, and often ended them decades later with attempts to segregate or exclude racialized and class bodies in the region.

⁷ Jacobs, *White Mother to a Dark Race: Settler Colonialism, Maternalism, and the Removal of Indigenous Children in the American West and Australia, 1880-1940*, Jane E. Simonsen, *Making Home Work: Domesticity and Native American Assimilation in the American West, 1860-1919*, Ann Laura Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule*.

Doctoring the City: Local Politics, Maternalist Medicine, and Municipal Housekeeping

Although the fictitious Dr. Strong practiced medicine in Colorado, Gilman could have easily modeled the character on Oregon physician Dr. Esther Pohl Lovejoy, a suffragist and pure milk advocate.⁸ Born in 1869 in the Washington Territory, Dr. Pohl Lovejoy graduated from the University of Oregon's Medical School in 1898. In 1905, Mayor Harry Lane appointed Dr. Pohl Lovejoy to the Portland Board of Health. Two years later, when the mayor removed the city health officer amid accusations of corruption, the Board of Health unanimously voted for Dr. Pohl Lovejoy to take his place (with Pohl Lovejoy abstaining from the vote). According to historian Kimberley Jensen, Dr. Pohl Lovejoy's appointment to head Portland's board of health made local, regional, and national news, not only because of her rather large salary for a woman (\$3,000/year), but also because she became the first female health officer in a major US city.⁹ Under her guidance, the board instituted inspections of medical schools and the city laboratory, strategized to prevent outbreaks of bubonic plague, improved the collection of garbage, instituted the inspection of school children for communicable diseases, and provided funds for school nurses.

Pohl Lovejoy's pet project, however, was her pure milk campaign. Portland's problems with impure and adulterated milk plagued the city for years – a fact that hit home for Dr. Pohl Lovejoy when her own son died in 1908 from septic peritonitis attributed to contaminated milk. Telling one newspaper reporter, “I say and I know that the milk supply of Portland is rotten, literally rotten,” she and her colleagues on the board of declared a “war on bad milk,” with the

⁸ Esther Pohl Lovejoy was born Esther Clayson. After graduating medical school, she married her classmate, Dr. Emil Pohl. In 1911, her husband died from encephalitis while in Alaska. In 1912, she married Portland businessman George Lovejoy, whom she divorced in 1919. For the sake of clarity, I refer to the physician as “Dr. Pohl Lovejoy” throughout this dissertation.

⁹ Kimberley Jensen, *Oregon's Doctor to the World: Esther Pohl Lovejoy and a Life in Activism* (Seattle: University of Washington Press, 2012), 77-78.

intention of forcing the city council to pass an ordinance that would provide “adequate dairy regulation and inspection.” In 1909, after a contentious battle that pitted the board of health and other progressive reformers against the dairy industry and other business interests, the city council unanimously passed the ordinance.¹⁰

For Dr. Pohl Lovejoy, the milk campaign put into sharp relief the differences between men’s and women’s political and economic interests: “From a man’s standpoint dairying is a great industry that must be protected, and the prohibitive cost of pure milk must also be considered. But what doth it profit a woman to suffer for months and go down the gates of death to produce one child if that child is to be sacrificed afterwards to the demands of the trade?”¹¹ Years later, in an essay on the aftermath of WWI, Pohl Lovejoy expounded on these differences in governance:

The city, state, and national fathers have been running this our mother country since the beginning . . . They are manifestly more concerned with enterprises . . . involving wealth and power and privilege. . . . But woman’s work is humanity itself, and in the interest of humanity she should be given her full and rightful share in the reconstruction and the future conduit of the nations of the earth.¹²

She concluded that women had not only a right, but also an obligation to participate in municipal politics for the good of humanity. Additionally, women physicians, she argued, were uniquely suited to nurturing healthy communities.

¹⁰ “Death Due to Impure Milk: Dr. Esther C. Pohl Blames Poor System of Inspection for Disease Which Killed Her Son and Sent Herself and Sister to Hospital,” *Oregon Journal* August 30, 1909, 1. Jensen, *Oregon’s Doctor to the World: Esther Pohl Lovejoy and a Life in Activism*, 91-93. It is important to note that “pure milk” advocates like Pohl Lovejoy were not necessarily advocates of pasteurization. Many reformers believed that pasteurization was a unscrupulous method of passing off impure milk to unsuspecting consumers. Jennifer Lisa Koslow, *Cultivating Health: Los Angeles Women and Public Health Reform*, Critical Issues in Health and Medicine (New Brunswick, N.J.: Rutgers University Press, 2009), 85-86.

¹¹ Esther Pohl, “Milk is the Most Important Food Product in the World,” typescript speech, [1912], 3, box 1 folder 8 Esther Pohl Lovejoy Collection, Historical Collections and Archives, Oregon Health & Science University, Portland, Oregon.

¹² Esther Lovejoy, “Democracy and Health,” *The Woman’s Medical Journal* v.29 (1919): 120-121.

Most of Dr. Pohl Lovejoy's female colleagues agreed, and Progressive-era Portland fostered a robust culture of health reform campaigns. In what Regina Morantz-Sanchez calls "social medicine" and Ellen S. More calls "maternalist medicine," women doctors at the turn-of-the-century "threw themselves enthusiastically into every aspect of progressive reform that touched on" aspects of health and welfare. Indeed, Portland's women physicians worked with other reformers to create "redemptive places" in the city, including establishing settlement houses, charity hospitals children's homes, day nurseries, dispensaries, and other public health institutions.¹³ Yet, like Pohl Lovejoy, they also argued that these spaces were not nearly enough to cure the ills of the city if they did not also have a say in the policies and ordinances that governed and regulated these institutions. Dr. Mae Cardwell, who served on the city board of health before Pohl Lovejoy and also worked as Portland's Physician to the Juvenile Court, wrote in a 1904 editorial, "Why Women Should Figure in Municipal Politics":

No amount of roses can decide for the tourist whether Portland should be called the "rose city," or the "city of dirty streets" as long as gutters are lined with scraps of paper, the sidewalks decorated with sputum and the alleys filled with junk and orange peelings. . . . Were women to prepare themselves to help, the way would soon open, and instead of attempting to cover dirty streets and garbage with roses, the roses might be purely for decorative purposes, we so much desire.¹⁴

She went on to write that ". . . women have steadily proven their ability to meet responsibilities in the varying conditions of life; yet only in the last quarter of a century have they been admitted to

¹³ Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine*, 281, Ellen Singer More, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995*, 11. "Redemptive places" is a term historian Daphne Spain uses to describe the institutions created by maternalist reformers during the progressive era. These sites, often founded by women volunteers, provided food, shelter, or health care, while also providing moral influence. Daphne Spain, *How Women Saved the City* (Minneapolis: University of Minnesota Press, 2001), 14. For more on the "redemptive places" created by Portland women physicians see Jensen, *Oregon's Doctor to the World: Esther Pohl Lovejoy and a Life in Activism*, 53.

¹⁴ Kimberley Jensen, "Cardwell, Mae Harrington Whitney" Mae Harrington Whitney Cardwell File Historical Collections and Archives, Oregon Health & Science University, Portland, Oregon.

places among the governing councils of the country.”¹⁵ Indeed, during Oregon’s pre-suffrage years, several women physicians tried to bridge the gap between health institutions and public health regulation by serving in appointed municipal health positions, including Dr. Myra Brown-Tynan, who served on the Portland City Health Board, Dr. Edna Sherrill, who became Portland’s first woman medical school inspector and went on to work as the Chief Medical Inspector in charge of the contagious diseases division, and Dr. Nellie Vernon served as the health officer of Clatsop County for ten years.¹⁶

Oregon was not the only western state where women doctors were appointed or elected to public health positions in the early twentieth century. In western states with significantly smaller populations, and thus even smaller numbers of women physicians, their presence in municipal public health was still evident. In 1907, Idaho’s governor appointed Dr. Susan E. Bruce to serve on the State Board of Health; in New Mexico, Dr. Sarah Coker was elected the director of the state’s Child Welfare Services in 1918; and in Utah, Dr. Mabel A. Genung was appointed to the State Bureau of Venereal Disease Control in 1920.¹⁷

California, which rivaled Oregon in its high ratio of women physicians, also cultivated a culture of municipal participation among women. In one particularly early example, Sarah T. Shuey, a homeopathic physician, was elected president of Oakland’s Board of Health in 1896. Of her election, one newspaper argued, “A task that men have failed to accomplish will probably be successfully handled by a woman.” The task at hand, in this case, was the Alameda tidal canal

¹⁵ Mae H. Cardwell, “Women on Public Boards,” in Mary Osborn Douthit, ed., *The Souvenir of Western Women* (Portland: Anderson & Duniway company, 1905), 192.

¹⁶ “Biographical Files,” Box 1, File Folder 9, Lucy I. Davis Phillips Papers Accession Number 2004-030, Oregon Health & Science University Historical Collections & Archives.

¹⁷ “News and Personals,” *The Clinique: A Monthly Abstract of the Clinics and of the Proceedings of the Clinical Society of the Hahnemann Hospital of Chicago*, Vol. 28 (1907), 581, *Biennial Report*, New Mexico Department of Education (1918), 20, and “Medical News,” *The Journal of the American Medical Association*, Vol. 76 No. 5 (1921), 321.

boondoggle. A large-scale construction project, the Alameda tidal canal was meant to provide Oakland with a longer, deeper estuary to accommodate shipping, while also providing Alameda, its peninsular neighbor, a means to flush their sewage out to sea. The project, begun in 1873, proceeded in fits and starts, while political and economic skirmishes over land and federal allocation of funds hampered canal construction for decades.¹⁸ The incomplete project led to a sanitation crisis. One San Francisco newspaper wrote, “The tidal canal, which should be the great flusher for both Oakland and Alameda, has been a menace to health. It has been permitted to fill with sewageThe canal is now a menace of the worst kind to the public health and is growing worse.” The same article, however, declared a sense of optimism about the project with the election of a woman physician to Oakland’s Board of Health: “So long as the Boards of Health of both cities were composed entirely of men there seemed no prospect of any intelligent agreement being reached.”¹⁹ Dr. Shuey’s tenure was short lived, however, as she and her colleagues fell victim to sectarian medical politics. A year later, in 1897, a newly elected mayor ousted the entire board, some of whom were homeopaths like Shuey, and replaced them with allopathic or “regular” doctors.²⁰

Although Dr. Shuey failed to make headway with the tidal canal project, as president of the Oakland Board of Health she concentrated her efforts on what she saw as a larger public health “menace”: Chinese laundries. “I had a case not long ago,” she told a reporter, “where a little

¹⁸ Now known as the Oakland Estuary, the tidal canal was finally completed in 1902, almost thirty years after it began. Joseph Eugene Baker, *Past and Present of Alameda County* (1914), 101-102.

¹⁹ “Great Faith in Woman Official,” *The San Francisco Call* June 21, 1896.

²⁰ “The Lady Member Not Renamed,” *The San Francisco Call*, May 2, 1897. By the turn of the century, a fierce political and professional battle had developed between regular physicians, or those who practiced orthodox medicine, and the various medical sects that flourished in the nineteenth century. On a national level, the American Medical Association barred homeopathic doctors from joining the organization for decades in an effort to curtail their influence. On a state and local level, regular medical societies lobbied government organizations against licensing alternative medical sects and fought against their participation in municipal health politics. See Starr, *The Social Transformation of American Medicine*, Whooley, *Knowledge in the Time of Cholera: The Struggle Over American Medicine in the nineteenth Century*, Gevitz, ed., *Other Healers: Unorthodox Medicine in America*.

child had become inoculated with a disease, and, upon investigation, I decided that the infection could come from no other source than the Chinese laundry. . . . I am convinced that something should be done to counteract contagion arising from this source.”²¹ More than mere concern over sanitation, Dr. Shuey believed the best way to respond to the perceived public health menace was to give “white people the preference in labor.”

In an 1878 essay, another Bay Area physician, Mary P. Sawtelle, characterized the Chinese people as “a race of semi-savages, who have no idea of warding off disease by preventive measures.” She described Chinatown as “a standing invitation to cholera, smallpox and other pests.” Her public health war against Chinese immigrants had deliberate sexual connotations as well. While she expressed concerns over diseases like cholera and smallpox, she saw a larger menace in syphilis. Sawtelle argued that Chinese female “prostitutes” were “infusing a poison into Anglo-Saxon blood.” She claimed that they remained a vector for disease because of their “filthy habits” and their unwillingness to use “preventative measures” that “white women prostitutes” used.²² As historian Nyan Shah argues in his study of San Francisco’s Chinatown, Sawtelle’s essay disseminated the idea that Chinese women were “dangerous and expendable.”²³ She made no distinction between the Chinese people and the disease of syphilis, they were interconnected maladies that threatened to infect the Anglo-Saxon race with both disease and degeneration.

Dr. Shuey’s arguments that linked disease with Chinese laundries, and Dr. Sawtelle’s conflation of Chinese women and syphilis, were part of the growing consensus among public

²¹ “Chinese Laundries,” *Oakland Tribune*, April 12, 1897.

²² Mary P. Sawtelle, “The Foul Contagious Disease. A Phase of the Chinese Question. How the Chinese Women are Infusing a Poison into the Anglo-Saxon Blood,” *Medico-Literary Journal* 1 (November 1878), 4-5.

²³ Nayan Shah, *American Crossroads*, vol. 7, *Contagious Divides: Epidemics and Race in San Francisco’s Chinatown* (Berkeley: University of California Press, 2001), 107.

health officials in the region that disease resided “naturally” in the bodies of Chinese immigrants; and, consequently, the physical spaces they inhabited. Grounded in a scientific racism that was paired with the emergence of germ theory, led to an increased monitoring of Chinese bodies and Chinese spatial geography by Bay Area public health officials in the late nineteenth century. As historian Nayan Shah has demonstrated, Chinatown was completely quarantined in 1900.²⁴

In her 1878 essay, “The Plague Spot,” Dr. Sawtelle excoriated San Francisco’s all-male board of health for their inability to clean up Chinatown:

But you ask what is the Board of Health doing all this time? Are there no steps being taken to purify that death engendering hole? Are our own people not being instructed what to do to preserve their health? Are not the quarantine laws strictly enforced?²⁵

She concludes by urging the city council to appoint a woman physician to its board of health, arguing that a knowledgeable medical woman could “give directions and they will be unhesitatingly obeyed.” Indeed, Dr. Sawtelle and many other women physicians viewed public health work as a woman doctor’s special “niche,” arguing that they would succeed where male physicians failed.

Drs. Sawtelle and Shuey were anti-Chinese zealots, but not all women doctors on the Pacific Coast shared their prejudices. Farther up north in Oregon, and several years later, Dr. Esther Pohl Lovejoy, the same woman who fought for pure milk in Portland, also waged a very public contagious disease campaign. When bubonic plague struck San Francisco in 1907, Dr. Pohl Lovejoy, as Portland’s health officer, was tasked with preventing its spread north. While many of her city colleagues blamed Chinese and other Asian immigrant communities for being

²⁴ The quarantine began in March of 1900, when San Francisco public health authorities discovered that a Chinese worker residing in Chinatown died of bubonic plague. Shah, *Contagious Divides: Epidemics and Race in San Francisco’s Chinatown*.

²⁵ Mary P. Sawtelle, “The Plague Spot,” *Medico-Literary Journal* 1, no. 4 (December 1878): 10-12.

vectors of the disease and demanded quarantine or deportation, Dr. Pohl Lovejoy steadfastly refused to target any specific racial group or neighborhood. Instead, she methodically inspected the city for rat infestations, beginning at the waterfront and eventually making her way to Portland's Chinatown, "not with the idea that we expect to find any plague indications," she argued, "but for the purpose of ascertaining what means the Orientals are using to prevent its propagation."²⁶ When Portland avoided a plague outbreak, Portlanders came to trust Pohl Lovejoy's evenhanded and resolute approach. Both the city and county medical societies passed resolutions praising her for her efforts.

Dr. Pohl Lovejoy's work as Portland's City Health Officer was viewed by woman's rights activists as a vindication of women's political and professional skills. Yet, the doctor herself understood very well that women's power would always be limited without access to the ballot. She acknowledged the fact that women were gaining political influence, but for her, the measure of their power became clear on election day: "The real value of that beautiful influence," she noted, "was nil."²⁷ Pohl Lovejoy, like hundreds of other women physicians in the United States, felt strongly that policymakers would never attend to the "business of women" until they had the full power of the vote behind them. Suffrage was not only about women's rights, but also about their ability to radically improve the health and welfare of their communities.

The Physician-Suffragist

By 1914, Dr. Pohl Lovejoy got her wish – women had secured the vote in all western states except for New Mexico.²⁸ The state-by-state regional fight for suffrage became a model for

²⁶ "Extermination of Rats a Necessity," *Oregonian*, October 28, 1907, 4. Jensen, *Oregon's Doctor to the World: Esther Pohl Lovejoy and a Life in Activism*, 86-87.

²⁷ Jensen, *Oregon's Doctor to the World: Esther Pohl Lovejoy and a Life in Activism*, 94.

²⁸ New Mexico would grant suffrage with the nineteenth Amendment. Rebecca J. Mead, *How the Vote Was Won: Woman Suffrage in the Western United States, 1868-1914* (New York: New York University Press, 2004), 151.

eastern activists, who waged decades-long campaigns which eventually resulted in the ratification of the nineteenth Amendment to the U.S. Constitution in 1920, which granted most American women the right to vote.²⁹ Alice Paul, Elizabeth Cady Stanton, and Carrie Chapman Catt are well known national figures who, at various stages, played crucial parts in winning votes for women. However, less explored are variety of roles women physicians played in these campaigns. Dr. Anna Howard Shaw, for example, served as president of the National American Woman Suffrage Association (NAWSA) for eleven years until her resignation in 1915. Her interest in the cause was partly sparked by a range of problems she encountered as a physician. Like Dr. Pohl Lovejoy, she came to understand that public health problems would not be solved without political and social change, and such reforms would happen only if women had the vote. Women doctors, in fact, were active participants in suffrage campaigns all over the United States. For example, with the exception of 1910, suffrage articles and essays appeared in every edition of *The Woman's Medical Journal* published between 1896 and 1920, and a large contingent of women physicians marched together in the 1913 suffrage parade in Washington DC.

The suffrage cause was popular among women physicians for several reasons, but paramount was their recognition that the ballot promised increased professional power. In a 1906 article in the *Woman's Medical Journal*, the editors argued that suffrage was a subject that “every medical woman should be vitally interested in. To no movement does the medical woman owe more than to that of equal suffrage. Under its influence public opinion was gradually broadened and dilated sufficiently to allow women to enter upon the work of self-support.”³⁰ Six

²⁹ I use the word “most” intentionally. By the 1920s, Jim Crow laws became entrenched in many southern states, which effectively prohibited many black women from voting.

³⁰ “The Illinois College and University Suffrage Contest,” *The Woman's Medical Journal* 16 (1906): 173.

years later, Dr. Eleanor Jones spoke at a public hearing before the Commission to Revise the election laws of Pennsylvania. Appointed to represent the women doctors of the state, Dr. Jones presented the findings of a survey gauging the effects of disenfranchisement on the professional lives of women doctors. Dr. Jones surveyed about sixty women physicians in Pennsylvania and posed the following questions:

1. Do you know of any opportunities for social usefulness which have been denied to women physicians by reason of the lack of the franchise?
2. Do you know of any institutions conducted by women physicians which have suffered because of the fact that women have not had the franchise?
3. Do you know of any other way in which women physicians, as a class, have suffered from the lack of the franchise?

Jones' analysis of the responses concluded that women physicians of Pennsylvania had suffered greatly from disenfranchisement. "The correspondence," she explained, "shows a strong opinion that women physicians are discriminated against in a way that would not exist if women were voters." As an example of professional harm, she showed that, between 1900 and 1903, several Philadelphia women physicians had volunteered their services as school inspectors. So successful were they in demonstrating that such a service was needed, Philadelphia's officials decided to appoint salaried inspectors. However, as soon as a money was attached to the position, all the women physicians were promptly fired and replaced by male (enfranchised) physicians. Dr. Jones also emphasized to the committee that such professional opportunities were secondary to the much larger issue of women's rights. She wrote:

It is woman's right to enter into the larger life of the community to make her contribution to the work of social advancement and share in its responsibilities. It ought to be hers to share freely in the pleasure of doing, but without the vote she

is made to feel on every side that it is her part to give way to her not always chivalric male competitor, even though the work to be done lies naturally within the special province of her social usefulness.³¹

Respondents to Dr. Jones' survey also expressed concern about the possibility of negative health and welfare effects of disenfranchisement on the lives of their women patients. Many of them reported that their lack of access to the ballot meant that local and state institutions, which often cared for dependent women and children, had no women physicians on their staff or boards of trustees. Dr. Jones cited the Eastern Penitentiary specifically, as an example of an institution that had no woman physician on staff to look after the female prisoners.

Aside from the professional advantages of the right to vote, women physicians consistently insisted that women's suffrage would improve lives of women and children in the United States. Dr. Anna L. Brown, speaking at an international conference on suffrage, explained that, "Women doctors in this country felt that some very definite action would have to be taken to bring to women a realizing sense that it was for women to act in health problems."³² Echoing what some of the Philadelphia physicians wrote, Dr. S. Josephine Baker, Director of Child Hygiene in New York City, argued that if women had the vote, they could "help to lift the burden of child labor resting on 40,000 children to whom work certificates are now issued annually."³³

Women doctors played important roles in suffrage campaigns, but their symbolic power proved more persuasive. Their level of education, professional status, and community positions as medical authorities embodied the optimistic possibilities for a new womanhood. They became subjects in pro-suffrage poems, songs, stories, and even jokes. One relatively early example of

³¹ "What Does the Franchise Mean to Women Physicians?" *The Woman's Medical Journal* 22 (1912): 91-92.

³² "The Woman Physician Finds Herself," *Suffragist* 6 no. 50 (Jan 4, 1919): 256.

³³ "Medical Women Hold Reunion," *The Woman's Medical Journal*, 23 (1913): 162.

the American suffragist-physician can be found in Louisa May Alcott's novel, *Jo's Boys*, published in 1886 as a sequel to *Little Women*. In the novel, the character of Annie "Nan" Harding grows up to be a doctor who "holds advanced views on all reforms, especially woman's rights, and is a staunch advocate of woman's suffrage."³⁴ In another example, at the annual banquet of the Alumnae Association of the Woman's Medical College of Pennsylvania in 1913, Mrs. Elizabeth Gilmer of New York City told an amusing story of how a suffragist about to undergo an operation expressed her pleasure to find herself in the care of not only women nurses, but a woman surgeon: "If the operating table were only decorated with 'Votes for Women,' I should be content!" the woman exclaimed. A popular poem entitled "The Woman with the Pen," published in *The Woman's Medical Journal* in 1913 expresses the symbolic political power of the woman journalist by linking her to the woman physician:

*The woman with the pen is linked
To women with the pill.
Like them, she wants to remedy
And heal the public ill.
She's ready with the lance, the pen,
(When anything makes sick),
To help remove the evil thing
From the body politic.³⁵*

A commentary on the potential of professional women, in this case the journalist and the physician, suggests that professional women had the power to heal the country's wounds by excising the malignant political corruption spreading throughout cities and towns in America.

If the woman physician became a popular figure in the suffrage cause, then the woman physician in the American West became its avatar. Not unlike Gilman's "Dr. Strong," western

³⁴ Carolyn Forrey, "The New Woman Revisited," *Women's Studies* 2 (1974): 41. See also, Frederick Wegener, "The Literary Representation of Women Doctors in the United States, 1860-1920," *Literature Compass*, 4 (2007): 576-598.

³⁵ "Medical Women Hold Reunion," *The Woman's Medical Journal*, 23 (1913): 162.

women physicians symbolized the possibility of what professional women could do in enfranchised states. By the end of the nineteenth century, as they opened their practices in western states, they joined or occasionally even spearheaded successful suffrage campaigns. Subsequently they continued to be active agents of reform, especially when new laws concerning public health, women, and children were concerned. By the end of the first decade of the twentieth century, they held powerful sway in the minds of eastern suffragists because most western medical women were living, working, voting, and writing legislation in the region, some for decades.

The early suffrage battles in the West attracted the active support of a number of the region's women physicians. After Wyoming's legislature wrote its territorial suffrage law into the new state's constitution in 1890, Colorado shortly followed suit in 1893.³⁶ Colorado's decades-long campaign for suffrage began in earnest in 1876, when a group of activists formed the Colorado Woman Suffrage Association (CWSA) and elected Dr. Alida C. Avery as its first president. Over the years, as more women physicians moved to the state, many became active participants and even local leaders in suffrage organizations. In Denver, in addition to Dr. Avery, Dr. Minnie Love became a well-known suffragist, hosting several CWSA meetings in her home. At one such gathering, at the height of the 1893 campaign, Dr. Love echoed the familiar medical/maternalist arguments for enfranchisement: "[Women] are the most acute sufferers from dishonest legislation [and] thousands of mothers in the mining states were today without bread for their children."³⁷ Other Denver physician-suffragists included Drs. Mary Barker Bates and

³⁶ The Utah Territory granted women suffrage as early as 1870, but Congress revoked it in 1887 as part of a national effort to purge the territory of polygamy. In 1883, the Washington Territory granted women the vote, but the Territorial Supreme Court overturned the law in 1887. In 1893, Colorado had already held several failing referendums before becoming the first state to grant suffrage through the popular vote in 1893.

³⁷ Eliza J. Patrick, "Colorado Women Moving," *Woman's Journal*, 24 (Sept. 2, 1893), 276.

Dr. Mary Elizabeth Bates.³⁸ While the state's capital city became the center of suffrage activity, other smaller towns and cities in Colorado also organized around the cause with several women doctors in leadership roles. The most well-known included Dr. Fannie Cooper in Manitou, Dr. Ethelle Strasser in Grand Junction, Dr. Jessie Hartwell in Salida, and Dr. Mary Hatfield in Pueblo.³⁹

In Utah, where women gained the vote in 1896, Dr. Ellen Brooke Ferguson and Dr. Martha Hughes Cannon, both Mormon, were the most prominent suffrage activists in the state. Dr. Cannon, a polygamous wife, became a leader in the Utah Women's Suffrage Association, giving speeches all over the state. In Washington, Dr. Cora Smith Eaton acted as the treasurer of the Washington Equal Suffrage Association. She also co-authored a chapter of the *Washington Women's Cook Book*, published in 1908. One year later, Dr. Eaton carried a pennant that read "Votes for Women" to the summit of Mount Rainer on a mountaineer's expedition.⁴⁰ She remained an outspoken activist until that state's women won the vote in 1910. In California, where women voted for the first time in 1911, numerous women physicians embraced the cause. For example, in the Bay Area alone, Drs. Mariana Bertola, Florence Buck, Mary Plum, Adelaide Brown, Anna Rude, Rachel Ash, Kate Brousseau, and Frances Louise Newton each played a central role in local and state suffrage organizations. The same abundance of suffragist-physicians could be found just north in Oregon, which relented in 1912. There, Drs. Esther Pohl-

³⁸ Dr. Mary Barker Bates and Dr. Mary Elizabeth Bates were not related. Mary Helen Barker Bates was born in New York in 1843, graduated from Woman's Medical College of Pennsylvania in 1873, and migrated to Colorado in 1878. Mary Elizabeth Bates was born in Wisconsin in 1861, graduated from Woman's Medical College of Chicago in 1881, and moved to Colorado in 1890.

³⁹ Joseph G. Brown, *The History of Equal Suffrage in Colorado, 1868-1898* (Denver: News Job Printing Co., 1898).

⁴⁰ For more on Cannon, see Jean Bickmore White, "Dr. Martha Hughes Cannon: Doctor, Wife, Legislator, Exile," in Vicky D. Burgess, *Studies in Mormon History*, vol. 5, *Sister Saints* (Provo, Utah: Brigham Young University Press, 1978) 383-397 and Barbara Hayward, "Teaching the Slavish Virtues: The public Life of Martha Hughes Cannon," *Century 2: A Brigham Young University Student Journal* 2 (1978): 1-15. For more on Eaton, see John C. Putman, *Class and Gender Politics in Progressive-era Seattle* (Reno: University of Nevada Press, 2008), 248-317 and Mead, *How the Vote Was Won: Woman Suffrage in the Western United States, 1868-1914*, 110-112.

Lovejoy, Florence Sharp Manion, Viola Coe, and Marie Equi becoming well-known activists in Portland. The less populous state of Arizona followed suit in the same year, after a campaign spearheaded by Drs. Rosa Goodrich Boido and Clara Schell, both suffrage leaders in the state.

Once enfranchised by their states, like many other western suffragists, women physicians supported the push for a constitutional amendment. Like Dr. Strong in Gilman's play, many women doctors travelled east to bear witness to the benefits of enfranchisement. Dr. Kate Lobinger of Colorado delivered a speech at the Milwaukee Biennial for the General Federation of Women's Clubs in 1903. She emphasized the suffrage lessons learned in her home state: "We have found out in Colorado that if we want to accomplish anything we must hang together, or, as Benjamin Franklin remarked, 'We will all hang separately.'"⁴¹ Dr. Cora Smith King, the same woman who summited Mt. Rainier with her suffrage banner, wrote to Vermont Senator, Carroll S. Page, three years after Washington women gained the vote, imploring him to commit to the cause of national suffrage.⁴²

In 1918, Denver's Dr. Margaret Long, a longtime suffrage activist, joined a campaign to get Nevada activist Anne Martin elected to the US Senate. Martin, who established the University of Nevada's History Department in 1897, became a leader in the state's successful suffrage campaign of 1914. Known to activists as GATs (Get Anne There), Dr. Long and Martin's other supporters strongly hoped that sending a western woman to the US Senate would help move a Constitutional Amendment for women's suffrage through the legislature. From June to November, Dr. Long took a leave of absence from the sanitarium she ran in Denver to act as

⁴¹ Kate Lobinger, "What the Nineteenth Century has Done for Women," *Biennial of the General Federation of Women's Clubs: Official Proceedings* (General Federation of Women's Clubs, 1896).

⁴² Senator Page replied that even though he felt suffrage was "on the way" he could not commit to the cause just yet. Letter from Senator Carroll S. Page to Dr. Coretta Smith King, II:1, National Woman's Party Records, Manuscript Division, Library of Congress, Washington, D.C.

Martin's personal chauffeur, using her own car on a statewide campaign tour. Committed wholeheartedly to the cause, she noted, "[I am willing to] stay out as long as I can and go to Hell or anywhere else – according to orders."⁴³



Figure 12: Group of GATs (Get Anne There), including Anne Martin in the passenger seat and Dr. Margaret Long behind the driver's seat (Nevada State Historical Society Photo Collection).

Caroline Spencer of Colorado Springs was one of the most radical western women physicians in the national suffrage fight. An alumna of Woman's Medical College of Pennsylvania, Dr. Spencer migrated to Colorado in 1893, a year after her graduation, hoping the climate would help her asthma. Despite chronic illness, she soon became a community leader and activist for reform in the region, co-founding the Woman's Club of Colorado Springs in 1902, and the Civic League in 1909. By 1913, Dr. Spencer became an essential point person for Alice Paul's Congressional Union/National Woman's Party (NWP). For example, in a 1918 letter to Dr. Spencer, the chairman of NWP's political department, Nina Allender, asked the

⁴³ Letter from Margaret Long to Dorothy Reed Mendenhall, July 1, 1918, Box 17, ff 11, Dorothy Reed Mendenhall Papers, Sophia Smith Collection, Smith College, Northampton, Mass. Martin and Dr. Long became longtime companions, and as historian Lillian Faderman has demonstrated, their same-sex relationship was commonly acknowledged in correspondences between the women and their friends. Lillian Faderman, *To Believe in Women: What Lesbians Have Done for America--a History* (Boston: Houghton Mifflin, 1999), 365.

physician to help coordinate her visit to the Rocky Mountain states: “Miss Paul wishes me to make a trip through Colorado, Wyoming, Montana, and Idaho primarily to get money but also to makes speeches . . .” The chairman proposed a schedule of stops and meetings but left the final itinerary to Dr. Spencer’s judgement.⁴⁴ She also helped to stage numerous local suffragist publicity events, including coordinating a stop-off point in Colorado Springs for the 1916 NWP cross-country car and train tour known as the “Golden Special,” organized in support of pro-suffrage presidential candidate, Charles E. Hughes. Dr. Spencer also cut her teeth in radical activism in Colorado. That same year, she interrupted a speech by William Jennings Bryan, formerly the Secretary of State under President Woodrow Wilson, by unfurling a huge NWP banner that read, “Vote Against Wilson! He Kept Us Out of Suffrage!” – playing on Wilson’s slogan, “He Kept Us Out of War.”⁴⁵

Colorado emerged as a proving ground for Spencer’s suffrage activism, and eventually she shifted her focus to Washington, D.C. On December 4, 1916, Dr. Spencer joined Alice Paul and four other Woman’s Party members in a protest at the U.S. Capital. The group managed to get tickets to a congressional session where Wilson was to address lawmakers in a joint session. The women were seated in the front row of the visitor’s gallery. When Wilson’s speech turned to the topic of freedom for Puerto Ricans, the women stood up, removed a banner that was concealed in one of their coats, and unfurled it over the balcony: “Mr. President, What Will You Do for

⁴⁴ Letter to Dr. Caroline Spencer from the Chairman of the NWP Political Department, Nov. 11, 1918 II:1 National Woman's Party Records, Manuscript Division, Library of Congress, Washington, D.C.

⁴⁵ Chris Nicholl, “Caroline Spencer & Radicals for Reform, in Tim Blevins, ed., *Extraordinary Women of the Rocky Mountain West*, ed. Tim Blevins, Regional History Series (Colorado Springs, CO: Pikes Peak Library District, 2010), 254. Doris Stevens, *Jailed for Freedom* (New York: Boni and Liveright, 1920), 45, Linda Ford, *Iron-Jawed Angels: The Suffrage Militancy of the National Woman's Party, 1912-1920* (Lanham, Md.: University Press of America, 1991), 73.

Woman Suffrage?" The banner and its message caused a momentary commotion in the capital, before congressional pages tore it down, enabling Wilson to continue.⁴⁶

The following year, on October 20, 1917, Alice Paul and Dr. Spencer led three groups of picketers to the West Gate of the White House. Paul carried a banner with the words of President Wilson: "The Time Has Come to Conquer or Submit. For Us There Can Be but One Choice. We Have Made It." Spencer carried the other banner with the words: "Resistance to Tyranny Is Obedience to God." One police officer later testified, "I made my way through the crowd that was surrounding them and told the ladies they were violating the law by standing at the gates, and would not they please move on."⁴⁷ When they did not budge, they were arrested, placed in a patrol wagon, and taken to the district jail.

Because Alice Paul and Dr. Spencer carried the banners, they were sentenced to seven months in the Occoquan Workhouse, while the other picketers were given a choice of paying a five-dollar fine or serving thirty days in jail. All refused to pay. During their imprisonment, when the government refused their repeated requests to be classified as political prisoners, Alice Paul and Rose Winslow began a hunger strike. They were subjected to force-feeding three times a day for the next three weeks. Meanwhile, Spencer, who suffered from asthma, paid her fine and was released from jail. She told reporters: "I am going West to tell the women voters of this country that the federal amendment must be put through congress, or American women permitted to die in their struggle for enfranchisement."⁴⁸

⁴⁶ "Glance at Home Says President," *The Wichita Beacon*, December 5, 1916, 4, "Republicans Join in Great Applause for the President," *Winston-Salem Journal*, December 6, 1916, 1.

⁴⁷ Inez Haynes Gillmore, *The Story of the Woman's Party* (New York: Harcourt, Brace, and Co., 1921), 248.

⁴⁸ "Alice Paul to Fight On," *New York Times*, October 25, 1917, 15. *Colorado Springs Gazette*, November 1, 1917, Stevens, *Jailed for Freedom*, 177, "Four More Pickets Sent to Occoquan," *Evening Star*, October 22, 1917, 1, "Gillmore, *The Story of the Woman's Party*, 249, and Ford, *Iron-Jawed Angels: The Suffrage Militancy of the National Woman's Party, 1912-1920* 174.

By the end of 1918, after a failed attempt to pass the Nineteenth Amendment through both houses of Congress, Dr. Spencer debated whether her health could withstand another trip from Colorado to D.C. She wrote to Paul: "If the amendment is coming up, will you wire me? I have not made up my mind whether to come east this year or not. That might decide, perhaps. I cannot picket, because I must not get myself in bed for my visit, as I did last year." A few months later, she changed her mind: "I cannot resist being there for a final protest."⁴⁹ Her "final protest" referred to a scheduled watch fire demonstration organized by the National Women's Party. Dissidents planned to light fires in cauldrons directly in front of the White House, using hundreds of copies of every speech the President had given that directly referred to "democracy." They were to keep the fires burning around-the-clock, until the amendment passed both houses and landed on Wilson's desk. Dr. Spencer arrived in Washington, D.C. on January 15, 1919 armed with an ample supply of pinion wood from the forests of Colorado, (which she labeled "free wood)" intended to fuel the cauldrons. With the help of other members of the NWP, Spencer kept the flames burning for four days and four nights, despite the presence of the police and some bystanders, who repeatedly attempted to extinguish the fires by rushing the women, knocking over the caldrons, and stamping out the flames. One photographer captured Dr. Spencer in the process of rebuilding a watch fire that had been kicked over by a group of men. Spencer and the demonstrators were eventually arrested and sentenced to five days in the district jail.

⁴⁹ Letter to Alice Paul from Caroline Spencer, September 7, 1918 and December 4, 1918, Reel 64, National Woman's Party Records, Manuscript Division, Library of Congress, Washington, D.C.



Figure 13: Caroline Spencer reassembling a watch fire in front of the White House, January 1919. Doris Stevens, *Jailed for Freedom* (New York: Boni and Liveright, 1920).

In 1921, a year after the ratification of the Nineteenth Amendment, Caroline Spencer reflected on her activism, denouncing the opponents of suffrage as “followers of men, worms of the dust, who cannot see that the tyranny of half the race over the other half is the first wrong to be righted, and its overthrow the greatest revolution conceivable.”⁵⁰ Although Spencer was one of the most radical suffragists in Colorado, the retired physician actually saw herself as “pragmatic” when it came to politics: “Really,” she reflected in a letter to Doris Stevens, “at heart I am a revolutionary socialist . . . but that does not enter into the present calculations.”⁵¹ Her activism focused on changing how the current political system operated, rather than overturning it. In that sense, she was a reformer, not a revolutionary.

Not all radical physicians shared the goals of mainstream suffragists such as Spencer. Oregon’s Dr. Marie Equi, who by World War I had aligned herself with pacifist, anarchist, and radical labor movements, was politically sensitive to the inherent class issues that were often

⁵⁰ Letter from Caroline Spencer to Spencer to Anna Pollitzer, April 30, 1921, Reel 7, National Woman’s Party Records, Manuscript Division, Library of Congress, Washington, D.C., “Men in Uniform Rout Suffragists,” *New York Times*, January 2, 1919, 1, Stevens, *Jailed for Freedom*, 368.

⁵¹ Letter from Caroline Spencer to Spencer to Doris Stevens, April 18, 1916, Reel 7, National Woman’s Party Records, Manuscript Division, Library of Congress, Washington, D.C.

smoothed over inside the suffrage movement. Equi had been active in Oregon's suffrage campaign years earlier, serving as Director of Oregon's College Equal Suffrage League (CESL). Tensions and infighting between various suffragists and suffrage groups, however, eventually led Equi to distance herself from the movement: "I have, since working in the campaign," she wrote to NAWSA leader Dr. Howard Anna Shaw, "changed my belief that women should vote – maybe they should but politics is a dirty game, and whenever one gets in and wishes to hold supremacy, they must do it at a cost of the highest moral sense; it is not conducive to the best in women."⁵² Although a believer in women's right to vote, Equi ultimately saw most of the suffragist movement as a power grab for elite, white women who ignored the problems of labor and the working class.

In the years leading up to America's entrance into WWI, Equi also disagreed with the tactics of Alice Paul's National Woman's Party. In the 1916 presidential election, the NWP backed the pro-war Republican candidate, Charles E. Hughes because of his pro-suffrage platform. Woodrow Wilson, on the other hand, wanted to avoid entering the war, but also promised to postpone the suffrage question in order to shore up support in the South. For Equi, avoiding war took precedence over national suffrage. In October 1916, months after Dr. Caroline Spencer welcomed the "Golden Special" to Colorado Springs, Dr. Equi met the same train with a rowdy group of anti-Hughes protesters in Portland. After the NWP members departed the train, they gathered at Sixth and Alder to hold a public meeting. As the first speaker, Dr. Katherine P.

⁵² Letter from Marie Equi to Anna Howard Shaw, *Abigail Scott Duniway Scrapbook, Vol 1*, 1912, Oregon Historical Society Research Library, 1, Michael Helquist, *Marie Equi: Radical Politics and Outlaw Passions* (Corvallis: Oregon State University Press, 2015), 105-6. Equi was specifically angry at what she saw as unfair treatment of Oregon suffrage leader, Abigail Scott Duniway by NAWSA leader Dr. Anna Howard Shaw and her Oregon colleague, Dr. Esther Pohl Lovejoy. Although Dr. Equi was upset with the way the NAWSA treated Duniway, she also disagreed with NAWSA's rival organization, the NWP, led by Alice Paul. For more on the national rift between the NWP and the NAWSA, see Nancy F. Cott, *The Grounding of Modern Feminism* (New Haven: Yale University Press, 1987), 59-62.

Edson of Los Angeles began extolling the virtues of candidate Hughes, Dr. Equi abruptly stood up on top of her automobile, shouted pro-Wilson cheers, and held up a sign that read: “What Goose Laid the Golden Egg?”⁵³ Equi believed that the “Golden Special” was funded by rich easterners who cared nothing about the casualties of war, most of whom, Equi argued, would be made-up of working-class young men. In a letter to Margaret Sanger, Equi wrote about her anti-Hughes activism that day: “It sure has been a good Friday for me. . . . Put the Hughesites entirely out of business. . . . We had 5,000 people at sixth and Alder.” She also wrote that she “didn’t believe in either Hughes or Wilson,” but thought the president was the lesser of two evils.⁵⁴

Equi’s belief that many suffrage leaders prioritized their own needs over those of poor and working-class Americans mirrors a critique that many scholars have levied against the largely white, middle-class suffrage movement in America, especially when it came to race. Historians like Nancy Cott and Rosalyn Terborg-Penn have demonstrated that both NAWSA and NWP leaders focused on woman’s suffrage as a singular and isolated issue, which largely sidestepped or ignored African American women and problems of racism and racial inequality. Furthermore, many white suffragists in both organizations saw the issue as both a basic citizenship right and a means to uphold white supremacy.⁵⁵ For example, the NWP-backed US Senate candidate from Nevada, Anne Martin – the same woman who rode alongside her companion, Dr. Margaret Long on a statewide motor tour – privately confided to a colleague, “Woman suffrage means the establishment of Anglo Saxon supremacy.”⁵⁶ Historian Rebecca Mead has pointed out that many

⁵³ “Portland Greets Women Who Arrived on ‘Golden Special’ with Cheers for Wilson,” *The Oregon Daily Journal*, October 14, 1916, 1.

⁵⁴ Letter from Marie Equi to Margaret Sanger, November 2, 1916, Box 80, Reel 51-52, Margaret Sanger Papers, Manuscript Division, Library of Congress, Washington DC.

⁵⁵ Cott, *The Grounding of Modern Feminism*, Rosalyn Terborg-Penn, *African American Women in the Struggle for the Vote, 1850-1920*, Blacks in the Diaspora (Bloomington: Indiana University Press, 1998).

⁵⁶ Mead, *How the Vote Was Won: Woman Suffrage in the Western United States, 1868-1914*, 167.

white suffragists also “manipulated ideas about racial and ethnic ‘others,’” to make the case for white women’s suffrage, reinforcing racist attitudes by linking race, sex, and “civilization.”

In the American West, especially in Northern California and the Pacific Northwest, this manipulation largely centered on Chinese Americans. As one suffrage organizer complained: “The native-born Chinese . . . can vote for the law-makers who govern her, and she cannot. . . . In California, every adult may vote excepting Mongolians, Indians, idiots, insane, criminals, and women.”⁵⁷ This particular argument – white women wrongly classified alongside the racially different, the uncivilized, and the mentally unfit through their mutual disenfranchisement – became a popular trope among many white women suffragists and white women doctors.⁵⁸ The rhetoric of mental deficiency and fitness for voting was seized upon by Portland suffragist, Dr. Bethenia Owens-Adair. In a speech before the Oregon State Woman’s Suffrage convention in Portland she stated:

It would be superfluous to tell you that I am in favor of equal suffrage for everybody, anyone who knows me, knows that. Today it is brains versus idleness and ignorance. All over the universe today women are rising up and taking hold with hands and brains, of everything that comes within their reach and they are demanding equal shares, equal pay and equal rights with men. . . .But with the better element behind us, we will overcome the opposition.⁵⁹

With this speech, Owens-Adair made it clear that she believed that mentally deficient and “ignorant” classes of men not only endangered American society through their enfranchisement, they were also largely responsible for keeping white, civilized women disenfranchised. Only when white women were allowed to vote alongside their mentally fit male colleagues would the

⁵⁷ Maud Younger, *Why Wage-Earning Women Should Vote* (California Equal Suffrage Association, 1911) Women’s Suffrage and Equal Rights Collection, Box 1 Folder 74, Claremont Colleges Digital Library, Mead, *How the Vote Was Won: Woman Suffrage in the Western United States, 1868-1914*, 138.

⁵⁸ Rabia Shahin Belt, “Mental Disability and the Right to Vote” (PhD diss., University of Michigan, 2015).

⁵⁹ “Substances of Address Delivered by Dr. Owens-Adair in Portland,” *Human Sterilization: It’s [sic] Social and Legislative Aspects* (Portland: Metropolitan Press, 1922).

country meet its civilized potential. Dr. Owens-Adair, a committed eugenic activist, would later go on to write the sterilization laws in Oregon and Washington. Owens-Adair's speech offers a glimpse into how physical and mental fitness informed her and other women physicians' views on suffrage, citizenship, and women's rights, and in turn how it influenced their work in the legislative realm.

Beyond the Ballot Box: Lady Lobbyists and Legislators

The twenty years of suffrage campaigns in the American West provided women with valuable experience in the art of politics and political advocacy. Having secured the vote in local, state, and later national elections, women physicians now turned their attention to participating in the political process, both as lobbyists and legislators. At the height of the Progressive Era, when the health and welfare of women and children often took center stage in reform movements, enfranchised women physicians became powerful political operators in the region. Some went on to serve in political office, but most women doctors concentrated on lobbying state and federal legislators on behalf of their pet health projects.

Before the Nineteenth Amendment, the term "woman lobbyist," carried a dubious and sometimes scandalous connotation. Legislators described such women as rude and relentless or even worse, flirtatious and more than willing to exchange sexual favors for political ones. In either case, politicians argued that the "lobbyess" was unethical and manipulative because the rules of chivalry dictated that gentleman politicians must give women their undivided attention. As one legislator complained: "It would be ungentlemanly to plainly and bluntly tell the persistent female that her claim was dishonest – that it had no merit – and that she herself, is a fraud. There is power in bright eyes, in a gentle voice and a winning smile that even gray-haired

legislators have not always the power to withstand.”⁶⁰ The legislator went on to argue that despite their looks and status as “ladies,” women lobbyists were more akin to “insectivorous plants with many tentacles” that entangle their victims and then strangle them with their political agenda.

The figure of the dangerous lady lobbyist gained national attention in 1890 when Congress announced that women lobbyists were no longer welcome to use the south wing of the Capitol building as a waiting room to meet with representatives. Although government officials claimed that the south wing was needed to house the Ways and Means Committee, others noted that some women lobbyists of “questionable character” had a habit of “using its dark corners” as places for meeting some congressman “unobserved.”⁶¹



Figure 14: On left, depiction of pushy women lobbyists, *Los Angeles Times* June 29, 1890, 9. On right, depiction of immoral women lobbyists, *Los Angeles Herald* April 23, 1891, 6.

The sordid reputation of women lobbyists did not dissipate in the American West after women won suffrage. A year after women secured the ballot in California, for example, the Civil

⁶⁰ Edward W. Barber, “Men and Events in Washington During and After the Civil War,” in *Michigan Historical Collections* 30 (1906), 241.

⁶¹ “Capital Sirens,” *The Los Angeles Times*, June 29, 189, 9.

League attempted to bar female lobbyists from the state capitol, arguing that their practices were underhanded and once more, since they now possessed the vote, women held too much sway over male politicians. “They’re going to rule Sacramento, and they’re going to rule the legislature,” they complained to one newspaper reporter. In an exposé on the problem of lady lobbyists, a California newspaper printed a modified version of the poet William Ross Wallace’s ode to motherhood:

*“The hand that rocks the
Cradle dears,
Would never slip a bribe,
But just the same you bet
We’ll get
The law that we prescribe.”
(Lay of the women lobbyists)⁶²*

The newspaper claimed that while male lobbyists received remuneration when working with various organizations, female lobbyists did the work for the “glory,” rather than the money. It followed that women were more prone to be deceitful, unethical, and possibly prone to using illegal lobbying tactics.

Within this tense environment – amid accusations of corruption and/or licentiousness – women physicians managed to gain a certain *cachet* among both legislators and reformers. Whereas women lobbyists saw their work as part of the larger reform impulse that defined the Progressive Era, most had no careers outside of their volunteerism and activism. Women physicians, on the other hand, had earned professional degrees which equipped them with expert knowledge and medical experience. Some of them, such as Oregon’s Esther Pohl-Lovejoy, had decades of experience, using her professional reputation to lobby on behalf of public health

⁶² “Legislators, Beware!” *Oakland Tribune*, December 13, 1914, 23.

issues long before state suffrage was granted. Securing the vote was a watershed of sorts, which gave women physicians more gravitas among the women lobbyists.

In almost every western state, prominent women physicians advocated for pet projects and self-authored legislation. In Arizona, Dr. Mary Lawson Neff worked as a lobbyist for the Arizona Medical Association and helped to pass two bills pertaining to mental illness, as well as legislation that founded the Arizona Children's Colony, a residential school for the state's "mentally deficient" children. In California, Dr. Adelaide Brown was well known by state legislators because of her relentless advocacy in clean milk campaigns, sanitary garbage disposal, and maternal and child welfare issues. In 1912, one year after California women won the right to vote, Dr. Brown not only became president of the California Medical Milk Commission, but also an active member of the Commission for Prevention of Infant Mortality. Brown lobbied the California State Legislature regarding milk laws and contributed to efforts to break up dairy price fixing. Her efforts eventually paid off. In 1929, the California Pure Milk Act was signed into law, thanks largely to her fifteen years of activism.⁶³

Perhaps one of the most compelling examples of women gaining legislative power after winning suffrage in the West is the changes that took place in Colorado. On April 5, 1895, two years after women's suffrage passed in the state, an influential group of women, including Dr. Minnie Love, Sarah Platt Decker, Helen Ring Robinson, and Ellis Meredith established the Colorado Federation of Women's Clubs (CFWC). The organization initially consisted of thirty-seven different clubs located across the state, and eventually boasted of a membership consisting of over two thousand women. The Colorado legislature soon began referring possible legislation

⁶³ "Biographical Information and Correspondence with AHS," Box 1, FF1, Neff Papers, 1185-1935, MS 580 Arizona Historical Society., Adelaide Brown Papers, 1868-1939 MSS 12, Lane Medical Archives, Stanford Medical Center.

to the women in order to gain feedback and support. The CFWC, in response, formed a legislative committee of “thirty to forty carefully chosen women” to review referred legislation. According to Rheta Childe Dorr and Carrie Chapman Catt, this committee had “permanent headquarters in Denver during every session of the legislature, and every bill which directly affects women and children, before reaching the floor of either house, [was] submitted for approval to the committee.”⁶⁴

By 1911, the Colorado Federation of Women’s Clubs had become a significant political actor in the state, endorsing twenty-one legislative measures that included a child labor law, an eight-hour day law for women, teachers for the blind, and a law to regulate dance halls.⁶⁵ So strong and respected was their opinion that one newspaper editor wrote of the ladies: “These women represent the best brains of the State. If they are true representatives of all the women of the State we may have no fear for the future of Colorado, for these are the mothers of our future citizens.”⁶⁶

One of the CFWC’s members, Dr. Mary Elizabeth Bates, became a powerful lobbyist in the state. She also received national attention for her successful campaign to get the “Bates Law” passed in Colorado. The “Act Providing for The Examination and Care of Children in The Public Schools and Making an Appropriation in Connection Therewith” was actually written by Bates herself, and was signed into law in 1909. It stipulated that a physical examination be given to children in the public schools the first month of the school year, and insured medical treatment

⁶⁴ Rheta Childe Dorr and Carrie Chapman Catt, *What Eight Million Women Want* (Boston: Small, Maynard & Co, 1910), Jacqueline D. Antonovich, “The Gender Frontier: Female Juvenile Delinquency in Progressive-Era Colorado: Participation and Resistance Within Government Institutions” (master’s thesis, University of Wyoming, 2011).

⁶⁵ J. C Croly, *The History of the Woman’s Club Movement in America* (New York: H.G. Allen & Co, 1898), 260. For more on the CFWC see Antonovich, “The Gender Frontier: Female Juvenile Delinquency in Progressive-Era Colorado: Participation and Resistance Within Government Institutions,” and Thomas A. Krainz, *Delivering Aid: Implementing Progressive Era Welfare in the American West* (Albuquerque: University of New Mexico Press, 2005), 155.

⁶⁶ Croly, *The History of the Woman’s Club Movement in America*, 262.

for every child reported as “defective” in vision, growth, hearing, or spinal curvature.⁶⁷ The law became known across the country, both for its progressiveness, but also because a woman wrote the legislation. One Utah newspaper, for example, wrote: “Few women in the United States can claim the distinction of having framed any legislative enactment but this honor is freely accorded to Dr. Bates by the men and women of her state and they also declare that the law she was instrumental in securing is the best of its kind so far enacted in any country in the world.”⁶⁸ Another newspaper sarcastically declared, in support of Dr. Bates, [This law] is a “flagrant case of a women getting out of her ‘sphere.’”⁶⁹

Some women doctors were inspired enough by their experiences working as elected or appointed city officials or as legislative lobbyists that they decided to run for state office. One of the earliest women physicians to do so was Mormon polygamist and suffrage activist, Dr. Martha Hughes Cannon. On November 3, 1896, the very year that Utah restored voting rights to women, Dr. Cannon became the first Democratic woman state senator in the United States. In her very first month in office, Cannon introduced three bills in the senate: the first a bill for the compulsory education for “deaf, dumb, and blind citizens,” the second a law requiring employers to give female workers something to rest on during work breaks, and, third an “Act Creating a State Board of Health and Defining its Duties.” During the second half of her term, Cannon set up a commission charged with producing a list of regulations regarding the handling of

⁶⁷ Mary Elizabeth Bates, M.D., “The Colorado Method for the Examination and Care of Public School Children,” *Bulletin of the American Academy of Medicine* 14 (1913), 66-87.

⁶⁸ “Women of Achievement” *Salt Lake Telegram* May 10, 1912.

⁶⁹ “Votes for Women,” *The Times* May 16, 1912.

contagious diseases, and attempted to prohibit unvaccinated children from attending school because of the possibility of a disease outbreak.⁷⁰

Another early example of a female physician-legislator was Dr. Mary F. Barry of Pueblo, Colorado. In 1891, Dr. Barry and her younger sister relocated from La Crosse, Wisconsin, to Pueblo, Colorado, primarily because the sister suffered from tuberculosis. Dr. Barry worked in private practice during her first few years in the city, but by 1896, her reputation as a trustworthy physician earned her the appointment of Pueblo County Physician. This position put her in close contact with the women and children of mining families who, she later recalled, had been “reduced to poverty through the speculative interests of their husbands.”⁷¹ This exposure to the hardships of western life stimulated Dr. Barry's interest in politics, especially significant because the state had granted women full suffrage only three years earlier.

In 1898, Barry ran for and won a seat in Colorado's General Assembly on the Republican Silver Party ticket.⁷² During her two-year tenure in state government, Barry drafted legislation that specifically addressed the problems she observed while serving as County Physician. This included introducing a bill that required a wife's signature in any real estate transaction performed by her husband and persuading her colleagues to legislate state funds in support of the

⁷⁰ Bickmore White, “Dr. Martha Hughes Cannon: Doctor, Wife, Legislator, Exile,” Hayward, “Teaching the Slavish Virtues: The public Life of Martha Hughes Cannon.”

⁷¹ Kincaid, “The Women Legislators of Colorado,” *Ainslee's Magazine*, 1899, 716.

⁷² The Silver Republican Party, a splinter group of Republicans who favored bimetallism, were especially active in 1890s Colorado, due to the state's heavy investment in silver mining. The Fusionists were a short-lived alliance between Silver Democrats, Silver Republicans, and Colorado's People's Party, who were opposed to the Republican state platform. an alliance of political parties, known as the Fusionists, nominated Dr. Barry to represent her district in the State Legislature. On election day, Dr. Barry beat out six other nominees with 3, 945 votes. Suzanne M. Marilley, *Woman Suffrage and the Origins of Liberal Feminism in the United States, 1820-1920* (Cambridge, Mass.: Harvard University Press, 1996), 125-26. Elizabeth Jameson, *All That Glitters: Class, Conflict, and Community in Cripple Creek*, (Urbana: University of Illinois Press, 1998), 165, Colorado Dept. of State, “Abstracts of Votes Cast for State Representatives at the General Election in 1898,” in *Biennial Report of the Secretary of State of Colorado* (Denver: Colorado. Dept. of State, 1898), 203.

county insane asylum.⁷³ Although it is doubtful that Charlotte Perkins Gillman knew of Mary Barry's existence, her career in Colorado embodied the essential characteristics of her fictitious Colorado physician, Dr. Strong.

Dr. Minnie Love also served as a Republican state legislator in Colorado, elected for two separate terms in the General Assembly, 1921-1922 and 1925-1926. Since settling in Denver in 1893, Dr. Love spent decades building up a strong résumé of government work. She served on Denver's Board of Education, the State Board of Charities and Corrections, the State Board of Health, and became the first woman appointed to the State Board of Pardons. The press ordained her as Denver's "Stormy Petrel," – a "handsome woman with a ringing voice and a gift for sound logic, who could speak any cause she espoused to success and at the same time never failed to recognize the value of being completely feminine."⁷⁴

Her election to the General Assembly was a victory for activist medical women in the region. After decades of political work, including suffrage activism and municipal reform, Dr. Minnie Love took her seat in the state legislature and promised to be a champion for the women and children of Colorado. During her first term in office, Love chaired the Committee on Medical Affairs and Public Health. The physician introduced several bills, including a bill to create a Division of Maternity, Child Hygiene and Public Health Nursing within the State Health Department; a provision to provide examination and licensing of nurses; the establishment of a State Reformatory and Training School for Women; and a bill to provide appropriation for the treatment and control of venereal disease. In 1922, she successfully lobbied for her son, Dr.

⁷³ Dr. Mary F. Barry, "A Bill for and Act Requiring the Consent of Both Husband and Wife for the Mortgaging or Sale of Property Exempt by Law," H.B No.9, Twelfth General Assembly of the State of Colorado. Although H.B. No. 9 passed the House, it failed to pass the Senate. Colorado General Assembly, House of Representatives. *House Journal of the General Assembly of Colorado*, (Denver: 1899), 1022.

⁷⁴ "Dr. Minnie Love Dies After 10-Day Illness," *Denver Post* May 13, 1942.

Tracy Love, to head the State Board of Health.⁷⁵ By the time Dr. Love was reelected in 1924, however, her political agenda shifted. In a dramatic about face, Dr. Love would spend the next two years focused on dismantling the public health legislation of the state and rebuilding it to reflect the medical and political ideologies of the Ku Klux Klan.

On July 16, 1924, three months before her reelection, Dr. Love paid five dollars for her white robe and officially became “member no. 10108” of the Denver Women’s Ku Klux Klan.⁷⁶ Within a few short months, she would be promoted to Excellent Commander, and become one of the top female leaders of the organization. The reconstituted Klan took root in Colorado in the 1920s, just as thousands of other chapters formed in cities and towns across the United States. While historians conservatively estimate national membership at around four million, Colorado claimed to have 50,000 members, or 5 percent of the population. The Denver chapter alone boasted of 17,000 members, making it the second largest KKK chapter in the US, behind Indianapolis.⁷⁷ The Grand Dragon of the Colorado Realm, Dr. John Galen Locke, was a homeopathic physician who shared a thriving medical practice with his father in downtown Denver.⁷⁸ Described as a “short, fat man” with a Van Dyke beard and mustache, and a “Buddha with a goatee,” Dr. Locke was known as a charismatic leader with a gift for organizing.⁷⁹

⁷⁵ Charles and Minnie Love, Manuscript Collection, History Colorado, Denver, Colorado, MSS 1233, Box 1, FF137.

Mark James Connolly, “Public Health in 1920s Colorado: Health to Match its Valleys” (PhD diss., University of Kansas, 1997), 52.

⁷⁶ Membership card file, Box 37, Senter, Laurena and Gano, Family Papers 1870-1976 (MSS WH988), Western History and Genealogy Center, Denver Public Library. It should be noted that membership numbers do not seem to correlate with the order women joined the organization nor how many women belonged to the organization.

⁷⁷ Marylyn Griggs Riley, “Krazy Kool/Klean Kafe,” Box 2 FF 37, Senter, Laurena and Gano, Family Papers 1870-1976 (MSS WH988), Western History and Genealogy Center, Denver Public Library.

⁷⁸ Various accounts describe Dr. Locke as a “professionally marginal man” because he practiced homeopathic medicine. Indeed, Dr. Locke was denied admission to the Colorado State Medical Society. Other accounts, however, demonstrate that Dr. Locke and his father ran a profitable practice in Denver. While homeopaths did indeed struggle for professional recognition in state medical societies, Colorado had a flourishing homeopathic community with its own medical organizations. By the 1920s, homeopathic physicians were largely folded into allopathic medicine and

Under his direction, the Colorado Klan drew on the rhetoric of Protestant moralism and the popularity of western populism in order to grow its membership. While the overriding public focus of the organization concentrated on prohibition, crime control, and police corruption, deep-seated xenophobic and anti-Catholic beliefs underlined this agenda. Denver newspapers reported attacks on Mexican, Greek, Italian, black, and Jewish populations throughout the early 1920s.⁸⁰ The Roman Catholic population of Denver became a particular target of the KKK due to its growing presence within the city. The Catholic population rose from 28,772 in 1916 to 37,748 in 1926, constituting nearly fifteen percent of Denver residents.⁸¹

The women's branch of the Klan played a significant role in anti-Catholic and anti-Jewish activism, including promoting an economic boycott of all non-Protestant businesses.⁸² A note sent to a Denver female Klan leader illuminates this process: "Please remind our ladies," it began, "that the Sun Drug Company with several drug stores in the city and Neusteter Clothing Company . . . are run by Jews."⁸³ Although the tactics of female Klan members proved subtler than their male colleagues' use of terror and violence, women of the KKK wielded a soft power that may have been more effective in regulating community behavior.

allowed to join all of Colorado's medical organizations. Laugen, *The Gospel of Progressivism: Moral Reform and Labor War in Colorado, 1900-1930*, 163.

⁷⁹ Griggs Riley, "Krazy Kool/Klean Kafe, Box 2 FF 37, Senter, Laurena and Gano, Family Papers 1870-1976 (MSS WH988), Western History and Genealogy Center, Denver Public Library.

⁸⁰ For a full accounting of newspaper reports of Klan violence in Colorado, see Carolyn D. Tozier, *Ku Klux Klan: An Analysis of its Treatment in Denver Newspapers, 1921-1925*, Thesis (M.A., Journalism)--University of Colorado, Colorado Springs, 1976.

⁸¹ Phil H. Goodstein, *In the Shadow of the Klan: When the KKK Ruled Denver, 1920-1926* (Denver: New Social Publications, 2006), 5.

⁸² In her book *Women of the Klan, Racism and Gender in the 1920s*, historian Kathleen Blee shows how ideations of gender and race influenced over a half-million native-born Protestant women to join the WKKK in the United States during the 1920s. Blee demonstrates that women of the WKKK did not, in fact, play a peripheral role in the organization's activities, but rather, female Klan members worked as vital actors on several fronts. Kathleen M. Blee, *Women of the Klan: Racism and Gender in the 1920s* (Berkeley: University of California Press, 1991), 125.

⁸³ Letter to Laurena Senter from Klanswoman #8716, Senter, Laurena and Gano, Family Papers 1870-1976 (MSS WH988), Western History and Genealogy Center, Denver Public Library.

Beyond economic boycotts, the women's KKK also concerned itself with saving Protestant children from the "Catholic menace." In a move meant to oppose the proliferation of Catholic-run orphanages in Colorado, Dr. Love and fellow Klan leader Laurena Senter arranged for the women's KKK to "adopt" an orphaned Protestant boy. "Master Richard," as they called him, was "rescued" from a Catholic orphanage, placed into a KKK family, and the organization pledged to pay for the child's upbringing until he turned the age of majority.⁸⁴ The child became something of a mascot for the Denver women's Klan, appearing in several newspaper articles and Klan pamphlets. Baby Richard, in this sense, became the ideal propaganda tool for the women's KKK, who emphasized the virtues of Protestant white motherhood as one of their core values. Although Klan member Tennessee Poucher and her husband legally adopted Richard, the KKK's public pledge to financially and spiritually nurture the child symbolized their commitment to raising the next generation of white Protestant Americans and instilling the values of the Christian white supremacy.

The women of the KKK, including Dr. Love, regarded the organization as not only preserving the best aspects of the Protestant white family, but as the promoter of white women's political rights. Many Klanswomen saw little conflict between their participation in Klan activities and their earlier participation in electoral politics on behalf of women's suffrage.

⁸⁴ Box 36 FF 17, Senter, Laurena and Gano Family Papers 1870-1976 (MSS WH988), Western History and Genealogy Center, Denver Public Library.



Figure 15: On left, Tennessee Poucher holding “Master Richard.” On right, compilation of photos of the Denver Women’s Ku Klux Klan, including “Master Richard” in his Klan robes. (Western History and Genealogy Center, Denver Public Library)

Female Klan members often distributed pocket-sized copies of the U.S. Constitution and published pamphlets on the proper way to display an American flag.⁸⁵ Klan women actively participated in the political arena by shaping political culture in the state of Colorado in the direction of a rightist interpretation of the Constitution, and embracing a particularly insular version of Protestantism, that did not recoil from racist, anti-Semitic, and xenophobic rhetoric.

By November 1924, a literal groundswell of support for the Klan among white working- and middle-class Protestants translated to an overwhelming victory for the organization in state and local elections. Klan members dominated Colorado’s government at almost every level. In addition to the reelection of Dr. Love, Colorado’s two U.S. Senators, its governor, lieutenant governor, secretary of state, state auditor, attorney general, Denver’s mayor, a University of Colorado regent, four Denver District Court judges, and a majority of the state legislature all

⁸⁵ Blee, *Women of the Klan: Racism and Gender in the 1920s*, 39.

were members in good standing of the KKK. Once seated in their new positions, the Klan-backed government set out to make their presence known. Denver's new mayor, Benjamin Stapleton, for example, appointed fellow Klan member, William Candish as the new chief of police. Candish encouraged all of his Protestant officers to join the Klan by offering them perks and promotions. Conversely, all Jewish and Catholic officers were reassigned to work night shifts or take on other undesirable responsibilities. Candish ordered his men to enforce almost forgotten city ordinances in order to harass non-Protestant and non-white business owners. Included in those ordinances was an old law that prohibited Greek, Japanese, Chinese, Mexican, and black businessmen from employing white women.⁸⁶

With the Colorado Klan in control of state government, the organization set out to expand state agencies, but only as a means of strengthening its own political machine. Klan legislators launched an attack on state institutions in order to bring them under Klan control. With Dr. Locke and Dr. Love as key leaders of the KKK, much of this strategy centered on medical politics. For Dr. Love, disbanding and then re-establishing medical and public health institutions with Klan supporters became one of her central goals.⁸⁷ She attempted to disband the State Board of Charities, a board that she once served on, and sponsored a bill to abolish the nursing licensure board, an organization she herself helped design at the turn-of-the-century.⁸⁸ Although the majority of Colorado physicians opposed the bill, Love was adamant, claiming the board was caught in a "fraternal fight." Dr. Love's most surprising legal maneuver was her sponsorship of a bill to abolish the State Board of Health, an agency run by her son, Dr. Tracy Love. Although Dr.

⁸⁶ Goodstein, *In the Shadow of the Klan: When the KKK Ruled Denver, 1920-1926* (Denver: New Social Publications, 2006), Griggs Riley, "Krazy Kool/Klean Kafe, Box 2 FF 37, Senter, Laurena and Gano, Family Papers 1870-1976 (MSS WH988), Western History and Genealogy Center, Denver Public Library.

⁸⁷ SBH Minutes November 10, 1922; Gail M. Beaton, "The Literary Study and Philanthropic Work of Six Women's Clubs in Denver, 1881-1945," (Master's Thesis, University of Colorado, 1987), 98-104, Connolly, "Public health in 1920s Colorado: Health to Match its Valleys," 100-103.

⁸⁸ Laugen, *The Gospel of Progressivism: Moral Reform and Labor War in Colorado, 1900-1930*, 163, 173-74.

Love spent over twenty years in Denver helping create the public health infrastructure of the city, by the 1920s, racial purity moved to the center of her medical ideology, and she believed the Klan would more effectively support her vision of public health in Colorado.⁸⁹

Dr. Love's attempts to legislatively bend the public health bureaucracy to the will of the KKK was largely unsuccessful, thanks to the rather short tenure of the organization's grip on Colorado politics. Non-KKK members of the state senate largely rejected her legislative measures, and by the 1926 primaries, a combination of infighting between Klan members and politicians, and the arrest of Grand Dragon Locke for tax evasion, led to an overwhelming defeat for the white supremacist group at the ballot box.

Despite Dr. Love's failures during her second term, she and the Klan would go on to defeat one of their most powerful critics: famous Colorado juvenile court judge Benjamin Barr Lindsey. Her Klan-sponsored campaign against Lindsey, in fact, was indicative of a larger political battle between the judge and women physicians of the city over issues of race, sexuality, and juvenile delinquency.

"The Beast Appears, This Time as Only a Woman"

It is worth exploring briefly the career and ideology of Judge Lindsey in order to understand how he became a political target for some women physicians in the city. Benjamin Barr Lindsey first achieved local, state, and national prominence for his work with juvenile delinquents in Denver, and later for his fierce, outspoken stand against corrupt politicians and corporations in Colorado. In 1899, he drafted legislation that established Denver's juvenile court, which became the second such institution in the nation, following the city of Chicago by only a few months. For twenty-six years, from 1901 to 1927, Lindsey presided over the city's juvenile

⁸⁹ Senter, Laurena and Gano, Family Papers 1870-1976 (MSS WH988), Western History and Genealogy Center, Denver Public Library.

court, pioneering a novel and path-breaking approach to addressing the problem of delinquency.⁹⁰

Denver's court recognized juveniles differently from adults. Lindsey approached adolescent offenders as misguided youth in need of education and adult support. He rejected the approach of many other cities that sent children to jail, considering them already hardened criminals in need of punishment. He became known for cultivating a rapport with city delinquents and made a personal investment in the reformation of street children. He soon became well known throughout the nation as Denver's "kid judge," and newspapers often featured photographs of Lindsey at his desk surrounded by "his boys."⁹¹ One profile of Lindsey, written by New York suffragist Frances Maule Bjorkman, explained his revolutionary approach to reforming delinquents: "He takes his place among the boys as one of themselves. He talks to them in their own language and makes free use of their slang. His method of examination is fraternal rather than paternal." Bjorkman claimed that Lindsey's approach was so successful that the majority of his cases were resolved without commitment to Colorado's Industrial School for Boys because "not one boy is considered a hopeless case."⁹²

Lindsey's juvenile court experiences with Denver's underclass not only taught him a great deal about the social effects of poverty, but also led him to develop radical views on a number of prevailing societal institutions. For example, he openly advocated for women's access to birth

⁹⁰ For more on the career of Lindsey, see Charles Larsen, *The Good Fight: The Life and Times of Ben B. Lindsey* (Chicago: Quadrangle Books, 1972), Martin Joel Kretzmann, "The Kid's Judge: Institutional Innovation in The Early Denver Juvenile Court Under Judge Ben B. Lindsey, 1901-1927" (PhD diss., University of Denver, 1997), and Paul Colomy, "Projects and Institution Building: Judge Ben B. Lindsey and the Juvenile Court Movement," *Social Problems* 42, no. 2 (1995): 191-215.

⁹¹ Lindsey became famous for his work with male delinquents, but it should be noted that he also worked with female delinquents. The judge was quite private about his work with girls and young women, arguing that because of their sex, and because their crimes were often sexual in nature, they and their cases should be kept from the public. Box 207-226, Ben B. Lindsey Papers, Manuscript Division, Library of Congress, Washington, D.C.

⁹² Frances Maule Bjorkman, "The Children's Court in American City Life," in *The American Monthly Review of Reviews* 33 (1906).

control, arguing that poverty combined with large families contributed not only to delinquency but illegal abortion. Lindsey asserted that couples should marry for love, and, once married, should have the right to use birth control, separating married sexuality from a couple's decision to raise children. In addition, if a couple were childless, he argued that they should have the freedom to divorce if they wished. He later published a book, titled *The Companionate Marriage*, in which he argued that marriage should not be patriarchal, but should be sustained only by mutual respect and affection.⁹³ As Lindsey's national profile grew, he became an influential progressive reformer, advocating for women's suffrage, sex education, conservation, labor rights, and anti-censorship in motion pictures.

Judge Lindsey was also a fierce opponent of political corruption and corporate greed. Beginning in 1909, he co-authored a series of articles for *Everybody's Magazine*, accusing political figures like mayor Robert W. Speer and U.S. Senator Simon Guggenheim of financially colluding with corporate interests, such as the Union Water Company and the Denver Tramway Company. Lindsey referred to this corrosive union between politics and business as "The Beast," and when published as a book in 1910, *The Beast* was considered as important as Upton Sinclair's *The Jungle*, selling over 500,000 copies.⁹⁴ Lindsey's activism against corruption, his work with Denver's juvenile court, and his other reform efforts made him a popular figure among activists, reformers, and progressive politicians. He included among his close associates well-known social commentators and progressive reformers, including Upton Sinclair, Margaret Sanger, Jane Addams, and Theodore Roosevelt.

⁹³ Ben B. Lindsey and Wainwright Evans, *The Companionate Marriage* (Garden City, N.Y.: Garden City Publishing, 1927). See also Christina Simmons, *Making Marriage Modern: Women's Sexuality from the Progressive Era to World War II* (Oxford: Oxford University Press, 2011), 105-177.

⁹⁴ Ben B. Lindsey and Harvey J. O'Higgins, *The Beast* (New York: Doubleday, Page & Company, 1909).

Although Judge Lindsey enjoyed nationwide fame, his views on Denver's political and corporate corruption garnered his fair share of enemies at home, and not everyone agreed with his progressive methods of juvenile reform. The roster of his opponents included some of the state's most well-known politicians and business leaders; however, the most vocal of his critics were two prominent women physicians of the city: Dr. Mary Elizabeth Bates and Dr. Minnie Love. The two women were especially uncomfortable with his views on marriage, sexuality, and family values, which led them to also deride his personal character. It is also difficult to disentangle their motivations for attacking the judge's "immorality" on the bench, from their own allegiances to organizations who were part of "The Beast," or Denver's corporate interests. Their vicious campaigns to discredit and disbar Lindsey are demonstrative of not only the political influence wielded by women physicians in the American West, but also the ways in which they often used women and children, and ideas of race, to center themselves as the moral and medical authorities in larger political debates in the region.

The war between Lindsey and the women doctors began in earnest in 1913 when Dr. Mary Elizabeth Bates founded an organization called the Woman's Protective League (WPL), a group specifically formed to oust the judge from his seat on Denver's Juvenile Court. Lindsey had just been reelected for the fourth time to a two-year term on the bench, and Dr. Bates decided that the women of Denver had made a terrible mistake in voting, yet again, for a man whom she deemed irresponsible and possibly criminal. She believed Lindsey was an immoral man who showed too much mercy to men accused of committing sexual offenses against girls, and was disappointed that the judge kept winning reelection every two years. Through the WPL, Bates hoped to

educate the women of Denver “out of their folly in blindly following Judge Lindsey.”⁹⁵ She declared that her organization would bring a “war against Lindsey to the end.”⁹⁶

The Woman’s Protective League’s campaign would take a two-pronged approach: first, the group would gather and circulate negative information about Lindsey, and second, they would initiate a petition to recall the judge. Bates first order of business under the WPL was to circulate pamphlets that made several accusations against Lindsey. In one such pamphlet, the WPL accused the judge of letting 68 out of 84 rapists get off “scot free.” They used as evidence records from the Denver City Jail of cases adjudicated by Lindsey, listing specific charges against men arrested for crimes against women, and the subsequent actions taken by the judge. “Man charged with the rape of a sixteen-year-old girl,” one accusation on the pamphlet read, “and discharged by Lindsey on condition that he pay a certain sum of money per month for the care of the child.” The pamphlet argued that to put a man charged with rape on probation was equal to letting him off the hook if he “isn’t caught doing it again for two years.”

In another circular, the WPL printed the headline: “Judge Lindsey sets free negro rapists,” playing off the ways in which racial and sexual anxieties were often intertwined during this period. In newspaper interviews, Dr. Bates argued that the court records proved that Lindsey was guilty of “virtually protecting men confessing or convicted of crimes against girl children.” After examining the pamphlets, one newspaper reported that Lindsey “poses before the world as the protector of children, whereas very apparently he encourages the downfall of such.”⁹⁷

Judge Lindsey’s defenders argued that because Colorado law defined rape as sexual relations with any unmarried girl under eighteen, many boys and young men were unnecessarily

⁹⁵ “Lindsey will Fight Move to Oust Him” *New York Times* July 16, 1913

⁹⁶ “Want Recall of Judge Lindsey,” *The Wichita Beacon*, June 18, 1914.

⁹⁷ “A Judge Encouraging Crime,” *Herald Democrat*, September 6, 1913, “Women Demand Lindsey’s Recall,” *The Appeal*, July 4, 1914.

being prosecuted for having consensual sexual relationships with girls and young women their own age:

In many of the cases brought before the Juvenile Court the girl had been wild and had gotten into difficulty with a young boy of about her own age . . . What Judge Lindsey does is to shield the girl carefully from publicity, get the confidence of everybody concerned, obtain a confession from the boy, let him serve a short jail sentence, and then put the boy and the girl on probation. By keeping them in touch with some of his staff for a year or two, he often succeeds in transforming both of them.⁹⁸

Indeed, in several public statements Judge Lindsey accused the WPL of omitting facts and ignoring the nuance often embedded within juvenile court proceedings. He refuted, case-by-case, the charges leveled against him. The accusation that he freed a “man charged with the rape of a sixteen-year-old girl,” Lindsey explained that the “man” was himself a sixteen-year-old boy. “He had made his first mistake with that girl. The boy learned a lesson, the girl learned a lesson, and the case was wisely handled from every standpoint.”⁹⁹ As to the “negro rapist” charge, Lindsey replied: “A little girl told the police she had been attacked by an old negro man. The officials found that the little girl had told them a ‘ghost story,’ and in my court the little girl admitted that her story was make-believe. I let the old negro go and the officials gave him a letter of apology for holding him in jail.”¹⁰⁰

Judge Lindsey’s supporters insisted that the WPL’s cherry-picked cases from the Denver City Jail masqueraded the truth – that Lindsey’s compassionate methods of juvenile reform proved effective. They argued that while Lindsey showed compassion for boys and girls who got into temporary trouble but were otherwise innocent, he remained tough with serious offenders.

⁹⁸ Sarah Rush Parks, “Collapse of the Charges Against Judge Ben B. Lindsey,” *The Survey: Social, Charitable, Civic: A Journal of Constructive Philanthropy* 31 (1914), 236.

⁹⁹ *Ibid.*

¹⁰⁰ “Man Who is Fighting ‘The Beast’ Refuses to Lay Down,” *The Day Book* November 3, 1913.

They provided their own statistics to prove their point. They compiled the rape convictions in the Juvenile Court and compared them to that of the West Side Criminal Court of Denver. While the West Side had a conviction rate of 12.8 percent of the rape cases filed, the Juvenile Court's conviction rate was 44.6 percent. In other words, they claimed, the Juvenile Court had a conviction rate three times higher than the criminal court.¹⁰¹

Dr. Bates and her group, however, did not limit their critiques of the judge to his work on the bench. As part of their campaign to discredit him, the WPL also attacked Lindsey's personal character. They announced that they had discovered a group of boys who, in written affidavits, claimed that Lindsey had "shameless relations with them." In a later grand jury proceeding, most of the boys recanted their statements, claiming instead that they had been coerced into making them "by enemies of the judge." The one hold out, a boy named Kelly, insisted that Judge Lindsey had committed an offense against him. Lindsey, however, provided a letter to the court from ex-President Theodore Roosevelt that stated he was in the East at the time of the alleged offense. When presented with this evidence, the boy confessed that it was not Judge Lindsey who committed the offense, but some other person.¹⁰²

The scandalous rumors the WPL circulated (often anonymously), grabbed the attention of several of his famous friends. Writer Upton Sinclair wrote about the controversy, calling the WPL and its work with Denver newspapers "The Scandal-Bureau." Sinclair zeroed in his criticisms on Dr. Mary Elizabeth Bates:

The head of [the Scandal Bureau] was a woman doctor, provided with a large subsidy, numerous agents, and a regular card catalogue of her victims. When someone was to be ruined, she would invent a story which fitted as far as possible

¹⁰¹ Parks, "Collapse of the Charges Against Judge Ben B. Lindsey," 236.

¹⁰² Beard, "In Justice to Judge Lindsey," 35, "Lindsey to Call Roosevelt to Aid," *New York Times* March 14, 1915, 8.

with the victim's character and habits; and then some scheme would be devised to enable the newspapers to print the story without danger of libel suits.¹⁰³

Alexander Berkman, anarchist and friend of Lindsey and his fellow Colorado activist, Mother Jones, referred to the physician as “Dr. Mary Bates, of the hatchet faced type that is so common in Kansas [and] Colorado . . .”¹⁰⁴ Another supporter of Lindsey also focused his criticism squarely on Bates: “It is known in Denver that most of Dr. Bates’ time is taken up in agitating some phase of the sex problem. She seems to have regarded herself as divinely appointed to regulate the race in Colorado in such matters. At every legislature she appears with a batch of bills prescribing new regulations and reforms in the relations of the sexes.”¹⁰⁵ Lindsey himself had sharp words for Dr. Bates and the WPL: “[The] so-called ‘Woman’s Protective League’ is merely a clever disguise for what we call ‘The Beast.’ And this time it appears as ‘Only a woman.’ There is only one woman in it. . . . The one woman used for this purpose is a character in Denver and a bitter enemy of my court and myself.”¹⁰⁶ Lindsey insisted that the WPL was merely one woman, Dr. Bates, with the help and financial support of Lindsey’s corporate enemies.

The judge and his defenders believed that Dr. Bates’ objections to Lindsey had nothing to do with boys, girls, morality, or the juvenile court. Instead, they argued that Dr. Bates and her supporters were “tools of corrupt business interests,” and that the WPL hoped to mislead the people of Denver into recalling the judge on the basis of untrue sexual and professional misconduct. As Charles A. Beard, historian and friend of Judge Lindsey argued:

¹⁰³ Upton Sinclair, *The Brass Check: A Study of American Journalism* (Pasadena: California, 1919), 179.

¹⁰⁴ Alexander Berkman, “Stray Thoughts by the Roadside,” *Mother Earth Bulletin* (1915), 111.

¹⁰⁵ “Unmorality of Girls, and Judge Ben Lindsey,” *Southern California Practitioner* 28 (1913), 391.

¹⁰⁶ Judge Ben B. Lindsey, “‘The Beast’ at Work in Denver,” *California Outlook* 15 (1913), 9.

Do you think that we should have heard anything about Mr. Lindsey's morals if he had not attacked the utility corporations of Colorado? . . . The fact is, Judge Lindsey has committed the cardinal sin against American respectability. He has denounced thievery in high places, and openly sympathized with "dagoes and the scum of Europe" who work the mines of Colorado. Therefore he must be destroyed, and the surest way is not to attack his principles but his private character.¹⁰⁷

In fact, there is evidence to suggest that Dr. Bates' objections to Lindsey may have originated from an earlier incident in which the judge raised ethical questions about a group Dr. Bates was associated with: Colorado's State Bureau of Child and Animal Protection. In 1911, while Bates served as the Secretary for the organization, Lindsey filed a complaint with the state treasury against appropriating \$15,000 to the group, arguing that the Bureau of Child and Animal Protection was "not only an unlawful organization in violation of the constitution in receiving large donations from the state, but also that it is venally, willfully, and willingly one of the creatures of the big corrupt corporation interests in the state." Lindsey specifically accused the bureau of taking advantage of "kind hearted people" all over Colorado, then using the organization as a weapon to discredit people or organizations they disagreed with.¹⁰⁸ The Bureau refuted these claims, arguing that Lindsey was seeking revenge against the group for its critiques of the juvenile court. Interestingly, the only other known member of the WPL, besides Dr. Bates, was E. K. Whitehead, who served also served as the president of State Bureau of Child and Animal Protection.

Although accusations of immorality and financial malfeasance were at the center of hostilities between Judge Lindsey and Dr. Bates, an unexpected parallel debate emerged amidst the dispute: the question over women's suffrage. As demonstrated earlier in this chapter, Dr.

¹⁰⁷ Beard, "In Justice to Judge Lindsey," 35.

¹⁰⁸ Benjamin Griffith, *Biennial Report of the Attorney General of the State of Colorado* (Denver: The Smith-Brooks Printing Co., 1912), 145-146, "Judge Lindsey and the 'Interests,'" *New Outlook* 99 (1911), 12-13.

Bates became a well-known figure in the suffrage movement when she moved to Denver in 1890. After Colorado women secured the vote in 1893, Dr. Bates continued to advocate for suffrage across the United States. Ironically, however, she also blamed the women of Denver for repeatedly reelecting Lindsey to the juvenile court bench. Lindsey's supporters seized upon this argument to paint Bates and the WPL as anti-woman and several newspaper and magazine articles called the physician an "anti-suffragist."¹⁰⁹

These allegations of suffragist-turned-anti-suffragist more than likely originated from Lindsey's own allegations against Dr. Bates. In a pamphlet he authored entitled, "A Secret Political League," Lindsey claimed that as part of her campaign to discredit him, Dr. Bates wrote dozens of letters to prominent figures on the East Coast, making "false and sensational charges against the Juvenile Court." Lindsey claimed that she at first sent these letters to eastern suffragists to "poison their minds against the Court." When she failed to gain any support from suffrage organizations, Bates turned to leaders in the anti-suffrage movement. According to Lindsey, she also sent "sensational statements" to the *New York Times* and other publications: "She sent her letters to give them false impressions against woman's suffrage, the initiative, referendum and recall, and to discredit myself and my work that has ever met with their opposition."¹¹⁰

Other suffragists, reformers, and progressive women came to Lindsey's defense. Senator Helen Ring Robinson, reformer Mary A. Bradford, lawyer Gail Laughlin, and Josephine Roche issued a joint statement on behalf of Lindsey: "We have the utmost confidence in . . . Judge

¹⁰⁹ "Is Lindsey Attack Slap at Suffrage?" *Greensboro Daily News* July 13, 1913, 24, "Suffrage Lists Lacked Quality Asked For," *The Brooklyn Daily Eagle* July 20, 1913, "The Land of Sex Equality," *The Nebraska State Journal*, September 28, 1913, "Anti-Lindsey Move Plan to Hurt Cause of Woman Suffrage?" *Lincoln Journal Star*, July 9, 1913.

¹¹⁰ Lindsey, "'The Beast' at Work in Denver," 9-10.

Lindsey. We are familiar with [his] methods of handling sex cases that arise under the extreme and difficult age of consent laws existing in Colorado. . . .We have not the slightest doubt . . . that his work for girls has greatly increased the efficiency of the work as regards detection, prosecution and convictions in such cases.¹¹¹ Ironically, within Lindsey's circle of famous friends, Dr. Bates was used as an example of why women should not have the vote. Alexander Berkman, the same man that called Dr. Bates a "hatchet face," wrote of the Bates/Lindsey scandal:

Woman suffrage has proved a delusion and a snare. The woman politician is as big a corruptionist—aye, in many cases even a bigger one—as the male of the species; and the woman voter is as eager to sell her vote as her male protagonist. Whatever of educational value there once was in the movement for woman suffrage has long since been swamped in the narrow, bigoted and reactionary spirit of the female politician.¹¹²

There is no record of Dr. Bates herself renouncing her suffragist views, and in fact, she continued to claim her status as a suffrage pioneer throughout her lifetime. Whether Dr. Bates did indeed turn against the vote, or Lindsey merely painted her as anti-suffrage in order to garner more support from progressives and women's groups, the debate itself reveals how women and their political power became a focal point of the scandal between the judge and the physician.

The Bates/Lindsey dispute came to a head in dramatic fashion in 1914. In February, a member of the state legislature, W. W. Howland, was accused of receiving money on the floor of the House under suspicious circumstances. Howland claimed the money was merely profits from a hog he sold.¹¹³ The following month, authorities tracked down the messenger boy who delivered the money, and the legislator was forced to explain himself. Mr. Howland eventually

¹¹¹ "Women Voters Help Judge Lindsey Win" *The Citizen*, December 25, 1913.

¹¹² Berkman, "Stray Thoughts by the Roadside," *Mother Earth Bulletin* (1915), 111.

¹¹³ "Howland Still in Jail Will Lose Seat," *Herald Democrat*, March 16, 1915, 1.

testified before a legislative committee that the money had, in fact, come from Dr. Bates to pay a female detective to shadow Lindsey for the purpose of “getting something” on the judge. When the legislative committee called Dr. Bates to testify, she admitted that she had repeatedly sent money to Mr. Howland to pay detective fees. She added that she did not want the detective to know where the money came from, and conceded that the surveillance was part of the WPL’s larger campaign to undermine the juvenile court. “We did not get anything on the court,” she noted in her testimony, “but if we had started last fall we might have accomplished something.”¹¹⁴

Mr. Howland was eventually expelled from the General Assembly for his actions; however, a jury later acquitted him of criminal charges. As for Dr. Bates, her crusade against Judge Lindsey resulted in a grand jury investigation that eventually exonerated the judge and his court of any wrongdoing. The grand jury also harshly admonished Dr. Bates and the Women’s Protective League: “We are therefore of the opinion that the attacks made upon Judge Lindsey are unjust and unfair . . .” they asserted. “We desire,” they continued, “to censure Dr. Mary E. Bates . . . for circulating and publishing slanderous articles against Judge Ben B. Lindsey and the juvenile court.”¹¹⁵ In a letter to Lindsey, Dr. John Harvey Kellogg wrote: “I am glad to know that Bates woman is exposed at last. I hope the Lord will see fit to remove her to another sphere before very long. She certainly is a nuisance.”¹¹⁶

Though the outcome of the grand jury trial marked the end of the Bates-Lindsey feud, the judge soon found himself entrenched in another political battle with another woman physician –

¹¹⁴ “Report of the Testimony,” *Denver Post*, March 13, 1915, “Lindsey’s Great Vindication,” *Journal of Education*, 77-78 (1913), 518-19, “The Howland Case,” *Herald Democrat*, March 16, 1915, 4, Sinclair, *The Brass Check: A Study of American Journalism*, 182-183, Beard, “In Justice to Judge Lindsey,” 35-36, “Judge Lindsey and his Enemies,” *The Public: A Journal of Democracy* 18 (1915), 334.

¹¹⁵ Beard, “In Justice to Judge Lindsey,” 35-37.

¹¹⁶ Letter to Ben B. Lindsey from John Harvey Kellogg, December 6, 1916, Box 54, Ben B. Lindsey Papers, Manuscript Division, Library of Congress, Washington, D.C.

a conflict that would ultimately end in Lindsey losing his seat in 1927. In April 1920, Judge Lindsey sent thirteen-year-old Marguerite Boyd to see Dr. Minnie Love for a gynecological exam as part of a juvenile court case. At some point during the procedure, Dr. Love invited male medical students into the room. Following the exam, Marguerite told her court chaperone, Ruth Vincent, that she had been, “very much embarrassed by the young men student doctors.” Lindsey, incensed by this report, admonished Dr. Love: “None of our girls would be sent to [you] if they had to be practiced on by male medical students.” Dr. Love was angry over Lindsey’s admonishment, but conceded and promised never to repeat the practice. In a letter to Marguerite’s mother, Lindsey said of Dr. Love: “If I offended her, I think I was justified in doing it.”¹¹⁷

Seven months later, when Dr. Love was elected to her first term in Colorado’s General Assembly, she threatened to vote against all Lindsey-sponsored legislation. Governor Shoup had appointed a committee of eight judges, including Lindsey, to work with the Colorado Federation of Women’s Clubs to recommend several bills for the protection of young girls and children to the legislature, and improvements to the juvenile court system.¹¹⁸ In a letter to Marguerite’s parents, Lindsey wrote: “This woman doctor is now a member of the legislature, and . . . I have been told by a number of people that she is going to fight the juvenile legislation we are asking for. . . . I do not know why this woman doctor should fight this legislation unless she is aggrieved at me because I entered a protest [against her].”¹¹⁹

¹¹⁷ Letter to Hattie Boyd from Ben B. Lindsey, January 27, 1921. Box 65, Ben B. Lindsey Papers, Manuscript Division, Library of Congress, Washington, D.C.

¹¹⁸ In total, there were twelve bills recommended by Shoup’s joint task force, House Bill Nos. 130-142. *House Journal of the General Assembly of the State of Colorado*, Twenty-third session (Denver, Colorado, 1921).

¹¹⁹ Letter to Hattie Boyd from Ben B. Lindsey, January 27, 1921. Box 65, Ben B. Lindsey Papers, Manuscript Division, Library of Congress, Washington, D.C.

In response to the rumors, Lindsey wrote directly to Dr. Love asking her to explain her opposition:

I never dreamed for a moment that any woman in the Legislature would oppose this program. I took it for granted that they would be for it after its having been considered and endorsed unanimously by the Legislative Council of Women's Clubs. . . . Again, my dear Dr. Love, I cannot see any more reason why you should oppose the legislation.¹²⁰

Lindsey then asked Dr. Love about another rumor he heard: that she also opposed his legislation because she believed the judge preferred to send delinquent girls to the Catholic-run House of the Good Shepherd, instead of the state industrial school. Contrary to these rumors, Lindsey assured Love that he only sends Catholic girls and young women to the House of the Good Shepherd, or when prosecuting attorneys have no place else to hold Protestant delinquents. It would be a few more years until the KKK reared its ugly head in Colorado, yet this exchange between Love and Lindsey reveals the extent of anti-Catholic sentiment fomenting in the state, how physician-politicians like Love applied that xenophobia into public health policy, and how Judge Lindsey had already become a target for Love and other activists who would later align with the Klan.

Dr. Love's feud with Lindsey also intersected with her growing displeasure with his stance on sexuality and reproductive medicine. She became increasingly infuriated with Lindsey's and the Colorado Federation of Women's Clubs progressive stances on artificial birth control and was particularly upset by Lindsey's refusal to cooperate with a grand jury probe into abortion doctors. For example, in 1923, a Denver grand jury convened to investigate the criminal practices of abortion doctors in the city. Lindsey defied their court order to disclose his contacts

¹²⁰ Letter to Dr. Minnie Love from Ben B. Lindsey, February 21, 1921. Box 65, Ben B. Lindsey Papers, Manuscript Division, Library of Congress, Washington, D.C.

with working women who sought his council about unwanted pregnancies. Judge Lindsey, in direct opposition to Dr. Love, had become increasingly militant in his support for birth control and working-class motherhood. The juvenile court judge threatened Love and other Colorado legislators that he would open a birth-control clinic under the auspices of his juvenile court if the state did not fund the recently passed Maternity Benefit Law, legislation designed to provide funds to working mothers.¹²¹ Lindsey and other female reformers of the state saw birth control and maternity benefits as more than simply a women's issue. Union women's editor May Hill argued, "Birth control is a class issue," and a few weeks after Lindsey threatened the legislature, Hill invited birth-control pioneer, Margaret Sanger, to Denver to speak on the issue and meet with Judge Lindsey. Although Sanger associated herself within eugenic circles, her pro-birth control stance infuriated Dr. Love and she only refers to Sanger as "that woman" in her writings.¹²²

Although Dr. Love had once been a founding member of the CFWC, her growing rift with Lindsey and his female allies over issues of juvenile delinquency, reproductive health, and sexuality resulted in a split with other women reformers in the city. In a letter to a colleague Dr. Love wrote: "Us 'little fellows' have to stick together . . . I understand the women don't like me this time because I didn't fight for Judge Lindsey's bills."¹²³ By 1924, when Dr. Love was a full-fledged member of the KKK and running for a second term in the General Assembly, many women in Love's own party were in active revolt against the doctor. The Colorado's Republican Women Voters (CRWV) circulated a pamphlet entitled, "Six Reasons Why You Should Not

¹²¹ Laugen, *The Gospel of Progressivism: Moral Reform and Labor War in Colorado, 1900-1930*, 142-43.

¹²² Dr. Minnie CT Love, "Birth Control: Morally, Economically, Racially" (Unpublished Article), Charles and Minnie Love, Manuscript Collection, History Colorado, Denver, Colorado, MSS 1233, Box 1, FF 151.

¹²³ Letter to Morris Harrison from Dr. Minnie Love, August 29, 1922 February 21, 1921. Box 66, Ben B. Lindsey Papers, Manuscript Division, Library of Congress, Washington, D.C.

Endorse Minnie C.T. Love for Re-Election to State Legislature.”¹²⁴ The group took the unusual step of opposing the reelection of their fellow Republican for what they saw as a series of missteps, legal violations, and questionable alliances. Their list of reasons contesting Dr. Love’s reelection included allegations of violating a state law against drawing income from more than one government institution. As a state legislator, the director of the State Detention Home, and consultant to the Colorado State Health Department, Dr. Love collected three salaries from taxpayers and, according to her critics, drew one of these salaries under an assumed name to cover her legal violation. The CRWV pamphlet listed several other grievances against Dr. Love, however; its most damning accusation came in last, at number six: “She opposed all Child Welfare Legislation without going into merits of same because she knew Judge Lindsey was for them.”¹²⁵

Over the objections of the CRWV, Dr. Love was reelected on the tide of support from the Ku Klux Klan. In addition to her numerous attempts to carve out a new public health infrastructure in favor of Klan ideals, Dr. Love also participated in a full-throttled attempt to unseat Judge Lindsey. In the 1924 election, Lindsey narrowly defeated his Klan-sponsored opponent, Judge Royal Graham. Dr. Love believed that Graham, a proponent of eugenics, would be an ally for her own plan of passing a state sterilization law. Graham and the Klan contested the election results, alleging fraud in a predominately Jewish district in Denver. A Klan-dominated grand jury indicted precinct workers in the district for ballot fraud, but a judge found no evidence and threw out the appeal.¹²⁶ Graham, in turn, filed an appeal with the Colorado Supreme Court. Following Graham’s defeat, Minnie Love and her Klan colleagues in the

¹²⁴ Charles and Minnie Love, Manuscript Collection, History Colorado, Denver, Colorado, MSS 1233, Box 1, FF137.

¹²⁵ *Ibid.*

¹²⁶ Larsen, *The Good Fight: The Life and Times of Ben B. Lindsey*, 192-96.

legislature attempted to abolish the juvenile court altogether and adjudicate juvenile cases in the criminal courts. After a large backlash from Lindsey supporters, the legislature tabled the bill.¹²⁷

Despite this short-lived victory, the Klan continued to target Lindsey. In the organization's local newspaper, *The Rocky Mountain American*, they mocked him as "Little Judgelet B.B. (shot) Lindsey" who "is weeping his heart away" because he finds himself securely entangled in a net of litigation." The paper then suggests that "Little Ben" might have to find a new way of earning a living "in some other way than a political industry."¹²⁸ In a letter to Josephine Roche, Lindsey reported of the growing power of the organization:

I am going to have a very hard time . . . getting back into the court since the Ku Klux Klan are taking over everything here with the certainty of the stampede of the herd, and the uncertainty of what it is all about, and the indifference of "don't give a damn" what it is about so long as you can swat the Catholics, the Jews, or the Negroes.¹²⁹

In another letter, Lindsey lamented on Minnie Love and her female colleagues: "Klan women were as bad as the Klan men."¹³⁰

When Denver's Grand Dragon, Dr. John Locke, faced federal prosecution for tax evasion, the National KKK expelled him from the organization. Committed to carrying on his leadership role within Colorado, Dr. Locke founded a new group, the Minutemen of America, in order to carry on his goals of white supremacy and patriotism.¹³¹ The women of the Denver Klan also split. Dr. Love decided to follow Dr. Locke, forming a parallel group called the Minute Women of America, while Laurena Senter took over as Excellent Commander of the Denver women's KKK. The two women fought over membership and eventually sued each other over control of

¹²⁷ Laugen, *The Gospel of Progressivism: Moral Reform and Labor War in Colorado, 1900-1930*, 174-75.

¹²⁸ "Weeping Ben," *The Rocky Mountain American* (1925).

¹²⁹ Letter to Josephine Roche from Ben B. Lindsey, August 15, 1924. Box 68, Ben B. Lindsey Papers, Manuscript Division, Library of Congress, Washington, D.C.

¹³⁰ Letter to Edward P. Costigan from Ben B. Lindsey, August 16, 1924. Box 68, Ben B. Lindsey Papers, Manuscript Division, Library of Congress, Washington, D.C.

¹³¹ Laugen, *The Gospel of Progressivism: Moral Reform and Labor War in Colorado, 1900-1930*, 176-178.

Klan funds.¹³² Dr. Love eventually lost her bid to gain control over KKK funds and the legal wrangling became the death knell for both the Colorado Klan and the Minute Women of America. Colorado citizens voted out the Klan from all government offices by 1927 and the state largely tried to move past its brief flirtation with a KKK-controlled government. That same year, however, the Colorado Supreme Court ruled in favor of Royal Graham's appeal and Judge Lindsey was finally ousted from Denver's juvenile court bench. By that time, however, Minnie Love had retired from state politics, and Royal Graham had committed suicide.¹³³ Dr. Love continued to work for local government, serving on the Board of Education for the next ten years, while also making a point to distance herself from her past Klan affiliation.

Conclusion

In 1905, officials in Greeley, Colorado appointed Dr. Ella Mead to the position of City Physician. Of her new position, one local newspaper proclaimed, "The City Council reached the safe conclusion that a tactful woman might handle with skill many delicate questions that had theretofore proven sources of political embarrassment." Dr. Mead promised that her main priorities as City Physician would be to improve the town's sanitation and milk supply. The same newspaper that endorsed the City Council's decision to appoint Dr. Mead reflected:

"One is reminded of Charlotte Perkins Gilman's apt epigram: 'Politics is not outside the home, but inside the baby.' The woman physician brings to her work all the intuition, sympathy, and understanding with which the feminine sex has long been credited. When to these qualities is added the skill of special training, then, indeed, is she to her sisters in affliction as an angel of

¹³² Senter, Laurena and Gano, Family Papers 1870-1976 (MSS WH988), Western History and Genealogy Center, Denver Public Library.

¹³³ Larson, *The Good Fight, 194-7*. Laugen, *The Gospel of Progressivism: Moral Reform and Labor War in Colorado, 1900-1930*, 186.

mercy.”¹³⁴ Indeed, women physicians in the American West embraced their dual role as physicians and as women to justify and promote their political and public health agenda in the region.

Not unlike Charlotte Perkins Gillman’s pro-suffrage heroine, Dr. Strong, women physicians in the American West symbolized the possibilities of new womanhood, and of modernity and progress in the United States. After migrating west at the turn of the century, setting up private practices or establishing themselves in hospitals or other institutions, these women discovered that their success in insuring proper health care to their patients required participation in municipal and state politics. Their work improving local public health, in turn, informed their suffrage activism, political lobbying, support of various state-wide reforms, and their campaigns for political office. As demonstrated by the various feuds with Judge Lindsey, the activism of these women sometimes led to bitter political disagreements over issues of race, class, and sexuality, and drove a wedge between progressive reformers. Indeed, many women physicians grounded their activism in prevailing theories of scientific motherhood and maternalist health ideologies that were tinged with the dominating racialized and sexualized fears held by a large majority of native white reformers in the urban American West. This focus on racial exclusion and sexual regulation not only underlined their work as political actors, but also became the foundation for their institutional work in the region.

¹³⁴ “Woman City Physician,” *Turret Gold Belt*, December 13, 1905, 2.

Chapter 4
“This is the Age of the Knife and Pistol”:
The Politics and Practice of Reproductive Surveillance

On the occasion of her 82nd birthday, friends, family, and colleagues of Dr. Bethenia Owens-Adair gathered in the winter of 1922 for a celebratory banquet in Paso Robles, California. Throughout the evening, many of her admirers ate, drank, and toasted in honor of Oregon’s “pioneering woman physician.” The host of the festivities, Reverend O. B. Whittemore, read aloud several letters, messages, and telegrams of congratulations from well-wishers all over the world. Many noted her remarkable frontier childhood – her family took part in the first major wagon train migration to Oregon. Others acknowledged her work as one of the first women physicians in the Pacific Northwest, setting up her Portland practice in 1881. Still others praised her suffrage activism, while her fellow alumnae from the University of Michigan recalled fond memories of their time together in medical school.¹ Most of the evening’s praise, however, focused on one key aspect of Owens-Adair’s career: her decades long advocacy for a eugenic sterilization law in the state of Oregon. Reformer Cornelia Marvin, for example, wrote, “Oregon has responded splendidly to Dr. Adair’s leadership in the matter of sterilization of the unfit and the improvement of the race and of society . . .” In a telegram, state senator Robert S. Farrell proclaimed: “. . . your life-work will be the salvation of the race.” Perhaps the highest praise

¹ Owens-Adair graduated from the University of Michigan’s medical school in 1880. She was one of fifteen women medical students in her class. Harley Le Roy Sensemann, *Catalogue of Graduates, Non-graduates, Officers, and Members of the Faculties, 1837-1921* (Ann Arbor, Mich.: The University, 1923).

came from Oregon Governor, Ben W. Olcott when he addressed his congratulatory telegram to “The Mother of [Oregon’s] Sterilization Bill.”²

It seems rather ironic, almost morbidly so, that Owens-Adair became known as the “mother” of legislation designed to prohibit “unfit” women and men from ever becoming mothers or fathers themselves. The moniker, however, is fitting. Dr. Owens-Adair championed the cause of legal sterilization of the criminal and “unfit” in Oregon for almost three decades. In 1883, the same year that Sir Francis Galton coined the term, “eugenics,” Owens-Adair visited the state’s insane asylum in Salem. Touring the wards with the chief physician, Owens-Adair found herself in a state of disbelief. “Doctor,” she proclaimed, “This is a horrible phase of life! And when is it to end?” She continued: “If I had the power, I would curtail it, for I would see to it that not one of this class should ever be permitted to curse the world with offspring.”³ Indeed, for the next thirty years Owens-Adair published numerous books, pamphlets, and newspaper editorials on the subject of eugenics, and repeatedly lobbied the Oregon legislature to pass a sterilization law.

Owens-Adair first authored a sterilization bill in 1907, the same year Indiana passed the nation’s first sterilization law, but the proposal quickly died in the Oregon legislature. Undeterred, she lobbied for the bill to be reintroduced in each successive session until it finally passed in 1913.⁴ Owens-Adair recounted that fateful day Oregon’s governor, Oswald West,

² Recollections of Owens-Adair’s 82nd birthday celebration, along with the letters and telegrams she received, were compiled and annotated by Owens-Adair and published as a gift to her friends and family. See Bethenia Owens-Adair, *A Souvenir: Dr. Owens-Owens-Adair to her Friends, Christmas, 1922* (Statesman Publishing Company, 1922).

³ Bethenia Owens-Adair, *Dr. Owens-Owens-Adair: Some of Her Life Experiences* (Portland [Or.]: Mann & Beach, printers, 92 First St., 1906), 517.

⁴ Owens-Adair’s fight for legal sterilization did not end in 1913. The law was quickly overturned by a popular referendum later that year. Owens-Adair and her supporters regrouped and introduced a new bill in 1917, which the new governor signed into law. In 1921, the Marion Circuit Court ruled in *Cline v. Oregon State Board of Eugenics*, the law unconstitutional because it violated the Constitution’s ban on cruel and unusual punishment. A new law was

signed her bill into law with a quill pen she had brought for the ceremony: “When all was ready for signing, I said, ‘Governor, our Declaration of Independence and our Constitution were signed with a quill pen, and I think this is an appropriate time for the use of a quill pen.’”⁵ By linking the signing of Oregon’s first sterilization law to the signing of America’s founding documents, Owens-Adair signaled to the world the political significance she placed on eugenic sterilization – the practice, she believed, was nothing short of revolutionary. Although Oregon’s sterilization law went through several legal challenges over the next decade, Owens-Adair gained nationwide notoriety for her eugenic activism. The Oregon law existed in various incarnations for over sixty-five years and scholars estimate that approximately 2,600 Oregonians became victims of the state’s scalpel, sixty-five percent of whom were women.⁶

At first glance, Owens-Adair’s life story seems extraordinary; a pioneer woman physician in the West embarking on a political crusade she believed would save the nation. Her lifelong devotion to medical activism, however, is representative of a large cohort of women physicians in the region who actively shaped the politics of reproduction in the early-twentieth century. Indeed, 1200 miles east of Oregon, Dr. Minnie Love, a Colorado legislator and Denver-area physician, introduced a similar bill to legalize the sterilization of “idiots, epileptics, imbeciles, and insane persons.”⁷ Love’s proposed legislation ultimately failed despite the support of many of her fellow physicians and politicians. Although the two sterilization campaigns had different outcomes, the medical politics of Drs. Love and Owens-Adair serve as dramatic

passed and signed into law in 1923 and amended in 1925, where it remained untouched until it was struck down permanently in 1983. See.

⁵ Owens-Adair, *A Souvenir: Dr. Owens-Owens-Adair to her Friends, Christmas, 1922*, 70.

⁶ Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*, 1. Largent, “The Greatest Curse of the Race: Eugenic Sterilization in Oregon, 1909-1983,” 188-197.

⁷ “A Bill for an Act to Prevent the Procreation of Idiots, Epileptics, Imbeciles, and Insane Persons,” H.B. 60, Colorado General Assembly, 25th Session, (1925). Charles and Minnie Love, Manuscript Collection, History Colorado, Denver, Colorado, MSS 1233, Box 1, FF1.

spotlights on the role of white female physicians in driving discourse, circulating ideas, and setting policy agendas surrounding reproductive health during this period. Many women doctors throughout the region, emboldened by early enfranchisement and professional authority, used their political agency to imagine and then enact a diverse set of reproductive policies meant to develop the social, political, and medical geography of the region, while also serving as models for the nation. When Governor Olcott christened Owens Adair, “The Mother of Sterilization,” he was vocalizing a reputation that many medical women in the region possessed during this period. Owens-Adair, Love, and other women physicians in the American West positioned themselves as the vanguard of the movement for reproductive surveillance in America at the turn of the twentieth century.

Between the 1870s and 1930s, state government agencies used emerging medical ideologies in order to create legislation and social policies designed to regulate reproduction and reproductive health care in the United States. Efforts to selectively curb abortion, restrict contraception, and promote reproduction by those deemed hereditarily fit dominated public and legal discourse during this roughly sixty-year period. The movement for reproductive surveillance rested on the foundation of two late-nineteenth century developments: the advent of Comstock laws in America, and the emergent scientific theory of eugenics. In 1873, Congress passed what became known as the Comstock Act, a federal law that, in addition to defining pornography as obscene, made it a crime to advertise, disseminate, or use the postal service to distribute materials relating to contraception or abortion.⁸ Twenty-four states subsequently

⁸ For more on the Comstock laws and how they related to abortion, see Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973*. For Comstock laws and pornography, see Walter M. Kendrick, *The Secret Museum: Pornography in Modern Culture* (New York: Viking, 1987). For more on Comstock laws and contraception, see Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York:

enacted their own versions of Comstock laws, often passing stricter regulations on birth control and abortion than the federal statute. Around the same time, the science of eugenics began filtering into American medical discourse. Derived from the Greek word for “well born,” eugenics developed as a science designed to improve the human population through selective breeding. By the turn-of-the-century, eugenics began drifting from scientific journals into the social and legislative realm. In 1907, for example, Indiana passed the first eugenic sterilization law and the following year Louisiana became the first state to hold a scientific baby contest at its state fair. Over the next twenty-five years most states held “Baby Health Contests” and over thirty states passed sterilization laws.⁹

Historians have explored how Comstock legislation worked as a means for governing sexuality in a time when urbanization prompted moral authority to migrate from family, church, and community control to that of the state; yet, inherent within the structure of these laws were mandates to police pregnancy and regulate interactions between patient and practitioner.¹⁰ Additionally, legislators and physicians increasingly used eugenic arguments to dispute or reinforce Comstock legislation and conversely, the same moral arguments that undergirded Comstock laws were often used to justify eugenics. When Owens-Adair told a local paper that once sterilization laws had eliminated the “terrible menace” of the unfit, Comstock laws on birth

Hill and Wang, 2001) and Cathy Moran Hajo, *Birth Control on Main Street: Organizing Clinics in the United States, 1916-1939* (Urbana: University of Illinois Press, 2010).

⁹ David Cullen, “Back to the Future: Eugenics—A Bibliographic Essay,” *The Public Historian*, Vol. 29, No. 3 (Summer 2007), 163-175. Annette K. Vance Dorey and Thomas C. Leonard provide evidence that Louisiana held the first scientific baby contest, three years before the Iowa Congress of Mothers held its influential Baby Health Contest at the Iowa State Fair. Annette K. Vance Dorey’s, *Better Baby Contests: The Scientific Quest for Perfect Childhood Health in the Early twentieth Century* (Jefferson, NC: McFarland & Company, 1999), Thomas C. Leonard, *Illiberal Reformers: Race, Eugenics, and American Economics in the Progressive Era* (Princeton: Princeton University Press, 2016).

¹⁰ See John D’Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America*, 2nd ed. (Chicago: University of Chicago Press, 1997), and Nicola Biesel, *Imperiled Innocents: Anthony Comstock and Family Reproduction in Victorian America* (Princeton: Princeton University Press, 1998).

control would no longer be necessary because “every normal woman has a . . . desire for motherhood,” she was articulating one version of this interconnectedness that had developed between eugenics, contraception, and abortion.

Women doctors like Love and Owens-Adair are crucial for understanding the scope of reproductive surveillance during this sixty-year period. 1870-1930 also bookends the “rise and fall” of the woman physician, as historian Regina Morantz-Sanchez has documented.¹¹ During this period, women staked a claim within the medical profession for the first time on the premise that they, as the gentler sex, were uniquely qualified to provide “sympathy and science,” especially for women during pregnancy and childbirth. The number of medical women in America grew in the decades following the passage of the Comstock Act and the rise of eugenic science, and this simultaneity gave medical women, who would likely be caring for women and children, an investment in reproductive politics. Their everyday practice of caring *for* women, combined with their own experiences *as* women informed their political views on everything from abortion, to contraception, to eugenic health, and they increasingly saw it as their prerogative to advise both patients and politicians on reproductive matters.

That Owens-Adair and Love were physicians in the American West is important. Early suffrage, booming medical economies, and the heavy presence of female physicians worked together to foster a politically active culture among medical women in the region.¹² Western women doctors held diverse opinions on reproduction and reproductive health, and they

¹¹ Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (Chapel Hill: University of North Carolina Press, 2000).

¹² Women physicians were disproportionately represented in western towns and cities across the region. While the national figure for women physicians stood at slightly less than four percent at the dawn of the twentieth century, three out of the four states with the highest populations of women practitioners in relation to their male colleagues were located in the West — California with ten percent, followed by Oregon with eight percent, and Colorado with seven percent. Jensen, “The ‘Open Way of Opportunity,’ Colorado Women Physicians and World War I,” *Census of Women Physicians* (New York, 1918) and *American Medical Directory 1918*, 6th ed. (Chicago: Press of the American Medical Association, 1918).

advocated for radically different policies from various positions of power. Their advocacy, however, often manifested around intersections of disability, race, class, and gender that often medically reinforced the physical violence inherent with the settling of the American West.

This chapter will explore the wide spectrum of reproductive politics among women physicians in the American West and the ways in which they performed, advocated, and debated these various ideologies. Physicians like Owens-Adair championed restrictive policies of reproductive surveillance, while other medical women, influenced by feminist and socialist ideas, became fierce proponents of reproductive choice, advocating in public and in secret for access to birth control and abortion care. More commonly, however, women doctors in the region often positioned themselves somewhere in the middle, drawing their own set of complicated boundaries that dictated the politics and practice of their reproductive activism. Exploring this wide range of positions sheds light on the intellectual work women physicians performed during this period and reveals how their activism shaped the social and legislative landscape of the American West.

The Politics of Abortion and the Quiet Activism of Women Physicians

On Saturday afternoon of June 7, 1902, Dr. Sara Hosford was just settling into her room at the YMCA headquarters in the mountain town of Leadville, Colorado when she received a disturbing telegram from her brother. Mrs. Jane Chapman had sworn out a warrant for the arrest of Hosford for performing a “criminal operation” on her daughter, Martha, resulting in the young woman’s death. Hosford’s brother assured his sister that he would be waiting at the train station for her, and their friends would provide enough money to post bond. The following Monday at 8:00 a.m., Dr. Hosford boarded a train on the Colorado & Southern line bound for Denver to turn herself in on the charge of murder.

During the spring of 1902, Martha Chapman, a 22-year-old postal clerk from Kansas, had been visiting her cousin, Lizzie in Denver. On the morning of May 14th, Lizzie woke to find her cousin moaning in bed, visibly ill. Martha confided to Lizzie that she had been pregnant and had paid a local physician, Dr. Erastus Tuttle, to perform an abortion. Over the next week, Lizzie watched over her cousin and tried to nurse her back to health, but when her condition worsened, Lizzie summoned Dr. Tuttle to the house. Upon arrival, Dr. Tuttle vehemently denied ever performing the operation on the young woman, insisting that he had instead referred her to Dr. Sarah Hosford. When Lizzie and Tuttle questioned Martha further, she admitted that it was, in fact, Hosford who had performed the abortion. Dr. Tuttle continued to care for Martha with the help of his colleague, Dr. Edward Lake. Despite their best efforts, on June 4, 1902, Martha Chapman died of septic peritonitis. When authorities investigated the scene of Martha's death, they found Dr. Hosford's card folded into Dr. Tuttle's card inside the young woman's purse.

When Dr. Hosford returned to Denver to face charges, her trial became a media sensation. As a frontier city, Denver already had an infamous reputation as a city brimming with abortionists. Indeed, Lake testified that in Denver a physician "runs across such cases every few days," and it was common practice to inform the police only when a woman died from a botched abortion. He added that if doctors reported every abortion they came across in the city, authorities would be inundated by hundreds of cases every month. The case of Dr. Hosford differed, however, in that the young practitioner was not typical of women often accused of performing abortions during this period; she was neither a midwife, madam, nor amateur "doctress," but rather a graduate of the prestigious University of Colorado Medical School, and a respected lady physician of the city.¹³ Newspaper accounts described her as a quiet, refined

¹³ University of Colorado, *The University of Colorado Catalogue*, 1897.

looking woman of a religious temperament and subdued manner. She belonged to the Boulevard Congregational Church, and had many prominent friends in the city, many of whom spoke out in her defense, declaring her a moral woman, incapable of any wrongdoing.¹⁴ Yet, for all of the spectacle Hosford's case generated, the physician was eventually acquitted of murdering Martha Chapman. Following the trial, Hosford married a pharmacist and resumed her medical practice in Denver. After a few years, the couple moved south to a suburb in Colorado Springs, and Hosford continued to practice medicine until she died in 1938.

The case of Dr. Sarah Hosford brings into sharp relief the public doubts and suspicions over the reproductive care provided by many female health practitioners active within the evolving medical profession at the turn-of-the-century. Addressing the process of professionalization, historians such as James Mohr and Judith Barrett Litoff argue that attempts to solidify physicians' authority began with campaigns to discredit midwives, using an anti-abortion platform to do so.¹⁵ Others, including Regina Morantz-Sanchez and Leslie Reagan have described the ways women physicians in particular, did their best to distance themselves from midwives by taking a firm stand against abortion.¹⁶ These efforts were focused on their own need for professional medical legitimacy: male physicians were assured their female colleagues would tolerate no moral slippage between woman physician and midwife. Sarah Hosford's

¹⁴ Several newspapers in Colorado covered extensively the arrest and trial of Dr. Sara Hosford. I have recreated her timeline using information from these sources, including "Miss Hosford is Well Known," *The Denver Times*, June 7, 1902; "Accused of Murder," *Herald Democrat*, June 8, 1902; "Defend Hosford," *Herald Democrat*, June 9, 1902; "In Chapman Case," *Herald Democrat*, June 10, 1902; "Miss Hosford's Bonds," *Herald Democrat*, June 11, 1902; "Doctors Were Acquitted," *Herald Democrat*, June 29, 1902.

¹⁵ Mohr, *Abortion in America: The Origins and Evolution of National Policy, 1800-1900*, Judy Barrett Litoff, *American Midwives, 1860 to the Present* (Westport, Conn.: Greenwood Press, 1978).

¹⁶ Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine*, Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973*.

transgression, then, was an unthinkable act and an uncrossable line to many of her female colleagues.

And yet, for historians, Hosford's case gives credence to both the *fear* of the immorality of women physicians, as well as the *possibility* that some did indeed perform abortions in the era of reproductive surveillance. In fact, this willingness to perform what was publicly defined as a "criminal operation" suggests that, in practice, the lines between midwives and female physicians might not have been as sharply defined as scholars have argued. Historian Leslie Reagan has formulated a "triangle of interactions" between the largely male medical profession, state authorities, and women seeking abortions in her analysis of abortion in United States history.¹⁷ The politics and practice of women physicians who performed abortions complicates this formulation and sheds light on how women's medical practices and politics were often shaped by the experiences of their private lives as women, not simply dictated by their precarious standing as female physicians in a male professional world.

Hosford's case also suggests that perhaps degreed women physicians were more likely to perform abortions in developing towns and cities of the trans-Mississippi West. While urban American West cities had all the cultural trappings of sophisticated eastern cities, the region's Wild West reputation lingered on well into the early decades of the twentieth century. For example, a reporter writing in the spring of 1904, around the same time Martha Chapman arrived for her ill-fated visit, excoriated Colorado's capital: "[This] beautiful city," he complained:

Swarms in thugs, thieves, criminal assault men, criminal operation female doctors, confidence men, bogus mining stock dealers, hobos . . . and rotten city officials . . . It used to be Chicago the wicked. It's now Denver the wickedest.¹⁸

¹⁷ Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973*, 1.

¹⁸ *Silverton Standard*, March 5, 1904, 4.

As Denver quickly grew into the commercial and medical center of the Intermountain West, officials and reformers struggled to reconcile this Janus-faced reputation. Which was Denver to be, “a wicked frontier outpost” or “an innovative center of healthcare treatment”?

While Denver may have overtaken Chicago in reputation as “the wickedest,” many other cities in the American West shared the same conundrum. San Francisco, the largest city in the American West, became known as a “lessor London,” a reference to the alleged abortion capital of Europe.¹⁹ Other western cities like Los Angeles, Portland, and Seattle also struggled to cope with their seemingly uncontrollable abortion problem. Each of these western cities had an abundance of poor and destitute health seekers due to the popularity of medical climatology at the turn-of-the-century, and each had a thriving underground market of quacks, alternative healers, health spiritualists, and of course, midwives. While midwives often provided critically needed health care to poor, immigrant, and disadvantaged populations, most confined their practices to reproductive care and sometimes, abortion.

Midwives and female abortionists in the West left few traces in the historical record but are visible in their solicitations to their communities in newspaper ads that described themselves as “Doctor,” “Mrs. Doctor,” “Doctress,” “Physician,” or “Midwife.” This obfuscation of identity is also evident in the numerous newspaper accounts of criminal operations in the region. Mrs. C.E. Thomas, one Colorado newspaper reported, came to Denver from Missouri “in the role of Doctress” and committed several abortions in the city until she ran off to Nevada with her new lover.²⁰ In October of 1894, Dr. E. Brunke, a midwife in Portland, was arrested on the charge of manslaughter for causing the death of Mrs. Mara Arata through a criminal operation.²¹ In 1893,

¹⁹ Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973*, 61.

²⁰ *Leadville Daily Herald*, March 5, 1882.

²¹ “Criminal Operation,” *Statesman Journal*, October 17, 1894, 1.

Mrs. Dr. Godfrey was arrested for performing a fatal operation on Miss Amelia Weekly, a sixteen-year-old San Francisco girl. In 1898, Mrs. Dr. Catherine E. Smith, a midwife who advertised herself as a physician, was arrested in Los Angeles for performing an illegal abortion on a young actress who later died from her injuries.²² Midwives often intentionally advertised themselves as female doctors in order to lend an air of medical legitimacy to their practice, yet the blurring of identities had the effect of increasing the suspicion surrounding degreed women physicians in the region.²³

More than simply conflating midwives with female physicians, these newspaper reports offer an important glimpse into abortion in the American West at the turn-of-the-century. Medical manslaughter narratives often followed a similar arc as the Chapman/Hosford abortion case in Denver. A young woman, sometimes married, sometimes single, travels from her home in a rural western town to the nearest major city. There she procures an abortion from an unscrupulous female practitioner who later abandons her in the nearest lying-in hospital or hotel when things go wrong. A respected male physician is then called in to assess the patient and investigate who performed the criminal procedure. Shortly after the woman reveals the culprit, she succumbs to her injuries and the authorities are called. These dramatic narratives form what could arguably be categorized as a subgenre of tabloid reporting; however, they also reveal the extent to which women had to travel to obtain reproductive care. Many women, either lacking access to abortion services in rural areas or acting out of the need to stay anonymous, traveled long distances to end their pregnancies. Large urban cities often acted as abortion hubs, drawing

²² *Los Angeles Herald*, June 30, 1898.

²³ It is difficult to verify the number of women practicing midwifery in the American West during this period. One study conducted in 1900 by the Colorado's Board of Health counted over 600 midwives in Colorado, but few of them were registered with the state, despite required by law to do so. Authors of the study speculated that most midwives deliberately avoided registration for fear of surveillance and regulation. S. R. McKelvey M.D., "Report of Medical Inspector of Lying-In Hospitals," *Report of Colorado State Board of Health*, Volume 11, (Denver: 1912).

women from all over the local, metropolitan, regional, and interstate regions. Abortion tourism, in other words, operated an important, yet hidden form of health seeking in the American West.²⁴

Western officials tried various methods to curb abortion practices in their cities. In 1900, California's State Board of Physicians partnered with police in cities like San Francisco and Los Angeles to put a stop to women practicing medicine without a license. As one newspaper reported, "It is impossible to secure convictions of the female quacks who commit criminal operations resulting in the death of so many women, and it has been decided to have them arrested whenever possible on the charge of practicing without a license."²⁵ In 1912, Colorado's State Board of Health appointed Dr. S. R. McKelvey to inspect all "lying-in hospitals" in Denver in order to study the problem of abortion in the capital city. McKelvey's report found that, while some midwife houses were "legitimate and honorable" many more were "hotbeds of crime." Among the more dubious institutions, he wrote, he witnessed infants "born and unborn" being "ruthlessly slaughtered" and the remains of these operations tossed into "alleys, ash pits, and sewers." McKelvey also made a curious allegation against some degreed women physicians of the city. He alleged that during the course of his investigation, he uncovered a group of licensed women doctors who made secret arrangements with midwives to assist them in performing

²⁴ It is also a difficult task to calculate how many criminal abortions occurred in American cities in the late nineteenth and early twentieth centuries. A 1868 New York City study that estimated abortions were procured by approximately 20 percent of pregnant women and a 1898 survey by the Michigan Board of Health found one-third of pregnant women obtained abortions.²⁴ In the American West, there were no such studies, but Ben B. Lindsey estimated that at least 1,000 abortions happened each year in in the city based on his experience as the city's juvenile court judge, while historian Michael Helquist estimates that 6,000 abortions were performed annually in Portland during the early 1900s. Denver, Portland, Seattle, and Los Angeles had somewhat similar population sizes during this period so a number in-between Lindsey and Helquist is probably not too far off. San Francisco, meanwhile, had a much higher population so it is safe to assume that its numbers were much higher. Michael Helquist, "'Criminal Operations': The First Fifty Years of Abortion Trials in Portland, Oregon," *Oregon Historical Quarterly* vol. 116, no. 1 (Spring 2015), 6-39.

²⁵ "To Rid the City of its Many Female Quacks," *The San Francisco Call*, June 7, 1900, 7.

abortions. These physicians, he claimed, performed the abortions and then hired midwives to supervise patient recovery for several days in lying-in hospitals adjacent to their offices.²⁶

Reports like those of McKelvey that suggested women doctors may be colluding with midwives in the abortion industry incensed many of the region's prominent women physicians. Like many other orthodox women physicians across the country, many female practitioners in the American West vocally opposed any procedures beyond therapeutic abortion to save the life of the mother.²⁷ They often rooted this opposition in progressive and maternalist rhetoric that advocated for an end to the sexual exploitation of women. They also argued that women physicians were uniquely positioned to address the scourge of abortion— thus making an argument that sought to strengthen and legitimate their professional and political role in the city. Anti-abortion activism, in fact, often became an entry-point for reproductive activism for many women doctors in the wake of Comstock legislation. Colorado physician, Josephine Peavey, for example, wrote: "I feel that one of the duties laid upon women physicians is to teach not only their own patients, but women in general, that abortion, however produced, except therapeutically, is criminal." Los Angeles physician Olga McNeil, exasperated by the inability of the city to stop criminal abortions, argued:

Periodically we have a great wave of reform sweep through a community, and we sometimes actually put a bad abortionist—one who has had too many deaths—into jail. Then we all take a deep breath, think abortions will be no more—but they continue just the same."²⁸

Olga and her physician husband, Lyle G. McNeil, ran the health department's Division of

²⁶ McKelvey, "Report of Medical Inspector of Lying-In Hospitals."

²⁷ Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine*, 81.

²⁸ Olga McNeil, "Sociological Aspects of Gynecology and Obstetrics," *The Medical Woman's Journal* 29 (1922): 106-8.

Obstetrics in Los Angeles until the couple divorced in 1920. Olga ran the department's two maternity dispensaries that offered prenatal care to poor and immigrant families.²⁹

Peavey and McNeil are examples of how women physicians worked within their medical practices and the medical community to stem the tide of abortion, but some women physicians extended their anti-abortion advocacy beyond their medical practice and into the political realm, arguing for changes in local, state, and national legislation. Dr. Minnie Love became one of the strongest anti-abortion advocates in Denver and she is an example of how women physicians turned medical ideology into public policy advocacy. Love offered no relief to women whose lives might be endangered by pregnancy: "There are many cases, unfortunately, where mercy might find extenuating circumstances on the part of the mother who seeks relief. We all know these cases, and they have our sympathy, but not our help." In 1904, Love presented a paper at the Colorado State Medical Society's Annual Meeting at the Brown Palace Hotel in downtown Denver, in which she outlined the problem of abortion in American and how physicians and politicians could work together to solve it. She argued that abortion persisted in the United States for six reasons:

1. Want of respect for human life.
2. Ignorance of the true biological facts as to when life begins in the foetus.
3. True degeneracy and criminality.
4. Industrial conditions rendering the possession of large families a greater hardship during this unavoidable period of our social evolution.
5. An increasing tendency on the part of married people in large cities to live in a desultory, haphazard way, in boarding houses and tenements where encumbrances like children and dogs are not allowed.
6. Materialism and its too frequent association with indifference and irreligion.

²⁹ Koslow, *Cultivating Health: Los Angeles Women and Public Health Reform*, Critical Issues in Health and Medicine, 121-23. After the couple's quite public divorce, in which Lyle McNeil charged Olga with desertion, he replaced her position in the maternity dispensaries with an African American physician, Ruth Jenetta Temple.

Love then suggested both an educational and legislative strategy for combating abortion in America. First, she argued that physicians should “disseminate positive knowledge” to their patients about the rights of the unborn and the negative effects of abortion on society. Second, legislators should make midwifery illegal and women physicians should take their place.³⁰ Love’s proposals were representative of the mainstream abortion ideology among women physicians in the Comstock Era. Midwives lacked proper training and possessed questionable morals; therefore, the scourge of abortion would end only if licensed women physicians were put in charge of reproductive care.

Of course, if a woman physician disagreed with the mainstream, she could not express her views in public, let alone disclose whether she performed abortions as part of her practice. In fact, the very vocal stance of women physicians who opposed abortion offers a misleading impression that women physicians universally condemned the procedure. Yet, cases like Sarah Hosford’s demonstrates that some degreed women physicians did indeed perform abortions. Her story also demonstrates that these women only become visible in the historical record when the abortion was fatal. Hosford’s case, although unique, is not the only example of a degreed woman physicians arrested for fatal abortions. Katherine Harrison, an osteopathic physician from Seattle, was arrested in 1912 for the death of one of her patients, Augusta Boon. Boon, like many other women, traveled a long distance, from Vancouver, BC, to terminate her pregnancy, and then died after returning home. After the arrest of Dr. Harrison, the *Seattle Republican* wrote: “It seems more or less cruel to single this woman out for arrest on this rather common charge, unless it was because the patient died.”³¹ It should be noted that Harrison, like Hosford, never served time for

³⁰ Minnie C.T. Love, MD, “Criminal Abortion,” *Colorado Medicine* 1 (1903-1904): 55-60.

³¹ *The Seattle Republican*, January 5, 1912, 4.

her alleged crime, and Dr. Harrison continued to practice medicine in Seattle for several more decades.

Colorado doctor, Carrie Johnson was not as fortunate. Johnson was among the earliest women doctors to practice in the state, and by all accounts she was for over two decades a respected physician in the region. She had an impeccable medical pedigree. Both her father and grandfather were physicians, and following in their footsteps, she graduated from Woman's Medical College of Chicago in 1875.³² She moved to Colorado in 1876 and worked for many years in the State Insane Asylum and the Home for Enfeebled Children before establishing a successful medical practice and marrying a prominent artist in the region. Despite her good standing in the community, Johnson increasingly found herself in trouble with the law for her work with women patients. Gossip plagued the doctor for years, as rumors circulated that she was willing to help a married woman who needed to be relieved of her burden. In 1890, she was charged with a suspicious patient death, but found not guilty. Thirteen years later, in 1903, another patient died under her care. Eventually Johnson was convicted of second-degree murder and sentenced to 15-20 years in prison. Of her conviction, one newspaper wrote: "This is as it should be . . . physicians have been watching Mrs. Dr. Johnson for some time and it seems they have at last caught her. The moral ethics of doctors should be very high . . . there is no excuse for this woman doctor."³³ Johnson's sentence was commuted three years later, but local newspapers reported that she had become a physical and emotional wreck, and had "aged greatly during her imprisonment."³⁴ Unlike Sarah Hosford and Katherine Harrison, Carrie Johnson never recovered

³² *Portrait and Biographical Record of the State of Colorado: Containing Portraits and Biographies of Many Well Known Citizens of the Past and Present* (Chicago: Chapman Publishing Company, 1899), 952-953.

³³ *Salida Mail*, December 22, 1903.

³⁴ *Aspen Daily Times*, July 16, 1907.

from her infamy, and because her husband died while she was incarcerated, she spent the rest of her life in a county poorhouse.

Although Harrison, Hosford, and Johnson offer historical examples of women physicians who performed abortions, they only became known in the public record because of the fatalities involved. This limited visibility of abortion practitioners is misleading because it gives the impression that abortions were generally fatal, and it elides the women physicians who performed safe abortions throughout their careers. The circumstances of the law and social mores of the period make it harder to identify women who performed abortions regularly under the radar of the police and the larger medical community.

Yet, there is evidence of women physicians who did just that. One of the most famous western women who regularly performed abortions was Oregon physician, Marie Equi. Like many women physicians, her views on reproductive health were shaped by her life experiences. Growing up in in the whaling town of New Bedford, Massachusetts, Equi witnessed the problems of multiple pregnancies firsthand — her mother had eleven children in sixteen years, three of whom died during childhood. In 1892, Equi left New Bedford with Bessie Holcomb, with whom she had an open same-sex relationship. The two headed to Oregon to homestead along the Columbia River and Equi eventually earned her medical degree from the University of Oregon's Medical Department (UOMD) in 1903.³⁵ From the very start of her medical career, Equi became an activist physician who grounded her public advocacy work in her medical knowledge. A known pacifist and anarchist, Equi never commented publicly on the issue of abortion, but private correspondence, oral histories, and a Department of Justice file offer ample evidence into the moral commitments that guided her work with women. Equi performed

³⁵ For a full biography of Equi's life, see Michael Helquist, *Marie Equi: Radical Politics and Outlaw Passions* (Corvallis: Oregon State University Press, 2015).

abortions for both working-class and elite clients, her fees determined by a sliding scale geared to income. As one colleague later recalled, “She did most of it for nothing . . . cuz’ working-class women needed it.”³⁶ For Equi, offering abortion to women in the privacy of her own medical office was both a personal and a radical political act.

Equi was part of a small circle of abortion providers in Portland. Alys Bixby Griff completed her medical training at UOMD in 1902 and started a successful practice treating diseases of women and children in the city, but eventually became a full-time abortionist in the years before WWI.³⁷ Maude K. Van Alstyne graduated alongside Griff in 1902 and also soon became a full-time abortionist along with her husband, Dr. Charles Van Alstyne. Equi, Griff, Van Alstyne, and later, Ruth Barnett who interned under Griff, made up a tight-knit network of medical professionals who provided abortions for women all over the Pacific Northwest.³⁸ Griff later described the years between WWI and the roaring twenties as a busy time for abortionists in the city. She recalled that it was not uncommon for her office to be packed daily, with three or four girls waiting in the reception area and an equal number inside her office □.

The Department of Justice intercepted several letters from Dr. Griff’s patients as part of their investigation into Equi’s political activism. In July of 1918, a married woman from DuPont, Washington traveled 127 miles south to Portland for Griff’s services. After traveling back home, she wrote the doctor to report on her recovery and to express concern:

³⁶ Lew Levy with Sandy Polishuk, Interview, April 5, 1976, Sandy Polishuk Research Files, 1913-2002 Oregon Historical Society Research Library.

³⁷ Rickie Solinger, *The Abortionist: A Woman Against the Law* (New York: Free Press, 1994), 8.

³⁸ Barnett was the only woman in Equi’s circle who was not a licensed MD. Trained as a naturopath, Barnett claimed to have performed over forty thousand abortions between 1918 and 1968. Barnett’s decades long experiences as an abortionist in Portland offers a genealogy to the reproductive justice movement because she provides an important link between the first generation of abortion physicians to Planned Parenthood abortion activism of the latter twentieth century. Ruth Barnett recalls these early days with Griff, Van Alstyne, and Equi in her autobiography. Ruth Barnett, *They Weep on my Doorstep* (Beaverton, Oregon: Halo Publishers, 1969).

I feel quite well except for occasional pains in each ovary. I didn't pay much attention to flowing at first but now that I have kept it up so long, I feel sort of worried about it as it's unnatural. I'm sure I wish you could arrange to send me a prescription or tell me something to do about it. You told me to write you and let you know if everything did not go right.

She goes on to express her gratitude, writing, "I've been truly grateful for what you did for me and hope it will not inconvenience you to let me know about the above as soon as possible." That same month, another married woman from Eugene, Oregon wrote to Griff about her post-operation concerns:

I was there last Thursday, and I would like to have you write and tell me what to do. I have been flowing since Saturday not in the usual way but rather a thick stringy substance not very much but does not seem to stop. Do you think I am still pregnant or will this stop on its own accord? If it is necessary to see a Dr. here would he know what had been done? It is quite impossible of me to come to Portland for some time. My husband is not with me. Won't you please write and advise me what would be best to do.³⁹

These two letters offer substantial insight into women, abortion, and reproductive health care in the early-twentieth century American West. Women often traveled from all over the Pacific Northwest to cities like Portland, and probably Seattle and San Francisco to have their pregnancies ended by physicians. Perhaps they heard about women physicians like Griff through friends, family, or word-of-mouth. In the woman from DuPont's case, she could have travelled half the distance to Seattle to have her abortion, but instead chose Portland. This may be because Alys Griff had a reputation for safety and discretion. These letters also suggest the real danger faced by women who traveled far distances for reproductive care – if something went wrong, communication between doctor and patient through letter writing was an alarmingly slow

³⁹ It is not clear whether the DOJ intercepted these letters before they were delivered to Griff or afterwards. If the DOJ intercepted the letters before Griff ever had a chance to read them, it is possible that these women never received a reply from Griff. The intercepted letters contain the name and address of both women, but I have chosen to keep the letters anonymous. *United States v. Equi*, Case # JR8099, National Archives and Records Administration/ Marie Equi. Gay and Lesbian Archives of the Pacific Northwest, GLAPN 2988-13, Oregon Historical Society Research Library, Portland, Oregon.

process. Perhaps most importantly, these letters shed light on how women physicians like Alys Griff showed compassion for their patients, instructing them to write or telephone if there were post-operation complications.

Few women physicians who performed abortions probably shared Equi's radical political ideology, but it would be wrong to assume that they and their midwife colleagues did so primarily for profit. Because women physicians who performed abortions required discretion, it is difficult to say for sure why they participated in the state-deemed criminal act, but it is not hard to imagine that perhaps their motivations were rooted in the same ideology of gender-specific care that many women physicians advocated for during this period. If female physicians in general argued that medically-trained women were better suited to care for the delicacies and discretion of female patients, it follows then that women physicians who believed in performing the procedure did so to shield women from unscrupulous male abortionists, while also providing them with a medically safe space not always offered by midwives. Years later, Ruth Barnett wrote in her autobiography that she was partly motivated to perform abortions by her own experience of getting an abortion in Portland when she was a young woman. She had a positive experience and was grateful for the compassion she received, which inspired her to want to help other women in similar situations.⁴⁰

It is important to note that while some women doctors vocally opposed abortion and others quietly performed them, many other women physicians stood in the ideological center. They refused to perform abortions, but sympathized with the women who sought them out and understood and respected the physicians who performed them. Dr. Jessie Laird Brodie, a Portland physician who started her practice in the 1920s and would later head the state's chapter

⁴⁰ Barnett, *They Weep on my Doorstep*.

of Planned Parenthood, noted that while she did not perform abortions, it was not because she objected to the practice, but rather she did not want to take on the risk. Brodie indeed sympathized with women who were desperate enough to self-induce or reach out to abortionists to perform the procedure. She wrote, “During my medical school years and afterward, as intern at Multnomah County Hospital, I treated a number of fatal cases caused by self-induced or illegal abortions . . . I was frustrated over my helplessness to prevent their needless loss of life.”⁴¹ Brodie exemplifies those physicians who stood in the center. They did not necessarily like abortion, but they definitely understood it.

Women Physicians and the Politics of Birth Control

Sympathy for women who died from botched abortions and concern for those who endured dangerous backstreet procedures shaped the opinions of many women physicians when it came to the topic of birth control in the early decades of the twentieth century. Dr. Brodie recalled her frustration when, as a medical student in Oregon during the 1920s, she received no training whatsoever on contraception. She believed that if medical students were given proper training they could help curb unwanted pregnancies, and thus prevent illegal abortions and needless deaths. During her final gynecology class Brodie and her classmates demanded advice from their professor, Dr. Goodrich Schauffler, on how to talk to their patients about birth control.⁴² They felt apprehensive, as she recalled, about entering the profession without the proper medical training to advise their patients on family limitation. As one of her classmates proclaimed exasperatingly, “When [my patients] ask me what to do, I am ashamed that I can

⁴¹ Jessie Laird Brodie, “*Dr. Jessie*”: *The Odyssey of a Woman Physician* (Portland: Carolina Pacific Publishing, 1991), 2.

⁴² Brodie graduated from the University of Oregon Medical School in 1928. She was one of two women students in her cohort. Lucy I. Davis Phillips Collection: The Study of Women Graduates of the University of Oregon Medical School and Willamette University, Oregon Health & Science University Historical Collections & Archives.

only answer, ‘Have Jake sleep in the basement!’” Some of her classmates felt an obligation to teach birth control methods in order to guide women patients who needed to avoid dangerous medical conditions exacerbated by pregnancy. As one student implored Schaufler, “What are we to tell patients when we say that another pregnancy will cost them their lives?” Others, however, made explicit connections between abortion and the need for birth control training: “I spent a good deal of my last semester assisting in the ‘mopping up’ after self-induced coat-hanger interference or infections from illegal abortions,” a classmate lamented. Their protestations fell on deaf ears. Schaufler knew very little about contraception, as he dismissively joked, “If you would look at doctors’ families, you would know that we don’t know a damn thing about it.”⁴³ Thus ended Brodie and her classmates’ lesson on birth control.

Schaufler’s statement may seem surprising, yet the reality was that many physicians in the United States knew very little about contraception in the late-nineteenth and early twentieth centuries, and even if they did, their hands were tied legally. Following the passage of the Comstock Act in 1873, twenty-four states enacted their own anti-contraception legislation. State laws varied in their severity, but Massachusetts, California, and Connecticut were among the most restrictive. Connecticut, for example, prohibited the *use* of contraception, a law that targeted not only doctors and druggists, but also private citizens.⁴⁴ The majority of state and federal Comstock laws, however, focused on preventing physicians from prescribing contraceptives. But since many state laws contradicted or muddled the federal statute, physicians

⁴³ Brodie, *Dr. Jessie: The Odyssey of a Woman Physician.*, 1-3.

⁴⁴ Connecticut’s Comstock law remained in place until 1965 when the Supreme Court ruled in *Griswold v. Connecticut*. In a 7–2 decision, the Court invalidated the law on the grounds that it violated the “right to marital privacy,” essentially legalizing contraception for married couples. It was not until 1972, in *Eisenstadt v. Baird* that the Court extended this right to privacy to unmarried couples. Elaine Tyler May, *America and the Pill: A History of Promise, Peril, And Liberation* (New York, NY: Basic Books, 2010).

often found themselves in a legal quandary. Birth control advocate, Margaret Sanger elucidated this confusion in her 1937 article, “The Birth Control of a Nation”:

. . . A physician might legally dispense information under State statutes, but it was illegal for him under a literal interpretation of the Federal statutes, to send or to receive the necessary technical information and medical supplies. The law hampered the progressive physician, eager to adopt preventive health measures, and willing to advise his patients privately, but reluctant to take a similar stand in public practice because of confusion as to his legal rights . . . ⁴⁵

For physicians, prescribing contraceptives or merely advocating for its legalization during the Comstock Era and the age of reproductive surveillance became a deliberate political act, and for women physicians in particular, contraception activism, like anti-abortion activism, became a viable political entry point.

The frustration Brodie and other women physicians felt over not being taught contraception methods or from being legally prohibited from prescribing birth control, drove many of them to participate in the growing birth control movement in the United States. Those who actively supported the movement did so for a variety of reasons. Some saw birth control as the only deterrent to abortion and recognized that family planning improved the overall health of women and their children. Others believed that the use of contraception would eugenically benefit the human race. Still other women physicians held a feminist belief that women had a fundamental right to control their own bodies. More often, however, women doctors held a complicated ideology of all three.

In addition to their work with female patients, their experiences of being women and growing up around women also informed women physicians’ ideology on contraception and would shape their future activism. Oregon doctor, Esther Pohl-Lovejoy, for example, had a long

⁴⁵ Margaret Sanger, “The Birth Control of a Nation,” 1937, Margaret Sanger Papers, Library of Congress, Library of Congress Microfilm 128:520.

history of birth control activism, both in the United States and in France during the First World War. Her formative views on reproduction began when she was a young girl in Sebeck, Washington in the 1860s and 70s. In this seaside mill town, a young Esther watched her mother endure seven pregnancies and several miscarriages. As she recalled later in life, “child-bearing women [in Sebeck] . . . depended mostly upon the Mercy of God, and God was not always merciful.”⁴⁶ It was not until midwife, Annie Craig came to town, Lovejoy recalled, that the birth rate in her rural community dropped dramatically. Later, as a practicing physician in Portland, her views on birth control continued to evolve and by the time Lovejoy was in France as a physician in WWI, she had a fully-formed feminist view of contraception, believing that the medical community had a duty to trust women in their family planning decisions and that women had a right to control their bodies.⁴⁷

The method of birth control activism among women physicians was often geographically specific because of the contrasting severity of state Comstock laws. For example, in Oregon, where Brodie, Equi, and Lovejoy practiced, the state did not explicitly prohibit physicians from prescribing contraceptives. Oregon’s obscenity laws were vaguely written and only referred to prohibiting acts that offended “public decency” or the distribution of “instruments of indecent or immoral use.”⁴⁸ So while legislators never specifically targeted the private practice of physicians prescribing contraceptives, public discussion or dissemination of birth control information remained illegal and subject to prosecution. For women physicians in the state, then, activism took the form of overturning restrictions on public dissemination of reproductive knowledge.

⁴⁶ Esther Pohl Lovejoy Papers, Accession Number 2001-004, Oregon Health & Science University Historical Collections & Archives, box 1 folder 7.

⁴⁷ Jensen, *Oregon’s Doctor to the World: Esther Pohl Lovejoy and a Life in Activism*, 27-28, 130-33.

⁴⁸ *Oregon - 22nd Legislative Assembly, Regular Session: 3-380, Oregon - 29th Legislative Assembly, Regular Session: 4-[i]*, and *Oregon - 23rd Legislative Assembly, Regular Session: 1-1140*. See also Sadie Anne Adams, “‘We Were Privileged in Oregon’: Jessie Laird Brodie and Reproductive Politics, Locally and Transnationally, 1915-1975” (master’s thesis, Portland State University, 2012), 11-12.

One of the most outspoken birth control advocates in Oregon was Marie Equi. While Equi performed abortions in the privacy of her medical office, she became the public face of the birth control movement in Portland. She openly advocated for the legalization of contraception and actively counseled her patients on birth control methods. In a letter to her friend, Margaret Sanger, Equi claimed that she had “given more [birth control] information than any other doctor in these western states.”⁴⁹ Sanger first met Equi in June of 1916, when she arrived in Portland as part of the Pacific Northwest leg of her speaking tour. The two soon collaborated on editing Sanger’s birth control manifesto, *Family Limitation*. “[It] had been crudely and hurriedly written in 1914,” Sanger recalled, and “needed revising.” Sanger wrote the first version to provide quick facts to working-class women, but now believed that to reach a more middle-class audience, *Family Limitation* needed a more “professional tone.” Equi provided the text with more accurate medical information and downplayed abortion and sexual pleasure.⁵⁰ Later that month Sanger, Equi, and two other women were arrested for distributing copies of the revised text as part of a protest rally at the Baker Theater in downtown Portland. The four women spent the night in city jail and as Sanger later recalled, Equi spent the evening “talking over troubles and complaints” with the two other women.⁵¹

It is not surprising that a radical activist physician like Equi became the embodiment of birth control advocacy in the Northwest; the movement, after all, emerged from Portland’s thriving leftist communities. Just a year prior to Equi’s arrest at the Baker Theater, the subject of birth control gained visibility among Portland radicals when police arrested anarchist, Emma

⁴⁹ “Letter to Margaret Sanger from Marie Equi,” Box 80, Reel 51-52, Margaret Sanger Papers, Manuscript Division, Library of Congress, Washington, D.C.

⁵⁰ Margaret Sanger, *The Autobiography of Margaret Sanger*, (Mineola, N.Y.: Dover Publications, 2004), 205.

⁵¹ “Mrs. Sanger and Others Are Arrested,” *Daily Capital Journal*, June 30, 1916. Sanger, *The Autobiography of Margaret Sanger*, 206. Helquist, *Marie Equi: Radical Politics and Outlaw Passions*, 149.

Goldman and her associate, Dr. Ben Reitman, for distributing birth control literature in the city.⁵² Following their release, Goldman and Reitman continued on their national speaking tour, while Equi took up the mantle of birth control activism in the Northwest. Equi's radical birth control activism differed significantly from Lovejoy's more measured evolution on women's reproductive rights, yet they both demonstrate the broad spectrum of pro-birth control opinions that women physicians in Portland possessed.

Portland founded one of the earliest Birth Control Leagues in the nation and had the largest membership in the American West. Formed in 1915 in direct response to Goldman's and Reitman's arrest, the first meeting was held at the Central Library and recruited over 100 members. Their mission statement was to study "Neo-Malthusian ideas and place them before the public" in hopes of eventually influencing state legislation.⁵³ Because of this focus on outreach and education, much of the League's activism focused on public demonstrations, speaking engagements, and the circulation of petitions. One such petition outlined a three-part argument that appealed to conceptions of noble motherhood, feminist arguments for a woman's right to self-determination, and eugenic ideas of weeding out the "unwelcome and unfit."⁵⁴ Several women physicians became leaders and active members of the organization, including Marie Equi, Mae Cardwell, Bertha Stuart, and Ella Dearborn. The various pro-contraception arguments made by the League, ranging from feminist-socialist principles, to reverence of motherhood, to eugenic ideas, represent equally various political ideologies of its women physician members.

⁵² David M. Kennedy, *Birth Control in America: The Career of Margaret Sanger* (New Haven: Yale University Press, 1970), 74.

⁵³ "Birth Control Defended," *Morning Oregonian*, April 30, 1915.

⁵⁴ Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Urbana: University of Illinois Press, 2007), 152-53.

While physicians in Oregon rallied around public outreach campaigns, down south, California activists were also hard at work. Birth control league memberships in Northern California reveal several women doctors on the rosters, including Erida Leuschner Reichert, Ruth Shepherdson, Mary B. Ritter, and Lolita Day Fenton. California had one of the most restrictive contraception laws in the American West; doctors assisting in “the prevention of contraception” could be charged with a felony.⁵⁵ Physicians and other activists worked to subvert the laws by establishing several clinics in the Bay Area, despite the personal and professional risk. Dr. Adelaide Brown, a practicing physician in San Francisco for forty years and daughter of one of the first female physicians in San Francisco, Charlotte B. Brown, became one of the fiercest and most effective birth control activists in the region. In the early decades of the twentieth century, Brown taught natural birth control methods through San Francisco’s Baby Hygiene Committee. By the late-1920s, Brown, along with Dr. Florence Holsclaw, opened the first birth control clinic in the city, the Maternal Health Center, which received support from the American Association of University Women.⁵⁶ By the end of the 1920s, Brown ran three clinics in the Bay Area and traveled all over the state as part of her birth control activism. Brown’s views on contraception, like many other women physicians during this period, were rooted in an elitist, maternalist ideology. While speaking in Pasadena, for example, she remarked that the main problem for birth control workers “is that women who most need advice are too lazy to take the trouble to visit clinics.” Her solution to the indifference and apathy among the working class, she argued, was to set up mobile clinics for birth control outreach.⁵⁷

⁵⁵ *California - Acts Amendatory of the Codes, twentieth Session (1874)*: 419-470. California’s strict anti-contraception law remained unchanged until 1931. See Tone, *Devices and Desires: A History of Contraceptives in America*, 174.

⁵⁶ *San Francisco Chronicle*, July 2, 1929.

⁵⁷ “Clinics Demanded for Birth Control,” *Oakland Tribune*, April 27, 1938, 7.

Down in Southern California, several woman physicians also immersed themselves in the birth control movement. Women osteopaths became one of the more visible supporters of the movement in Los Angeles. In 1925 the southern division of the California's Osteopathic Women's Association sponsored the mother's clinic in the city. The clinic, open three afternoons a week and staffed with three women osteopaths, provided birth control information to women of the city. Despite the fact that doctors could only legally provide contraception information when the health of a woman was in danger, the clinic remained busy with a "constant stream of mothers."⁵⁸ The clinic did not charge a fee and often took referrals from social agencies like the city's tubercular clinic and the Jewish relief society.

Regular women physicians in the city also were active in the movement. Dr. Olga McNeil promoted contraception as a means for the state to save money. At a meeting of the Woman's Civics Club of Santa Ana, she argued that California wasted millions of dollars "to care for children that ought never to have been born." Like Brown, she based her expertise on the work she did as a physician and also couched her arguments in eugenic terms and anti-abortion rhetoric:

By my work . . . I know what I am talking about. Big families among the poorer classes too often result in the discouragement, the wearing out of attractiveness, the breaking down of home ties, drink and ultimately the rockpile looms up. I believe that through knowledge of birth control would result in reducing criminal operations, which we abhor, 90 percent.

McNeil went on to argue that the same care should be used in bringing children into the world as is used in raising "beans, potatoes, and pigs." She declared that women should have the right to plan their pregnancies and only then could birth control be entirely successful. At that same meeting another woman physician, Jessie Russell, took a more pragmatic approach. She

⁵⁸ Hope Swinford, "Osteopaths Tell News Writer of Birth Control Clinics; Latest Moves Regulating Size of Families," *Santa Cruz Evening News*, June 23, 1925, 7.

ridiculed those who opposed birth control and declared that women who would “illegitimately” use contraception probably already heard about it from their friends and neighbors.⁵⁹

It is significant that McNeil, a lifelong Democrat, and Russell, a Republican, spoke together at this event, both making pro-contraception arguments. Although the birth control movement first gained traction among leftist radicals, contraception, much like suffrage or municipal housekeeping, became a Progressive cause among many women physicians, transcending partisan divisions. This unified front was partly due to a faith in scientific motherhood, but perhaps more importantly, the birth control movement proved versatile because it could be annexed onto a variety of other progressive ideologies and medical doctrines: eugenics, Malthusian overpopulation concerns, maternalism, feminism, racism, or general public health campaigns.

Despite the wide bipartisanship among women doctors in Oregon and California, things proved much more factious in the Rocky Mountains. Women physicians and other progressive reformers had a much more contentious relationship with the movement in Colorado, and the state’s complicated history with populist politics and political rivalries set the tenor of reproductive politics in the region. In 1916, society woman and director of Denver’s Juvenile Court, Ruth Cunningham, founded Denver’s Birth Control League following Margaret Sanger’s visit to the city. Sanger’s visit inspired many women physicians in the state to align themselves with the birth control movement both locally and nationally. Dr. May T. Bigelow, for example, sat on the National Council of the American Birth Control League, and Drs. Theresa Fantz and M. Jean Gale were part of Sanger’s Endorsement Committee of 1,000.⁶⁰

⁵⁹ E.E. Leech Hurls Bomb at Birth Control Meet Held Here,” *Santa Ana Register*, February 24, 1917, 1.

⁶⁰ “Committee of 1000,” Box 56, Reel 36, Margaret Sanger Papers, Manuscript Division, Library of Congress, Washington, D.C.

The city had many visible birth control supporters, including Judge Ben Lindsey. Because of Lindsey's nationally known progressive views on sexuality, companionate marriage, and birth control, Sanger sought out his support. She wrote to Lindsey asking him to be on the National Council of the American Birth Control League and in November of 1923, she traveled to Denver to meet with the judge to discuss opening a family planning clinic in the city.⁶¹ Lindsey had long advocated for a clinic in the city, once telling a Denver grand jury that what was needed was a "change of the merciless attitude of society which would punish certain women for having children and then be so utterly stupid as to expect them not to resort to illegal operations."⁶² Denver's first birth control clinic opened its doors two years later in the basement of the Universalist Church on 17th and Emerson, and served 150 women during its first year in operation.⁶³

While California's birth control movement highlights how women physicians often viewed birth control as a bipartisan issue driven by a multitude of motivations, Colorado's movement, by contrast, reveals how the politics of reproduction could also foster strange bedfellows and unexpected rivalries. For example, Ben Lindsey and Dr. Mary E. Bates, a Denver-area physician and reformer, had a very bitter and very public political feud over his role in the juvenile court. Bates objected to his progressive views on sexuality and companionate marriage, believed Lindsey lacked a strong moral compass, and had no business adjudicating cases of minors in the state. Despite their acrimonious relationship, the judge and the physician were both

⁶¹ Letter from Margaret Sanger to Ben B. Lindsey, Box 68, Ben B. Lindsey Papers, Manuscript Division, Library of Congress, Washington D.C.

⁶² "Birth Control Clinic Plan of Judge Lindsey," *San Bernardino County Sun*, December 1, 1923, 2.

⁶³ Sanger and Lindsey remained close friends and Sanger often sent the judge money in his later unsuccessful campaign to fight the Ku Klux Klan's attempt to disbar him. In a letter to Lindsey, Sanger says she is grateful for the Klan's help in fighting the Catholic opposition to birth control, but recognized their danger as an organization. Letter from Margaret Sanger to Ben B. Lindsey, Box 68, Ben B. Lindsey Papers, Manuscript Division, Library of Congress, Washington D.C.

vocal proponents of contraception and often found themselves working together on birth control reform in the state. But even their mutual belief in the promise of birth control was rooted in entirely different approaches. While Lindsey aligned himself with the American Birth Control League (ABCL), an organization that promoted the medical legalization of birth control, Bates served on the national board of the Voluntary Parenthood League, a rival to the ABCL that promoted birth control access without the need to visit a physician. She argued, “The laws against the dissemination or information regarding contraceptive methods . . . are, in my judgment, neither equitable nor just, and should be repealed.”⁶⁴ Bates was not the only woman physician who worked with Lindsey to promote birth control, while also publicly opposing the judge on other issues. Dr. May T. Bigelow, a national board member of the ABCL and a former physician for Lindsey’s juvenile court, along with Theresa Fantz, who served on Sanger’s Committee of 1000, became active members of the Denver Ku Klux Klan by the 1920s, a group that dedicated itself to ousting Lindsey from the court for his “liberal” views of sexuality and the family.

Women physicians had many reasons to endorse the birth control movement, but this support was by no means universal. Fears of race suicide and a zealous reverence for motherhood led some medical women to oppose the movement. While Margaret Sanger had the vocal support of physicians like Bigelow and Fantz, she encountered resistance among many other women physicians. In 1919, at a conference on social hygiene in New York City, Sanger gave a lecture to audience composed “almost entirely of women physicians.” The women, she later recalled, reacted to the subject of birth control with open hostility and antagonism.⁶⁵ Anti-contraception physicians, like their opponents, became strong activists for their cause. They

⁶⁴ “A Symposium on Birth Control,” *Medical Review of Reviews* 25 (1919):131-157.

⁶⁵ Margaret Sanger, “Breaking into the South – A Contrast,” *Birth Control Review*, vol. III, no. 12 (Dec. 1919), 7-8.

spoke at club meetings, participated in political debates, and wrote articles in magazines and medical journals. They also often relied on the same maternalist medical rhetoric as pro-contraception physicians. Brooklyn doctor, Eliza Mosher became a vocal opponent of birth control, calling it a “menace to the population” that would “destroy . . . the maternal instinct.”⁶⁶ But even Mosher’s stance was nuanced. She did not object to physicians instructing patients for whom another pregnancy might be fatal; however, she remained adamant that teaching birth control methods to the general public would lead women to eschew their maternal destiny and men to dodge the commitment of marriage. Mosher’s views contrasted starkly with her own cousin, Dr. Clelia Duel Mosher, who took a much more pragmatic stance on contraception based on her studies on women’s sexuality. Her findings revealed that, contrary to American sexual mores, most women experienced sexual pleasure, and many used some form of contraception in order to limit family size. Her proto-sex-positive outlook was in direct opposition to Eliza’s more cautious and restrictive views. The Mosher cousins’ disagreement could be viewed as a mere family squabble, but it well represents the widening chasm of perspectives on sex and reproduction among women physicians in the early decades of the twentieth century.⁶⁷

While physicians like Eliza Mosher limited their anti-contraception activism to speeches and journal articles, others took their activism to the legislature. It has become somewhat of a truism in American West historiography that as a State Representative in Colorado’s General Assembly in the 1920s, Dr. Minnie Love attempted to pass a KKK-backed bill that advocated for

⁶⁶ Eliza M. Mosher, “A Protest Against the Teaching of Birth Control,” *The Woman’s Medical Journal* v. 32 (Dec. 1925), 320.

⁶⁷ Although Clelia Mosher’s studies on women’s sexuality were published posthumously, given the cousins’ disagreements over contraception, one wonders how interesting the Mosher family Thanksgivings were. Clelia Duel Mosher, *The Mosher Survey: Sexual Attitudes of 45 Victorian Women* (Arno Press, 1980).

the distribution of contraception.⁶⁸ New evidence, however, suggests that Love, like Mosher, opposed artificial contraception and that her failed bill most likely attempted to prohibit the distribution of contraceptives under strict regulation by the state.⁶⁹ In 1925, the same year she introduced House Bill 369, Love submitted an article to the American Social Hygiene Association entitled, “Birth Control: Morally, Economically, and Racially.” Her writing provides strong, detailed evidence of her opposition to artificial birth control. Her arguments also demonstrate just how complicated women physicians’ views on reproductive politics could be. □

Love begins her essay by denouncing birth control advocate, Margaret Sanger and her efforts to overturn federal and state Comstock laws. Not unlike Mosher’s position, she argues that readily available contraception threatened to corrupt the youth of America, and that it should be up to “the mothers and fathers of this country [to] decide whose business it is to safeguard the morals of their children . . .” She implores her readers not to limit their sense of decency, but rather, she declares, “Let’s hitch our moral wagon to the stars.” While Love uses familiar maternalist rhetoric to construct her argument, she also puts an emphasis on her medical knowledge to authoritatively criticize scientific arguments for artificial birth control. As she moves through her essay, she refutes, point-by-point, neo-Malthusian fears of overpopulation.

⁶⁸ Dr. Love joined the Denver women’s chapter of the KKK in 1924 and quickly became a high-ranking official within the party. Membership card files, Senter, Laurena and Gano, Family Papers 1870-1976 (MSS WH988), Western History and Genealogy Center, Denver Public Library.

⁶⁹ In *Hooded Empire: The Ku Klux Klan in Colorado*, historian Robert Goldberg argues that Love’s contraception bill was meant to “advocate” for the distribution of contraceptives in the state and this was evidence of some of the more progressive impulses of the Klan. Goldberg cites Love’s introduction of the bill (HB 369) from the House Journal of the General Assembly of the State of Colorado as evidence of this progressivism. Subsequent studies on the Colorado KKK repeat this claim. Yet, the House Journal’s record of HB 369 never uses the word “advocate,” instead Love uses the term “regulate.” Given the short record of the bill, the ambiguity of the term “regulate,” and the absence of any other documentation of the failed legislation, Goldberg’s interpretation is understandable. However, paired with Love’s essay on birth control, written the same year she introduced the bill, a reinterpretation of the bill’s intent is warranted. It should be noted that this author contacted the Colorado State Archives for a copy of the bill, but the archivists could not locate the proposed legislation in their records. That does not mean, however, that the KKK in Colorado held a uniform policy on contraception. Women KKK physicians like Theresa Fantz were pro-birth control advocates. Goldberg, *Hooded Empire: The Ku Klux Klan in Colorado*.

She then analyzes 1920s census data to argue that the biggest danger faced by Americans was not, in fact, overpopulation, but the decline among white Protestants, or what she calls “revolutionary stock.”

Love concludes her essay by presenting her legislative plan for Colorado. She calls for policies that encouraged white Protestants to have bigger families and advocates for laws limiting the procreation of the “unfit”—not through contraceptives—but through sterilization.⁷⁰ Although her birth control legislation died in committee, it is clear that Love believed her role as both maternal reformer and physician gave her critical and unique insight into the intricacies of gender and reproduction; her combined status of reformer, physician, *and* politician in the American West gave her direct access to the political process.

Dr. Love is notable for her eugenic zealotry; especially considering her concurrent role as state legislator and KKK member, but her coexisting positions on the immorality of artificial birth control and the moral good of eugenic sterilization were not uncommon. Physicians like Minnie Love and Eliza Mosher saw a clear and rational distinction between the two. They believed that artificial contraception would lead to the loosening of morals among otherwise morally sound young men and women, while eugenic sterilization was the logical choice for “unfit” populations. Eugenics fit into women physicians’ reproductive politics in often-complicated ways. While Love and Mosher saw no contradiction in their anti-contraception/pro-sterilization activism, other women physicians drew direct connections from the birth control movement to eugenic ideology. Oregon doctor and colleague of Bethenia Owens-Adair, Ella Dearborn saw contraception and eugenics as indivisible in the science of human progress. In an article on birth control, Dearborn argued that sixty percent of the American population possessed

⁷⁰ Minnie C.T. Love, “Birth Control: Morally, Economically, and Racially,” Charles and Minnie Love, Manuscript Collection, History Colorado, Denver, Colorado, MSS 1233, Box 1, FF 151.

the intellects of thirteen-year-olds and thus, “breed proportionally faster” than the other forty percent of intelligent Americans. “In them,” she reasoned, “lust and nature takes its course without the restrictions of modern intelligence.” Dearborn advocated a three-step process to racial uplift: first, accessible birth control information for the “sixty percent”; second, a “breeding up” program where the “forty percent” would be encouraged to have more children; third, a sterilization program for populations deemed “feebleminded” or “unfit.”⁷¹

The Eugenic World of Women Physicians

“Eugenics is the Moses that leads the child out of the land of ignorance; eugenics is the Lincoln that breaks the bonds of slavery; eugenics is light and growth.”⁷² Dr. Mae Cardwell, speaking at a Portland conference on child welfare in 1913, argued that the science of eugenics formed a link in the long chain of social progress: from Moses leading the Israelites out of Egypt, to Abraham Lincoln penning the Emancipation Proclamation, to eugenicists freeing the nation from the bonds of reproductive ignorance. Stunning in its hyperbole, Cardwell’s dramatic statement aligns perfectly with Bethenia Owens-Adair’s linking of eugenic sterilization laws to the Declaration of Independence. Their statements not only demonstrate the importance women physicians placed on the science of eugenics, but it also highlights the sense of urgency they felt. Somewhat counter intuitively from our modern-day perspective, eugenics became the safest entry point for many women physicians interested in the politics of reproduction in America; abortion was illegal and controversial, and the birth control movement was complicated and contentious. Eugenics, on the other hand, garnered widespread support in the early twentieth century precisely because it was seen as a scientifically modern, moral good.

⁷¹ Ella Dearborn, “Birth Control: What it Means to the Family and the Nation,” Bethenia Owens-Adair, *Human Sterilization: It’s [sic] Social and Legislative Aspects, its Social and Legislative Aspects* (Portland: Metropolitan Press, 1922), 100-101.

⁷² “Interest Grows Fast in Oregon in Child Welfare,” *The Oregon Daily Journal*, Oct. 22, 1913, 11.

When Francis Galton coined the term in 1883, he postulated that differences in human intelligence and behavior were due to hereditary traits. Furthermore, he believed hereditary lines could be improved, and science was duty bound to work towards the perfection of humankind.⁷³ As Galton put it, “what nature does blindly, slowly, and ruthlessly, man may do providently, quickly, and kindly.”⁷⁴ Sterilization laws, like the ones championed by Bethenia Owens-Adair and Minnie Love, represent what some scholars call “negative eugenics,” a controversial and contentious strand of thought that specifically focused on curtailing the reproduction of the “unfit.” However, “positive eugenics,” in the form of “fitter families” and “better babies,” became acceptable and commonplace knowledge in Progressive-Era America. Positive eugenics emphasized rational, medically sound, and state-sanctioned marriages where parents would impart both morality and healthy genes in their offspring. This strand of eugenics thus became the perfect reproductive surveillance tool for the Progressive Era, combining a faith in science with the promise of a perfected society. Better breeding, unlike abortion and birth control, garnered widespread support from professionals and the general public across the political spectrum.⁷⁵

It is important to remember that while eugenics was first a scientific endeavor, it needed social momentum in order to gain traction outside scientific circles. While researchers worked to

⁷³ The historiography of eugenics in the United States is quite extensive. For a basic outline, see Paul A. Lombardo, ed., *A Century of Eugenics in America: From the Indiana Experiment to the Human Genome Era*, Bioethics and the Humanities (Bloomington: Indiana University Press, 2011), Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (Cambridge, Mass.: Harvard University Press, 1995), Diane B. Paul, *Controlling Human Heredity: 1865 to the Present*, *The Control of Nature* (Amherst, N.Y.: Humanity Books, 1995), and Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*.

⁷⁴ Francis Galton, “Eugenics: Its Definition, Scope, and Aims,” *The American Journal of Sociology* Vol. X, No. 1 (July 1904), 1-6.

⁷⁵ It is important to note that despite their different categorizations, positive eugenics, like negative eugenics should be viewed as a coercive reproductive ideology, See Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America*, and Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn-of-the-century to the Baby Boom* (Berkeley, Calif.: University of California Press, 2005).

unlock the mysteries of better breeding, non-scientists needed to make it accessible and acceptable to the American public. Women physicians had positioned themselves as the ideal candidates to talk to women about sex, pregnancy, and childrearing, thus they became the perfect vehicle to interpret eugenic science to the general public. As Portland physician, Amanda Ziegler explained, “No one is more familiar with the miseries, tragedies . . . and wasted lives caused by these diseases. . . .”⁷⁶ Relying on their perfected rhetoric of maternalist medicine, they could translate medical and scientific literature in lectures at women’s clubs and local organizations, while simultaneously encouraging society men and women to spread the gospel of eugenics to their communities. Women physicians were also primed to take eugenic science directly to lay men and women by running baby clinics, giving talks on sex hygiene, and publishing articles on marriage fitness in popular magazines. Women physicians became an effective force for bringing eugenics to the masses, becoming the middleman between scientist and mother, researcher and reformer.

As early as 1898, as eugenics began trickling into mainstream culture, a Los Angeles newspaper implored their readers to “consult the woman physician of your own vicinity” to find out more about eugenic parenting: “Great credit is due to women physicians for spreading information among mothers concerning the danger to which they expose their unborn children, both as to heredity characteristics and as to maladies which poison the blood and undermine health.”⁷⁷ Forums, talks, and lectures advertised in newspapers often featured a women physician on the roster discussing eugenic marriage and parenting. “Peace, better babies, and red light abatement” for example, was the sub-headline in the *San Francisco Chronicle* for the 1916

⁷⁶ “Single Standard of Morals Wrong,” *Oregonian Journal*, April 5, 1914, Amanda Ziegler Biography File, Oregon Health and Science Historical Collections and Archives.

⁷⁷ “Ordered to Assemble,” *Los Angeles Herald*, May 9, 1898, 7.

“Congress of Reforms” meeting in the city. Run by the Women’s Christian Temperance Union (WCTU), the conference featured Dr. Sara E. Wise and Dr. Millicent Cosgrove, who gave keynote speeches on eugenics followed by a better baby clinic where attendees could bring in their little ones for an appraisal.⁷⁸

The WCTU, in fact, played a significant role in giving women physicians a platform for translating eugenic science to the public. By the closing decades of the nineteenth century, the WCTU became one of the most powerful women’s organization in the country, with over 200,000 members and with chapters in nearly every town in America.⁷⁹ Although they began as a temperance organization, the WCTU’s mission focused on several aspects of the social reform, including eugenics. In 1883, the organization formed a “Department of Heredity” during its annual national conference in Detroit, Michigan. The goal of the department was to educate WCTU members and the public on emerging theories of hereditary science. As historian Susan Rensing has demonstrated, the grassroots structure of the WCTU enabled the group to distribute “vast amounts of literature” on eugenics, including circulating editorials and advocating for eugenic legislation. They also encouraged local chapters to hold hereditary training lessons for young girls and mothers, and these sessions were often conducted by women physicians in the area. The WCTU also charged a woman physician, Dr. Mary Weeks Burnett, to edit its own journal on the subject. As Rensing argues, the WCTU believed “eugenics was a science that should be conducted *by women for women’s causes*.”⁸⁰

⁷⁸ “Annual Congress of Reforms to Discuss Babies,” *San Francisco Chronicle*, August 5, 1916.

⁷⁹ Elizabeth Putnam Gordon, *Women Torch-Bearers: The Story of the Woman’s Christian Temperance Union* (Evanston, IL: NWCTU Publishing, 1924), 246, Alison M. Parker, *Purifying America: Women, Cultural Reform, and Pro-Censorship Activism, 1873-1933* (Urbana: University of Illinois Press, 1997).

⁸⁰ Susan Marie Rensing, “Feminist Eugenics in America: from Free Love to Birth Control, 1880-1930,” (PhD diss., University of Minnesota, 2006), 81.

“Better baby contests” became the most visible way women physicians promoted eugenics to the public. More than simply beauty pageants, these contests became a popular method for reformers and physicians to persuade everyday Americans to make the connection between public health and eugenic ideology. As medical historian Alexandra Minna Stern demonstrates in her study on Indiana eugenics, better baby competitions originated with maternalist reformers who collaborated with physicians to promote the idea of eugenically fit families.⁸¹ Often organized by women, baby health contests benefited from the popularity of “female volunteerism” in the Progressive Era and are a clear demonstration of how medical women worked alongside reformers in eugenic outreach. In cities in the American West, women physicians were particularly invested in scientific baby contests, organizing multiple contests in Oregon, Washington, Utah, Colorado, Arizona, and California.

Dr. Agnes Ditson, a co-organizer of Colorado’s contests, argued that as far as she was concerned, winning her contest was entirely beside the point. If a child loses, she reasoned, “his parents then make anxious requests for his score-card to see in what he has been deficient and what can be done to remedy the defects. They also ask what can be done to prevent these defects in future offspring.”⁸² For Ditson, the primary purpose of baby health contests was to educate parents rather than identify the perfect eugenic specimen. The Colorado scorecard, designed by Ditson and psychology professor, Sanford Bell, was quite extensive and designed to be physician friendly. While the American Medical Association’s card had 70 items, the Colorado scorecard was six-pages long, with 143 judging components.⁸³ The national magazine, *Woman’s Home*

⁸¹ Alexandra Minna Stern, “Making Better Babies: Public Health and Race Betterment in Indiana, 1920-1935,” *American Journal of Public Health* 92, no. 5 (2002): 742-752.

⁸² Agnes Ditson, “The Human Stock Show,” *The Woman’s Medical Journal*, July 1913, 111.

⁸³ Vance Dorey, *Better Baby Contests: The Scientific Quest for Perfect Childhood Health in the Early twentieth Century*, 45.

Companion eventually adopted and promoted the Colorado rubric with the hope that it would become the scientific standard for the nation.⁸⁴

Colorado's inaugural baby health contest, held in 1913, became not only a demonstration of women physicians' roles in social eugenics, but also a showcase for the salubrity of the American West. Ditson and her colleague, Dr. Mary Elizabeth Bates, convinced the secretary of the National Western Stock Show, Fred P. Johnson, to allot space during the exhibition for a contest. Bates argued that the most famous agriculture and stock show in the nation was the perfect site to hold a scientifically-based baby contest: "If intelligent stock-raising resulted in the highest priced stock on the continent, why wouldn't intelligent fatherhood and motherhood result in the finest line of children in America?"⁸⁵ Once Bates and Ditson secured their venue, they enlisted the help of twenty-six of their fellow physicians to judge the show, of which over fifty percent were women. Each physician worked alone or in small teams to judge an individual component on Ditson and Sanford's rubric. For example, Dr. Madeline Marquette was in charge of judging "hands and feet," while Drs. Sara May Townsend and Florence S. Green, two area dentists, were in charge of judging contestant teeth.

The contest consisted of three rounds held over a one-week period. On Monday, January 20, almost 300 babies and their families gathered at the Savoy Hotel in downtown Denver for the preliminary round of judging. Only fifty babies scored ninety-five percent or above and were invited back for the second round. On Wednesday morning at the Metropolitan Building, Ditson reexamined the fifty children, making sure each one was judged and scored properly. Once verified, Dr. Bates invited the finalists, or the "Premium Comparison Class," to attend the awards

⁸⁴ Correspondence and Stock Show Report, February 1913, file 4-14-2-3, Records of the National Western Stock Show, Colorado Agricultural Archive, Colorado State University, Vance Dorey, *Better Baby Contests: The Scientific Quest for Perfect Childhood Health in the Early twentieth Century*, 45.

⁸⁵ "The Finest Babies in Colorado," *Woman's Home Companion*, April 1913, 26.

ceremony, where the winners would be announced in front of a packed arena of onlookers on Friday, January 24th, at 3:00pm at the National Amphitheater and Livestock Pavilion.

“It is fitting that this scene should be in the open,” a reporter for the *Woman’s Home Companion* wrote about the Denver finals, “Nowhere in the world is the air clearer, the skies bluer than in Colorado . . .”⁸⁶ Indeed, the spectacle of the ceremony held that Friday afternoon in the stockyards epitomized the American West in the Progressive Era — a fusion of an invented past with an imagined future. Equal parts heritage festival and science fair, the outdoor show mythologized its frontier past, celebrated its present reputation as a climatological haven, and embraced a scientific future.

The stadium filled with nearly 5,000 spectators as the famous “Buffalo Bill” Cody handed out the awards. The *Denver Post* reported:

Colonel Cody bowed and smiled and waved his black hat, and the crowd cheered again and again. . . While [the band] played *Hail to the Chief*, the old Indian fighter accompanied [Stock Show] Secretary Johnson and the governor about the arena, receiving introductions to the proud mothers — and to the babies too.⁸⁷

It was Cody’s task to announce the two grand prize winners; one for the best city baby and one for the best rural baby. The rural prize went to Ralph Gullet, a boy from a small ranch in Golden. The city prize was awarded to Ethel Chamberlain, whom the *Woman’s Home Companion* described as “a dainty little creature, perfectly proportioned, [who] comes from American parentage.”⁸⁸ Upon announcing the winners, Cody kissed “little Ethel” and held her over his

⁸⁶ “Better Babies,” *Woman’s Home Companion*, May 1913, 25. It is interesting to note that the writer discusses the event as being held outdoors, even though the fairly new amphitheater, where the finals were held, was an enclosed structure. The need to emphasize the Colorado weather in the piece speaks to the importance of the state’s climatological reputation during this period. For more on the construction of the amphitheater, see Thomas J. Noel, *Riding High: Colorado Ranchers and 100 Years of the National Western Stock Show* (Golden, Colo.: Fulcrum Pub., 2005).

⁸⁷ *Denver Post*, January 24, 1913, 2.

⁸⁸ “Better Babies in Denver” *Woman’s Home Companion*, May 1913, 62.

head as the crowd roared its approval. Ever the showman, Cody then borrowed a horse and paraded Ethel around the arena for onlookers to get a better look at Colorado's finest specimen.

The sight of the beloved old warrior with the champion Western baby was too much for the feelings of the crowd and everyone sprang to his feet and shouted like mad. Some of the cow-punchers present imitated the custom of Mexican bull fights and threw their sombreros into the ring. . .⁸⁹

The adoration showered upon little Ethel and Ralph could be attributed to a simple celebration of two adorable Colorado babies; yet the crowd's enthusiasm that afternoon also projected a shared sense of excitement — both for the promise of a new eugenic age and the American West's place in it. Colorado lured thousands of health seekers to the region for its salubrious climate, and although medical climatology fell out of favor in scientific circles during this period, many Coloradans continued to profess the health-giving benefits of the “Switzerland of the West.” Eugenics' emphasis on the importance of heredity did not diminish the region's stake in medical climatology, rather, it augmented it. Agnes Ditson proclaimed that, indeed, Colorado's climate produced bigger, “superior” babies, therefore other eastern cities using their eugenic scorecard would need to adjust accordingly.

This cultural marriage between the “The Wild West” past and the modern science of eugenics on display at the Western Stock Show that January afternoon was not an uncommon trope at the turn-of-the-century. As historian Martin Pernick has pointed out, several popular films of the era also made connections between the American West and eugenic health. In the 1914 film *Eugenics at the Bar “U” Ranch*, for example, “Martha” a eugenicist, visits the ranch in order to find the perfect male companion “among the sturdy men of the unspoiled west.” Similarly, literary scholar Victoria Lamont has documented several western novels with eugenic themes. For example, she argues that *The Branding Iron* (1919), is “an explicitly white

⁸⁹ *Denver Post*, January 24, 1913, 2.

supremacist text” that contrasts the “racially mongrelized” metropolitan East with the civilizing possibilities of the “emptied” American West.⁹⁰

Following the success of Colorado’s first contest, Dr. Bates traveled to San Francisco the next week to help organize the National Eugenics Society (NES). Bates enlisted Mary T. Watts, known as the mother of eugenics for her role in establishing the first baby show in Iowa, to serve as President. She also persuaded two prominent eugenicists, David Starr Jordan and Charles Davenport, to become its first members. The new organization planned to build a permanent headquarters in Denver and hold an annual baby health contest in conjunction with the Western Stock Show. The larger purpose of NES, however, was to spread eugenic science to the public through a series of baby shows across the region and the nation.⁹¹ Indeed, six months after Buffalo Bill and little Ethel’s victory lap around Denver’s Livestock Arena, Dr. Bates organized a baby health contest in Salt Lake City with the help of Utah physician, Mormon, and state legislator, Jane Skolfield. Other NES sponsored contests and lectures were held in various towns and cities in Texas, Arizona, California, Nevada, Kansas, Oregon, and Washington DC. Although the NES never gained the national prominence that Bates and Ditson anticipated — the way the male-founded American Eugenics Society would in the 1920s — the early existence of NES demonstrates how women physicians envisioned themselves as not only regional, but national leaders in the eugenics movement in America.⁹²

⁹⁰ Martin S. Pernick, *The Black Stork: Eugenics and the Death of Defective Babies in American Medicine and Motion Pictures Since 1915* (Oxford: Oxford University Press), 130, Victoria Lamont, *Westerns: A Women’s History*, Postwestern Horizons (Lincoln, NB: University of Nebraska Press, 2016), 117-19.

⁹¹ “Form Eugenics Society,” *Detroit Free Press*, January 26, 1913, 15, “Iowa Women to Lead,” *Des Moines Register*, February 13, 1913, 6. “To Evolve Perfect Baby New Society’s Object,” *Los Angeles Times*, February 5, 1913, 1.

⁹² Bates and Ditson never succeeded in building a NES headquarters in Denver and the Western Stock Show held its baby health contest for only two more years, yet NES lectures and functions appear sporadically in newspapers across the country well into the 1930s.

Dr. Mary Lawson Neff, who worked closely with Bates and the NES, became a well-known proponent of eugenics in Arizona. Neff traveled throughout the state organizing, judging, and lecturing on eugenic health in the early decades of the twentieth century. Like her Colorado colleagues, Neff focused on infant wellness, rather than illness, arguing: “The question raised is not, ‘Is the baby sick?’ but ‘How well ought the baby to be?’” Also like her western colleagues, Neff often combined nationalist rhetoric with middle-class perceptions of an inferior underclass. “The destiny of a nation depends on whether the stupid, idle, and shiftless strains of blood are gaining on the industrious, intelligent, and vigorous strains, or the reverse.”⁹³ Although Neff concentrated her eugenic activism in Arizona, she became an influential national figure, traveling all over the country judge baby health contests, including Minnesota, New York, and Iowa.⁹⁴

Dr. Neff also adjudicated Native American baby health contests in Arizona. In 1916, Neff traveled to southwest Arizona to judge a contest and deliver a lecture on infant health on the Pima Indian Reservation.⁹⁵ Dozens of babies entered the contest and each mother received a button that read, “I attended Baby Week at Sacaton.”⁹⁶ There is little evidence to suggest that other white women physicians in the West included, or even thought of, indigenous children in their formulation of eugenics. Neff may have been the sole exception, largely due to her medical work with the Pima and Tohono O’odham communities Southwest Arizona. Several physicians worked with minority communities in the West under the auspices of “better babies,” but campaigns were often framed around reducing infant mortality and disease, rather than extolling a eugenically perfect infant. Dr. Adelaide Brown, the birth control advocate in San Francisco,

⁹³ “Better Babies” *Bulletin of the Arizona State Board of Health*, Vol. 5 No. 2 (April 16, 1916), 10-11.

⁹⁴ “Eminent Doctor to Referee Baby Show,” *Weekly Journal-Miner*, September 15, 1915.

⁹⁵ Just south of Phoenix, the reservation is now known as the Gila River Indian Community. The community is home for members of both the Akimel O’odham (Pima) and the Pee-Posh (Maricopa) tribes and its largest communities are Sacaton, Komatke, Santan, and Blackwater.

⁹⁶ “Indian Baby Week at Sacaton,” *The Native American* v. 17 (1916), 193.

participated in several better baby clinics all over California. At the 1918 Southern California Fair in Riverside, for example, Brown and the other organizers encouraged mothers of “every nationality” to bring their babies in for examinations. At this particular event, Brown distributed a Spanish translation of her newly authored diet booklet to every Mexican family who participated in the “Better Child Fair.”⁹⁷ White women physicians, however, largely excluded minority children from better baby contests that focused on finding the “perfect” representation of the human race, and instead relegated them to better baby clinics or child welfare events that focused on improving health and avoiding disease. This method of exclusion spoke volumes on white women physicians’ racial politics and faith in scientific racism. While they believed in promoting family and infant health, only Anglo-Saxon babies could represent the perfect American child.

Many women physicians went beyond the selective pronatalism of better babies and fitter families and instead focused their professional and political energies on reproductive restriction, largely in the form of eugenic sterilization. Proponents of sterilization argued that uplift through positive eugenics was not enough to curtail the problem of the degeneracy of the human race. Of course, women physicians could, and often did, become proponents of both “positive” and “negative” eugenic policies. Dr. Mary Bates, the co-founder of Colorado’s Better Baby Pageant, argued, “As a matter of mercy, justice, humanity and economic necessity the State should exercise the right of birth control thru sterilization and segregation of all insane, epileptic, and feeble minded; drunkards, habitual criminals, drug addicts and those afflicted with transmissible

⁹⁷ “Better Child Fair Feature,” *San Bernardino News*, Sept. 12, 1918.

diseases.⁹⁸ If better babies were about making Americans “fit,” sterilization campaigns were about weeding out the “unfit” through reproduction control.

As with baby health contests, women physicians in the West became instrumental to bringing the idea of sterilization to the public. The *San Francisco Call* perhaps sums this relationship between women physicians and civil society when reporting on Oregon physician, Ella Dearborn’s visit to the city to lecture clubwomen on sterilization. “Not that the things she stands for are accepted by clubwomen as conclusive, but they lead the way to an intelligent, a practical, and a humane discussion of the greatest problem of the civilized world — the reproduction of the human family.”⁹⁹ Dearborn’s visit to San Francisco highlights two important points about women physicians and their role in spreading the gospel of sterilization. First, they often traveled beyond their home states in their campaigns, working to shape regional and national debates on eugenics. Second, although they were met sometimes with skepticism, their dual role of woman and physician created opportunities for influencing opinions among clubwomen, reformers, and civic society.

Although not every woman physician supported eugenic sterilization, it would be incorrect to assume that medical sects influenced opinions on the subject. In fact, women physicians representing every medical sect made pro-sterilization arguments in existence in the early decades of the twentieth century. In Los Angeles, for example, the California branch of the osteopathic women’s national organization passed a resolution in 1925 that advocated for the sterilization of men convicted of sexual crimes.¹⁰⁰ Homeopaths, like Ella Dearborn, also supported sterilization. An article in the 1919 *Pacific Coast Journal of Homeopathy*, for

⁹⁸ “A Symposium on Birth Control,” *Medical Review of Reviews* 25 (1919):131-157.

⁹⁹ *San Francisco Call*, July 10, 1905, 7.

¹⁰⁰ “Women Elected Officers,” *Oakland Tribune*, June 18, 1925.

example, argued for the “active application of the practice of sterilization.”¹⁰¹ Regular physicians, like Minnie Love and Bethenia Owens-Adair, also embraced the idea of eugenic sterilization.

In fact, Oregon’s “Mother of Sterilization” was perhaps the most vocal proponent of sterilization in the country. After her fateful 1883 visit to the state insane asylum in Salem, Owens-Adair began a decades long campaign to legalize the sterilization of the “unfit” in Oregon. Quite prolific in her writing, a significant part of her campaign was to educate the public through editorials in Oregon newspapers and other publications. Sterilization, she claimed, was a necessary good because hypersexuality was an inherent characteristic of degeneracy: “. . . Most feeble-minded persons are sexually excitable . . . even when perversion is not the direct cause of their mental downfall.” She also believed that both men and women were susceptible to perversion, writing: “Contrary to the popular idea, there are as many female sexual perverts as there are male.” Because of these factors, she believed every person committed to any state institution and categorized as “insane, epileptic, feeble-minded, idiotic, or for criminality,” should be sterilized by the state.¹⁰²

While much of her writing emphasized the idea of improving the “human race,” Owens-Adair took a decidedly nationalist tone in her push for sterilization, arguing: “A nation one-third dull is not a very bright nation, even if it is American.” She called on citizens to embrace a “New Patriotism,” one that pledged loyalty to the nation through eugenic cleansing. “By the protection of our unborn children through purification we can become the greatest country in the world.” She also argued that a eugenically pure nation trumped personal rights and that it was unnecessary to secure the consent of those targeted for sterilization.

¹⁰¹ John A. Reily “Preventive Psychiatry,” *Pacific Coast Journal of Homeopathy* Vol. 30 (1919), 65.

¹⁰² Bethenia Owens-Adair, *Human Sterilization: It’s [sic] Social and Legislative Aspects*, 19-23.

Owens-Adair faced considerable opposition from many of her fellow Oregonians throughout her decades long campaign. Of her 1909 campaign and the increasing progressive impulse to mandate medical procedures, one letter writer to the *Evening Telegram* declared,

This is an age of the knife and pistol — the knife in the hands of the medicos, the pistol wielded by believers in the ‘unwritten law’ . . . The medical fraternity has of late developed such an appetite for carving living human bodies that they now seek by law for further opportunity to glut this craving. . . We are allowing the doctors to become our masters.

Never one to let a slight go unanswered, Owens-Adair responded with her own letter to the *Telegram*, arguing that the fears her legislation would be abused were exaggerated and unfounded. After all, she reasoned, doctors were humans too, not “blood thirsty villains.”¹⁰³ Lora Little, an anti-vaccination activist, argued that government had no right to perform invasive medical procedures on its citizens. When Oregon’s Governor finally signed her bill into law in 1913, Little organized the Anti-Sterilization League, which drafted a successful state referendum to repeal the law.¹⁰⁴

In 1908, two inmates of the State Insane Asylum in Salem began a letter writing campaign in protest. Charles Engelke took Owens-Adair to task for her “rage of fanaticism”:

Throughout her article [Owens-Adair] display[s] flagrant ignorance regarding a subject upon which she imagines herself well versed . . . Through all ages wise men of surgery and medicine have refrained from such a suggestion, knowing full well that any step they urged regarding such a proceeding on fellow beings would bring the entire humane and thinking world down about their ears.

Engelke concluded his letter by arguing that environment, not heredity, has more influence on a child’s outcome: “Exchange the tenement-bred infant of six months for that of a well-born infant

¹⁰³ “Sees a Medical Tyranny,” *Evening Telegram*, February 3, 1909. “Letter to the Editor, *Evening Telegram*, February 9, 1909.

¹⁰⁴ Lombardo, *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck V. Bell*, 28, Mark A. Largent, *Breeding Contempt: The History of Coerced Sterilization in the United States* (New Brunswick, N.J.: Rutgers University Press, 2011), 96.

of the same age and the law of environment will assert itself.” The second inmate, L.S. Robinson argued that the “well-born” are frequently the ones who commit crimes and that sterilization would have robbed the world of Booker T. Washington and Frederick Douglass.¹⁰⁵ When the *Morning Oregonian* published excerpts from the inmates’ letters, Owens-Adair, once again, replied with a scathing editorial, writing, “Who those two worthies are I know not, but one thing I know, that is, that I am contributing to their support, to their daily bread, while they are living in idleness.”¹⁰⁶

Robinson invokes Washington and Douglass in his letter, suggesting a racial component to Owens-Adair’s sterilization plan. The doctor, however, never mentioned African Americans in public discussions of sterilization prior to this point; she instead emphasized criminality, insanity, and degeneracy. In a letter to the *Astoria Budget* five years later, however, Owens-Adair makes clear her thoughts on black Americans:

I have said many times, but not in public, that the propagation of the negro must be cut off for the preservation of the south. Our nation cannot exist another century if the black race, the insane and the feeble minded, are permitted to propagate to their own sweet will. . . If our glorious nation is to be perpetuated . . . the inferior races must not be allowed to reproduce themselves through marriage and otherwise throughout their natural lives.¹⁰⁷

By linking race with degeneracy, Owens-Adair essentially proposed genocide as the solution to what she called “the black plague.” In another letter written in 1921, she makes this point more explicit, suggesting that sterilization would be a tidier tool of war against the black race than the South’s reliance on Jim Crow violence:

I have repeatedly said that if every violator of white women and girls was radically sterilized and turned loose, the benefit would be greater than the rope or

¹⁰⁵ “Sterilization is Opposed,” *The Morning Oregonian*, December 24, 1908, 7.

¹⁰⁶ “A Child’s Right to be ‘Well-Born,’” *The Morning Oregonian*, December 31, 1908, 7.

¹⁰⁷ “Dr. Owens-Adair Replies,” Bethenia Owens-Adair, *Human Sterilization: It’s [sic] Social and Legislative Aspects*, 194.

torch. But should the time come that the black race became a menace to our nation, a remedy could be found without resorting to war. Congress could pass a law requiring the sterility of the female.¹⁰⁸

Owens-Adair's statements are certainly disturbing; yet, within the context of how Progressive-Era eugenicists understood heredity, her words are unsurprising. Because they believed insanity, feeble-mindedness, inebriety, criminality, and degeneracy were inherited traits, eugenics was in and of itself a genocidal science; eugenicists believed they could wipe out entire hereditary lines of degeneracy for the good of the human race. It is not a stretch, then, for Owens-Adair to also advocate for the elimination of perceived inferior or criminally inclined racial minorities.¹⁰⁹

The term "genocide" had not yet been established in international law when Owens-Adair made her suggestion that government could use sterilization to eliminate African Americans. That legal distinction would emerge forty years later in the aftermath of the Holocaust when the newly-established United Nations defined genocide and included "Imposing measures intended to prevent births within [a] group" as one of its five subcategories.¹¹⁰ Owens-Adair's vision of the possibilities of compulsory sterilization in the United States provides a powerful counter narrative to scholars who suggest that the Nazis took American ideas of eugenics and twisted them into an unrecognizable form.¹¹¹ Owens-Adair and her supporters discussed sterilization as a means for racial and ethnic cleansing decades before the German government began its own eugenics campaign. In 1935, when Oregon proposed strengthening its sterilization laws, the

¹⁰⁸ "Open Forum," *Capital Journal*, January 31, 1921.

¹⁰⁹ As historian Edward Larson has pointed out, eugenicists in the South prior to World War II had little interest in targeting African Americans. He argues that blacks were excluded from the state institutions where sterilizations took place, and eugenicists in the region were more concerned with purifying the Anglo-Saxon race. Edward J. Larson, *Sex, Race, and Science: Eugenics in the Deep South* (Baltimore: Johns Hopkins University Press, 1995), 138.

¹¹⁰ U.N.T.S. No. 1021, vol. 78 (1951), p. 277.

¹¹¹ See J. Philippe Rushton, *Race, Evolution, and Behavior: A Life History Perspective*, 2nd ed. (Port Huron, MI: Charles Darwin Research Institute, 2000) and Richard Lynn, *Eugenics: A Reassessment*, Human Evolution, Behavior, and Intelligence (Westport, Conn.: Praeger, 2001).

Oregon Journal criticized the state for “taking a tip from Nazi Germany,” yet the legislature was simply attempting to fulfill Owens-Adair’s original vision. In fact, Owens-Adair hinted at a broader application of racialized sterilization when commenting on another minority group, writing in 1921: “I have been asked if I am advocating the settlement of the Japanese question by sterilization . . . I have not as yet advocated any plan. It is a question that must be settled and when the time comes we must and will, find a way to meet it.”¹¹² For Owens-Adair, sterilization became a surgical fix for any group who became an uncontrollable threat.

While Owens-Adair became a fierce public advocate for sterilization in the local media, her real “legacy” lies in the legal footwork she performed in order to codify sterilization into law, and the thousands of Oregonians that were subjected to the involuntary procedure. Owens-Adair received regular reports on the status of inmates and patients who had undergone the procedure.

She included “success stories” from the Oregon State Penitentiary in her book, *Human Sterilization*:

- Joe H. age 38. Reason: Desire to rape small girls. “Was released on parole shortly after operation and as far as we are able to learn, he has remained out of trouble in every way.”
- John H., age 17. Reason: Degenerative practices —allowing other prisoners to commit sodomy on his person. “The operation apparently has had the desired effect, at least we have had no further trouble with the boy.
- Sam B., age 36. Reason: Being degenerate. Served several terms in reform school and received at penitentiary upon arriving at proper age. Continually in trouble during incarceration. Since operation has caused no trouble, been good worker.¹¹³

She also published a few cases “taken at random” from Oregon State Hospital:

- M.R., age 19: She sits about in an idle manner and does not take interest in the happenings about the ward. She complains she is depressed and discouraged and has spells of laughing without provocation. She is inclined to be idle and indifferent . . . It was

¹¹² *Oregon Journal*, August 9, 1935.

¹¹³ Owens-Adair, *Human Sterilization: It's [sic] Social and Legislative Aspects*, 144-45.

discovered that she was in the habit of practicing self-abuse often before other patients. Since the operation this patient's self-control and general personal habits have improved.

- D.S., age 34: This patient has recurrent attacks of maniacal excitement, often developing at her menstrual period. Between these attacks she is perfectly sane. Operated on in February 1918. Report of March 20, 1919: This patient has been at home for several months past and continues doing well.¹¹⁴

The men and women Owens-Adair presents in her book offer a glimpse into the wide spectrum of “deviant” behaviors that could trigger a sterilization case during the early years of the Oregon statute. While institutional officials targeted some patients with violent sexual histories, other patients underwent the procedure for delinquency, homosexuality, excessive masturbation, and what we might now call bipolar disorder and premenstrual dysphoric disorder. To Owens-Adair, these “success stories” provided proof that sterilization was not only eugenic, but also therapeutic. Sterilization, in her mind, was the key to creating a civil, peaceful, and criminal-free society.

Owens-Adair is largely remembered for her activism in Oregon; yet it is important to place her work within a larger regional framework. Her devotion to eugenics made her an influential figure in sterilization debates all along the Pacific Coast. Perhaps most significant, Owens-Adair successfully lobbied for a sterilization law in the state of Washington. Her son, Dr. G.J. Hill, resided and practiced medicine in North Yakima, a town 140 miles southeast of Seattle. Owens-Adair spent a great deal of time in Washington with her son and in 1907, the same year she first introduced her sterilization bill in Oregon, she enlisted Walter J. Reed, State Senator of the 15th District in North Yakama, to introduce the same measure in the Washington legislature. Although her efforts failed that year in both states, Owens-Adair remained undeterred: “. . . You can rest assured that I will be on hand two years hence if I am still in the land of the living and with a

¹¹⁴ *Ibid.*, 146-47.

force favoring its passage that will be felt.” Indeed, two years later Owens-Adair renewed her multi-state campaign: “As soon as my bill passed the [Oregon] House, I left Portland and took the night train for Olympia, on arrival went at once to the State House, at the close of the session.”¹¹⁵ Her efforts in Washington paid off – state legislators passed her bill and the governor signed it into law in 1909, several years before her home state would enact the same legislation.¹¹⁶

Farther down south, Owens-Adair pursued a different sterilization agenda. California enacted its first sterilization law in 1909, the same year as Washington. Over the following decade, legislators would amend and expand the law and by 1921, over 2,500 sterilizations had taken place in the state.¹¹⁷ While lecturing in Paso Robles, Owens-Adair asked a local doctor about the state’s sterilization law and was shocked to learn the physician knew nothing about it. “It has always been said that California is way ahead of Oregon! And why is this ignorance concerning this important law?” She credited this conversation with inspiring her new mission: educating California citizens about their sterilization law and working to expand it. In Oregon, she argued, newspapers kept the public well informed. Both states introduced sterilization legislation in 1909, but since the Oregon governor vetoed the bill, she reasoned, her public advocacy over the next decade kept sterilization in the public eye. “I contend that newspapers and magazines are the great educators of the people. I never allowed an opportunity to escape

¹¹⁵ “Will Force the Bill,” *Yakima Herald*, February 20, 1907, 8. Bethenia Owens-Adair, *Human Sterilization: It’s [sic] Social and Legislative Aspects*, 96.

¹¹⁶ Washington sterilized very few people under the 1909 law. In 1921, however, legislators amended the law to broaden its scope. Almost 700 people were sterilized before a state court ruled the procedure unconstitutional in 1942. Boag, *Same-Sex Affairs: Constructing and Controlling Homosexuality in the Pacific Northwest*. “Study Finds Hundreds in State Were Involuntarily Sterilized,” *Seattle Times*, May 9, 1993, B1.

¹¹⁷ Stern, *Eugenic Nation*, 111.

though it was looked upon as an indecent subject.”¹¹⁸ California, she believed, needed an Owens-Adair approach to eugenics publicity. The physician began doing press interviews and writing editorials in newspapers all over the state. She believed that if the public was made more aware of the existing law and the benefits of sterilization, the citizens of California would demand an expansion of the law to include *all* prisoners of the state, rather than what she called, “the small class of recidivists.”¹¹⁹

Meanwhile in Colorado, another woman physician worked for almost a decade to pass sterilization legislation in her own state. Dr. Minnie Love had been a longtime advocate of eugenics by the time she was first elected to Colorado’s House of Representatives in 1921. She first publicly articulated her views on eugenics as early as 1904 when she delivered a paper to the Colorado State Medical Society’s annual convention. On the last day of the convention, Dr. Love stood before a group of mostly male doctors to present a paper entitled “Criminal Abortion.” Her solution to abortion in the city, she argued, was to educate middle-class women on the dangers and immorality of abortion, and to sterilize those deemed unfit to breed.¹²⁰ Acknowledging the serious nature of her proposal, Dr. Love closed her paper by urging her audience of physicians not to forget what was at stake: “While we must believe in the ultimate uplifting of the human race, let us not forget that effort is necessary, for without it we may fall into a condition of dry rot.”¹²¹ Love worked tirelessly over the next decade to help Colorado become a national center for eugenic thought, including becoming a founding member of the National Eugenics Society started by Dr. Mary Elizabeth Bates in 1913. By the time she began

¹¹⁸ Owens-Adair, *Human Sterilization: It’s [sic] Social and Legislative Aspects* 91.

¹¹⁹ In actuality, CA had one of the most productive sterilization laws in the nation.

¹²⁰ *Ibid.*

¹²¹ *Ibid.*

her first term as a state representative in Colorado's General Assembly in 1921, Dr. Love had become a crusader of eugenic reform.

It was during her second term in 1925, that Love became the first woman legislator in the nation to introduce a sterilization bill into state government. House Bill No. 60, "A Bill for an Act to Prevent the Procreation of Idiots, Epileptics, Imbeciles, and Insane Persons" focused on sterilizing institutionalized persons, but like Owens-Adair, she envisioned a time when sterilization would become a broadly used social tool:

It is not institutional cases of mentally defective people who are dangerous to society but the borderline cases . . . We find both men and women in this group which fill our juvenile courts . . . Their inability to withstand the stress of life's battles and adapt themselves to the rules of the game is their defense. With the minds of children and the bodies of men and women, what wonder that they offend.¹²²

Dr. Love's bill ultimately died in committee. In 1928, legislators attempted to resurrect her legislation, but to no avail. Colorado would be one of the few western states without a eugenic sterilization law on the books in the twentieth century. It should be noted, however, that historians are able to estimate the numbers of sterilizations in Oregon, Washington, California, and other western states precisely because the laws passed created a process of documentation. Although Colorado's never passed a law, ample evidence exists to suggest sterilizations still took place. Love failed to legalize the practice; yet, there was no legislation in place that specifically prohibited sterilization until the 1970s. Colorado physicians and reform institutions existed in a legal gray area, and indeed, a former superintendent of the state's insane asylum testified that

¹²² Dr. Minnie CT Love, "Birth Control: Morally, Economically, Racially" (Unpublished Article), Charles and Minnie Love, Manuscript Collection, History Colorado, Denver, Colorado, MSS 1233, Box 1, FF 151, 9.

sterilization was a regular procedure for inmates before release.¹²³ The lack of legal documentation, as required in states like Oregon and California, make it difficult for scholars to trace sterilization practices in Colorado with any specificity.

Although Love was unsuccessful in establishing a legal process for sterilization in Colorado, like Owens-Adair, she became a regional activist for eugenic legislation. Love sent a draft of her sterilization bill to legislators in neighboring states, advocating for a uniform regional approach to sterilization. In letters to Nebraska and Utah state representatives, she wrote, “I think it will be better to begin with [the feebleminded] and perhaps later get a more comprehensive bill.”¹²⁴ Although Love did not elaborate on who would be covered under a more “comprehensive bill,” she urged Nebraska and Utah to pass similar bills citing the increasing problem of “degenerates” in the American West. Love’s and Owens-Adair’s interstate activism, however, offers a compelling demonstration of the ways in which women physicians in the American West circulated ideas and shaped the social and legal discourse surrounding reproductive surveillance at the turn-of-the-century. Indeed, after Owens-Adair lost her initial bid in Oregon and Washington in 1907, she made an explicit argument about how women physicians’ work in the public realm would eventually influence the legislative realm:

It is my purpose the coming two years to use every means for the dissemination of information and arousing the public conscience by meeting and discussing the matter with the women of the two states, the clubs, the preachers, the legal and medical fraternities, and I believe when the legislatures meet at their respective

¹²³ In 1955, a woman sued the Colorado State Hospital in Pueblo for sterilizing her in 1940. During the trial, former superintendent, Dr. Frank Zimmerman testified that sterilizations were a common procedure at the hospital. The jury ruled in favor of the hospital, citing the statute of limitations. Mike Anton, “Colorado Routinely Sterilized the Mentally Ill Before 1990,” *Rocky Mountain News*, November 21, 1999.

¹²⁴ Letter from Dr. Love to Representative R.E. Harrington of Nebraska, Charles and Minnie Love, Manuscript Collection, History Colorado, Denver, Colorado, MSS 1233. Nebraska already had a law on the books, but Harrington specifically writes to Love to ask about the bill. Utah passed a bill that same year, but focused only on “habitual sexual criminals. See Nancy Ordovery, *American Eugenics: Race, Queer Anatomy, and the Science of Nationalism* (Minneapolis: University of Minnesota Press, 2003), 80.

capitals two years hence an array of petitions will confront those bodies that will command the attention of these bodies.¹²⁵

Politically active women physicians like Owens-Adair and Love believed they were the catalyst that would spur the public to demand government take a larger role in regulating reproduction in the United States. Their eugenic zealotry was not shared by all women eugenicists, of course, but whether they were organizing a baby contest at the state fair or attempting to pass a sterilization law, they all shared the same perspective – a scientific preference for white, middle-class families, and a rejection of poor, non-white, immigrant, or disabled bodies.

Conclusion

In 1927, the *Rocky Mountain News* described Dr. Minnie Love as a “stormy petrel,” a nickname often given to radical thinkers, troublemakers, and revolutionaries. 1200 miles west of Denver, friends of Dr. Marie Equi often referred to her as “the stormy petrel of the Northwest.”¹²⁶ It is significant that these two medical women shared the same nickname, yet disagreed on the politics of reproduction. Marie Equi, influenced by left wing political ideologies and the emergence of feminism, supported issues like companionate marriage, access to birth control, and acceptance of abortion. On the other side of the political spectrum, Dr. Minnie Love viewed these progressive ideas as a direct assault on white, Protestant, middle-class culture and morality. Love responded to the leftist/feminist position with a political program that included not only eugenic sterilization, but also anti-abortion and anti-birth control legislation. Although Equi and Love represent the extreme polarity of reproductive politics among women physicians in the region, their public advocacy earned them their similar revolutionary nicknames. Their public roles demonstrate how women physicians in the region, emboldened by early suffrage,

¹²⁵ “Will Force the Bill,” *Yakima Herald*, February 20, 1907, 8.

¹²⁶ *Rocky Mountain News*, July 12, 1927, 10; Elizabeth Gurley Flynn, *I Speak My Own Piece: Autobiography of “The Rebel Girl”* (Masses & Mainstream, 1955), 185.

increasingly participated in or subverted reproductive surveillance in the Comstock era. Like many other women reformers, they often espoused maternalist arguments; however, they also critically relied on their scientific knowledge as medical professionals to sway public opinions surrounding the politics of reproduction in the early-twentieth century American West. Their ability to influence public opinion on health and reproductive medicine in the American West, as we shall see in the next chapter, facilitated a medical imperialism that they transported to other frontier spaces abroad.

Chapter 5:
Utopian Frontiers:
Western Women Physicians, Imperialism, and Transnational Medicine

In November of 1902, a number of American newspapers began reporting violent demonstrations taking place on the streets of Santiago, Cuba. The *New York Sun*, for example, claimed “thousands of angry Cubans” threatened to “reignite the Spanish-American War” as they “roamed the streets,” shouting “anti-American slogans” and “burned American flags.” According to the *Sun*, the demonstrations were in reaction to claims that an American woman physician, at the behest of her spiritual leader, kidnapped eleven local children and brought them to the United States to join their religious cult.¹ Indeed, authorities at Ellis Island had, in fact, detained a woman physician and eleven Cuban children when they attempted to enter the United States. Though they had not charged her with kidnapping as originally reported, they detained them because the New York Society for the Prevention of Cruelty to Children (also known as the Gerry Society) had lodged a formal complaint with immigration officials.² The Society had done so because it suspected that the children were “assisted immigrants,” who would more than likely eventually become public charges. Readers of the *Sun* soon learned, in fact, that the Cuban riots reported in the newspapers had never actually happened. The story had been fabricated by members of the Gerry Society itself, whose goal was to discredit the religious sect in question,

¹ *New York Sun*, November 2, 1902.

² The New York Society for the Prevention of Cruelty to Children was founded in 1874 and was often nicknamed the “Gerry Society” after one of its co-founders, Elbridge Thomas Gerry. Elizabeth J. Clapp, *Mothers of All Children: Women Reformers and the Rise of Juvenile Courts in Progressive Era America* (University Park, Pa.: Pennsylvania State University Press, 1998), 153-58.

and garner public support for their efforts to return the children to Cuba. The *New York Tribune* later debunked the rumored riots and published a telegram from the mayor of Santiago assuring all concerned that the children “left town under the most pleasant of circumstances.”³

The physician at the center of this international controversy was Dr. Gertrude Van Pelt, a member of the Universal Brotherhood, a splinter group of the Theosophical Society run by a charismatic, yet eccentric woman named Katherine Tingley.⁴ Headquartered in an extravagant complex called “Lomaland” in the Point Loma area of San Diego, California, members of the Buddhist-like organization devoted their lives to the study of Eastern literature and religion, and preached such concepts as immortality and the union of science and metaphysics. Tingley’s group also believed that the American West was a mystical site, and that Lomaland would be at the center of a “rebirth and re-enchantment of humanity.”⁵ During a relief mission in Cuba following the Spanish-American War, Tingley befriended the mayor of Santiago, Emilio Bacardi. Bacardi eventually gave Tingley permission to bring around forty Cuban orphans to California. Tingley charged Dr. Gertrude Van Pelt with the mission of bringing the children to Lomaland. As Superintendent of the International Lotus Home for Children at Point Loma, Dr. Van Pelt’s job was to not only accompany the Cuban children on their journey to Lomaland, but also oversee their acclimation and education while in the United States.

The physician made several uneventful trips to Cuba, bringing back children in small groups. In the fall of 1902, Dr. Van Pelt made one more trip to Cuba, this time bringing back

³ “Protests to the Cuban Minister,” *New York Tribune*, November 6, 1902.

⁴ W. Michael Ashcraft, *The Dawn of the New Cycle: Point Loma Theosophists and American Culture* (Knoxville: University of Tennessee Press, 2002).

⁵ Todd M. Kerstetter, *Inspiration and Innovation: Religion in the American West*, Western History Series (Chichester, West Sussex, UK Malden, MA: Wiley-Blackwell, 2015), 170, Paul Eli Ivey, “Enchanted Modernities: Mysticism, Landscape, and the American West,” *The Senses and Society* 10, no. 1 (2015): 92-98.

nine boys and two girls on the steam ship, *Orziba*. When the ship docked at Ellis Island, immigration officials detained them on the boat. Dr. Van Pelt recalled:

The people whom they sent there were not gentlemen . . . They were the kind of men usually hired to do disagreeable work, and these people began to ask us rudely many questions that seemed entirely strange, and which were difficult to understand. They succeeded after a time in forcing the children . . . into a miserable little corner, bare of even all ordinary comforts.⁶

After the onboard interrogation, authorities removed Van Pelt and the children to a six-by-twelve-foot room on Ellis Island with two cots and a “crusty, brown-stained sink.” During the immigration inquiry, Vernon M. Davis, president of the Gerry Society, urged government officials to deport the children immediately. Davis complained that the Point Loma group was financially irresponsible and morally incompetent, and that Lomaland’s vile atmosphere was no place for children. The group was brought to his attention by an ex-Theosophist whom had been rescued by two “well-to-do Eastern women.” The ex-member told Davis that Tingley was “a common, dollar-taking spirit medium.”

The official inquiry lasted for five weeks, and during that time, Katherine Tingley, Dr. Gertrude Van Pelt, and the “eleven lotus buds” became a media sensation. Although the press focused most of their attention on the eccentricities of Tingley and the bizarre world of Lomaland, Dr. Van Pelt received mostly praise for her poise, care, and dedication to the children while incarcerated at Ellis Island. American Journalist Charles Lummis, for example, called Van Pelt a “refined woman” who represented the best of American West womanhood.⁷ After an extensive investigation and a personal visit to Point Loma by Commissioner of Immigration

⁶ “Theosophists at Isis Theater,” *The San Diego Tribune*, December 15, 1902.

⁷ Charles Fletcher Lummis, “Those Terrible Mysteries,” *Out West*, 1903, 41.

Frank P. Sargent, the government dismissed the case. Dr. Van Pelt and the children were free to resume their journey to Lomaland.⁸

That a woman physician from the American West played a central role in this international incident is not entirely surprising. Dr. Van Pelt's involvement with Theosophy in Cuba is a dramatic, yet representative example of the ways in which western medical women engaged with transnational movements as both promoters and critics of empire in the early decades of the twentieth century. In the late-nineteenth century, women physicians migrated west in significant numbers. Lured by boosters who promised a health paradise, they believed developing cities in the American West were unencumbered by the entrenched gender constraints that plagued eastern cities. The urban American West, largely created by violent displacement of its indigenous populations, became a blank canvas for white medical women not only to reimagine their roles as professional women, but also to engage in city building and public health-centered social engineering. Indeed, as this dissertation has demonstrated, many white women physicians found professional and political success in states like Colorado, Oregon, and California. Between 1870 and 1930, women physicians established numerous private practices, hospitals, public health institutions, carceral facilities, and other health charities, all critical to shaping the medical geography of the developing region. As politicians, lobbyists, and activists, they also used their professional status and medical knowledge to drive health, welfare, and reproductive policies across western states.

⁸ A few studies briefly examine the Cuban incident in their larger exploration of Theosophy and utopian religions. See Emmett Greenwalt, *The Point Loma Community in California 1897-1942: A Theosophical Experiment* (Berkeley: University of California Press, 1955), Robert V. Hine, *California's Utopian Colonies*, (New York: Norton, 1973), and Ashcraft, *The Dawn of the New Cycle: Point Loma Theosophists and American Culture*.

Women physicians like Gertrude Van Pelt found success in the American West largely because they could leverage the instability and fluidity inherent within a settler colonialist space to their professional and political advantage. In the early decades of the twentieth century, as the United States extended its empire beyond North America, western women used their experiences as physicians on the frontier to engage in transnational medical work and political activism across imperialist spaces. In fact, women physicians cultivated a dialectic relationship between their work in the American West and their work abroad; they used their experiences as physicians and activists on the “western frontier” to inform their international work, and in turn, used their experiences abroad to strengthen their professional reputations and further their careers back home.

More than just a geographic place and political space that enabled women physicians to better maneuver themselves professionally, the “American West” as an imaginary figured prominently into their formulations of international politics, religion, and empire. For some, like Dr. Van Pelt, the West was literally a utopian space – a mystical headquarters – where she and her colleagues would cultivate and coordinate international harmony through the teachings of Theosophist doctrines. For others, “The West” was more of a symbolic utopia – a guidebook for how imperial powers could exploit natural resources and develop the land through technology and concepts of manifest destiny and rugged individualism. More generally, “The West” as a site of possibility figured into their comparisons of the work they were doing at home and abroad. Western women physicians held a wide spectrum of views on imperialism, yet the rhetoric of the frontier often played a central role in their discussions of empire.

This chapter explores how and in what ways western women physicians engaged with transnational medicine and politics, and examines the extent to which the American West, as an

imaginary as well as a political space and geographical location, shaped their perceptions and experiences of public health, race, and imperialism. It discusses several American West physicians and their international interactions, but specifically focuses on three women doctors: Gertrude Van Pelt, Edna Sherrill, and Elsie Reed Mitchell. Practicing medicine in cities in Colorado, Oregon, and California, these three women became successful physicians before turning their attention to international politics. From intervention in postwar Cuba, to medical missionary work in China, to colonizing post-revolutionary Siberia, these women used both their experiences in and perceptions of “The West” to shape their work in imperialist spaces abroad. Upon return, each woman used their experiences to further their professional careers or fuel their political activism. Their work and their writings are representative of how western women physicians at the turn-of-the-century created a circular professional and political relationship between the American West and the world.

Lemuria, Theosophist Medicine, and the Lotus Buds of Lomaland

In 1875, a small group of bohemians founded the Theosophical Society in New York City. Led by Russian aristocrat, Helena Petrovna Blavatsky, Theosophy, like many other late-nineteenth-century millenarian and esoteric movements, emphasized the coming of a new spiritual age. Over time, Theosophists developed a complex set of doctrines and practices, but the core tenet of the organization centered on a belief that an ancient brotherhood of “Masters” existed all over the world, particularly in Southeast Asia. These Masters cultivated great spiritual wisdom that enabled them to harness paranormal powers. Theosophists believed that by tapping into the energies of the ancient Masters, they would lead the world in a mystical awakening that would advance the human race to a higher spiritual plane. Madame Blavatsky often channeled the Masters through letter writing. These letters, supposedly written by various Masters through

Blavatsky's hand, were either addressed to herself or to her followers, and would instruct the group in both spiritual and practical matters. The membership of the Theosophical Society quickly grew and in 1878, the Masters instructed the group to relocate to India. They eventually resettled in Adyar, near Madras, where Blavatsky served as international president of the organization until her death in 1891.⁹

The passing of Helene Blavatsky led to a schism in the organization. Co-founder William Quan Judge eventually took over the American faction, while Annie Besant, a British socialist, headed the international organization. When Judge died in 1896, Katherine Tingley, a social worker from New York City, became the new head of the American section of the Theosophical Society. In February of 1900, Tingley and her followers relocated to California, where they built "Lomaland," an expansive and ornate compound located in the Point Loma area of San Diego.¹⁰



Figure 16: Lomaland, date unknown (Public Domain)

⁹ For more on Blavatsky and the early years of the Theosophical Society, see Peter Washington, *Madame Blavatsky's Baboon: Theosophy and the Emergence of the Western Guru* (London: Secker & Warburg, 1993).

¹⁰ It should be noted that in 1898, a group splintered off from Tingley's organization and formed a rival group in New York City. After Tingley's death in 1929, her successors eventually relocated to Pasadena, California, where it currently exists.

Tingley preached that California was an important spiritual site because it had once been part of Lemuria, a lost continent between the Indian and Pacific oceans. This ancient geographic connection between Eastern and Western worlds held significance for Theosophists. James Pryse, for example, argued that psychic forces had the strongest influence in California because the magic of the lost Lemurian people was still embedded within its soil.¹¹ Point Loma was particularly important in their formulation of Lemuria. Tingley wrote of the site: “Here the gods touched hands with men and gave to them rich stores of knowledge and of wisdom in such measure as they could use unselfishly: That here men, living for the soul of things, made earth a heaven, themselves gods, conscious of their oneness with the Father.”¹² Theosophists constructed the Lomaland complex at Point Loma, precisely because they believed their presence at the mystical site would eventually bring forth a new and enlightened age of humanity.

Critics of Tingley and her followers scoffed at these Lemurian claims, and instead argued that the Brotherhood was a “freakish Oriental cult” that practiced group sex, starved their children, and believed that Tingley’s pet spaniel was the reincarnation of her predecessor, William Quan Judge.¹³ Lomaland was not a sacred space, they argued, but rather a degenerative site of debauchery not unlike the saloons, brothels, and roadhouses that populated and represented the worst parts of the American West. Point Loman Theosophists denied these allegations and instead claimed that theirs was a peaceful group that sought only to prepare a new, enlightened generation to lead the world into a spiritual future.

¹¹ James Pryse, “Mystical California,” *Theosophical Society* (July 1891), 7-8.

¹² Katherine A. Tingley, *The Mysteries of the Heart Doctrine* (San Diego: The Theosophical Publishing Company, 1902), 2-3.

¹³ “Discord in the American Theosophical Society,” *Public Opinion* 32 (1902): 469, “Too Warm for Tingley,” *Los Angeles Times*, January 10, 1903, 10, “Dog with Reincarnated Soul,” *The Wilkes-Barre News*, February 13, 1903, 6.

Despite their detractors, Tingley's version of California Theosophy attracted a wide variety of intellectuals in the region. As one of its most famous converts, L. Frank Baum, author of the *Wizard of Oz* wrote, "Theosophy is not a religion. Its followers are simply 'searchers after Truth.' Not for the ignorant are the tenets they hold, neither for the worldly in any sense. Enrolled within their ranks are some of the grandest intellects of the Eastern and Western worlds."¹⁴ Followers of Tingley included actors, musicians, business magnates (including sporting goods tycoon, Albert Spalding), and several scientists, teachers, and physicians. Among them was the woman at the center of the Cuba scandal, Dr. Gertrude Van Pelt.

Like many women physicians at the turn of the century, Van Pelt graduated from an eastern medical college, practiced briefly in the East, then eventually migrated to the American West looking for professional and political fulfillment.¹⁵ In 1896, Dr. Pelt set up a private practice in Denver, Colorado, and became one of the founding members of the Denver Clinical Society (DCS), an influential women's medical organization in the city. Despite a successful career, Van Pelt felt unfulfilled. In 1902, *Century Path*, a Theosophy magazine, profiled the physician's spiritual journey: "Dr. Van Pelt had sought in vain for a solution of life's problems, for the life's problems of a student of medicine forces the saddest and most fearful of life's problems constantly before on. What availed all her scientific knowledge when she stood before

¹⁴ Frank Baum "The Wizard of Oz on Theosophy," *Quest* 88, no. 6 (November-December 2000): pg 223. By the turn of the century, the American Theosophical Society boasted of about 4,000 members. In 1928, at the height of its popularity, the International Theosophical Society registered 45,000 members worldwide. Greenwalt, *The Point Loma Community in California 1897-1942: A Theosophical Experiment*, 47, Jake Poller "Under a Glamour: Annie Besant, Charles Leadbeater, and Neotheosophy," in Andrew Radford and Christine Ferguson, eds., *The Occult Imagination in Britain, 1875-1947*, ed. Andrew Radford and Christine Ferguson (Oxon: Routledge, 2018).

¹⁵ Dr. Van Pelt graduated from Woman's Medical College in 1886 and practiced in Boston before moving West. She also went to Vienna and Paris for postgraduate training.

the griefs and sorrows that particularly fall upon women?”¹⁶ In 1900, Van Pelt decided to abandon her medical career in Colorado and move to the Lomaland compound in California. The physician believed that Lomaland would not only provide the physical space for enlightenment, but that she could use her medical and professional experiences to help bring Theosophy to the world.

When Gertrude Van Pelt moved to Point Loma in 1900, she found she was not the only woman physician at Lomaland. Disillusioned with the progressive reform movement and the failures of modern medicine to adequately address the world’s health problems, three other women doctors abandoned their medical practices for fulltime devotion to Katherine Tingley. Rose Winkler, a homeopathic physician who graduated from Hering Medical College, arrived at Point Loma a year before Dr. Van Pelt. For Dr. Winkler, Theosophy offered a clearer, more spiritually grounded vision of women’s rights than did the mainstream women’s activist campaigns or the burgeoning feminist movement. Tingley and her followers believed that humanity was experiencing a “woman’s cycle,” a time when “the special attributes of womanhood were needed to balance the over masculinization brought on by industrialization and the turn to materialism.”¹⁷ Dr. Winkler explained Theosophy’s views on women: “It teaches that women, like men, are living souls, while their bodies are sexed for the soul’s experience. Being a soul, woman has the equal right to live up to her highest possibilities.” This statement of equality, however, was tempered by a more essentialist view of womanhood: “[Theosophy]

¹⁶ Dr. Van Pelt,” *Century Path: A Magazine Devoted to the Brotherhood of Humanity, the Promulgation of Theosophy and the Study of Ancient and Modern Ethics, Philosophy, Science, and Art* (1902), 6.

¹⁷ In Theosophy, a “cycle” is a reincarnation philosophy and refers to the life cycle of a group of souls as they travel through an evolutionary series of seven globes; once the souls have gone through all seven globes, they have completed one planetary round. “This is followed by the dissolution of the planetary chain in a nirvana and a new round begins, in which consciousness is now more developed than in the preceding cycle.” Dr. Lydia Ross M.D., “The Doctrine of Cycles,” (Covina, California: Theosophical University Press, 1944).

teaches the true woman to make of the home a sacred place . . . and that her office and dignity, place and power . . . is in the home.” Possibly acknowledging her own unique status as a professional woman, Winkler conceded that divine forces might keep a woman out of the home, depending on her “destiny, her ability, her genius, or the age she lives in.” In that case, she argued, women should use their power to “heal, to redeem, to guide, to guard, to help and teach, to feed and clothe, causing the world to bow consciously or not, before the stainless scepter of Womanhood.”¹⁸ In Dr. Winkler’s formulation of theosophist philosophy, a woman wielded the most power within her own home; however, certain women could better harness their divine power through careers in teaching or medicine.

Emma Wilcox and Lydia Ross were two other physicians at Point Loma. While Rose Winkler embraced Theosophy for its views and practices concerning women, Drs. Wilcox and Ross adopted the religion for its philosophical doctrines on science and medicine. At the core of theosophical doctrine was a belief that science and mysticism were complimentary rather than contradictory. Helena Blavatsky wrote the movement’s original authoritative text, *The Secret Doctrine: The Synthesis of Science, Religion, and Philosophy*, which argued that all three disciplines worked together to create a “unified view of the cosmos.”¹⁹ Drs. Ross and Wilcox incorporated theosophist doctrine into their medical framework, writing several articles in Point Loma publications focusing on the links between the physical and metaphysical, as well as authoring commentaries on the problems with secular approaches to science and medicine.

In an article entitled, “Does Science Know Life,” Dr. Wilcox argued that modern science failed to recognize the sentience of all organic and non-organic material. As Theosophy spread

¹⁸ Rose Winkler, M.D. “Woman’s Sphere,” *New Century* I, 48 (Sept 17, 1898): 7.

¹⁹ H P. Blavatsky, *The Secret Doctrine: The Synthesis of Science, Religion, and Philosophy*, unabridged verbatim ed. (Pasadena, California: Theosophical University Press, 2014).

across the world, she claimed, scientists would be forced to acknowledge that “everything is life, has its own consciousness each on its own plane. . . .”²⁰ Dr. Wilcox believed that it was only a matter of time before mainstream science adopted the movement’s doctrines as a larger part of scientific inquiry, and when it did, Theosophist science would usher in a new “cycle” of humanity.

While Emma Wilcox used her medical knowledge to explain how Theosophy would eventually influence modern science, Dr. Lydia Ross used theosophist doctrine to “debunk” several contemporary ideas on public health. An eclectic physician who graduated from Bennett Eclectic Medical College of Chicago, Dr. Ross wrote several articles denouncing the efficacy of vaccinations. Theosophists objected to the practice because they believed that all matter was alive and sentient, and that doctors could not know how, or to what extent, injecting small amounts of a virus would alter or interact with humans: “The essence of a disease, diluted in some animal’s blood,” Dr. Ross argued, “acquires a morbid power, which cannot be analyzed or measured by the ordinary standards of handling matter. Inoculation treatment, in dealing with unseen realms of causes and effects, is, in principle, handling medical dynamite in the dark.”²¹ Theosophists believed that because all organic and inorganic matter had life, it was impossible to kill or render a live virus inert, therefore making vaccination a dangerous procedure.

In another article, Dr. Ross uses theosophist philosophy to explain the causes of cancer, arguing that, “long-continued selfish emotions cause a distorted and inharmonious flow of the pranic currents of the body, and they cause disease according to the type of the emotions.” She explained that modern humans suffered from a preoccupation with negative feelings – worry,

²⁰ Emma D. Wilcox M.D., “Does Science Know Life?” *The Theosophical Forum* 19 (November 1941), 374.

²¹ Lydia Ross M.D., “The Price of Immunity,” *The Theosophical Path* XVII, no. 4 (October 1919): 358.

grief, disappointment, unhappiness, frustration – all of which caused reactions in the “psycho-magnetic-electric forces flowing along the highly-organized network of nerve-wires.” Put more succinctly, negative emotions caused cancer. Living a life free of negativity did not necessarily prevent cancer, however, because Theosophists believed in reincarnation. Cancerous effects of negative emotions, Dr. Ross explained, might be due to “karmic causes” from a former life.”²²

Although the women physicians at Lomaland were attracted to Theosophy for different reasons, and used their religious calling for different aims, the top priority for all Theosophists was a careful attention to raising the next generation of the world’s children. Because reincarnation formed a cornerstone of their beliefs, Point Lomans concluded that early and intensive indoctrination into Theosophist life was the key to perfecting humanity. A baby was not merely a newborn soul, but rather an “incoming Ego clothed in his new material garment.”²³ Parents, therefore, had a sacred duty to guide the “Ego” through the next phase of its cosmic journey.

Because Theosophists believed they were living in a “woman’s cycle,” they placed the highest significance on motherhood. Dr. Ross, in fact, called motherhood a “mystic rite.” Mothers, she argued, “have the key of creative power to change the whole world of conditions if they would assert themselves on lines of intuition.”²⁴ It was this lack of assertiveness, however, that kept children from reaching their ultimate potential. Katherine Tingley and her followers believed that an industrialized and capitalistic society, especially in Eastern cities, had failed women. As a result, most modern mothers were unable or unwilling to tap into their inner life forces to raise their children properly. “There can be no question about a mother’s love,” Tingley

²² Lydia Ross M.D., “The Enigma of Cancer,” *The Theosophical Forum* 20 (January 1942): 21.

²³ Annie Besant, *Education in the Light of Theosophy* (Chennai, India: Theosophical Publishing House, 1912), 2.

²⁴ Dr. Lydia Ross, “Medical Psychology,” *The Theosophical Path* X (Feb. 1916): 198.

insisted, “but sometimes by this very means mistakes are made that affect the mind of the young so materially that their power for good becomes dwarfed.” The problem was “loving but unwise mothers.”²⁵ Theosophists took it upon themselves to become the vanguard of twentieth-century motherhood. Tingley and her followers believed that early Theosophical intervention would create “a new quality of manhood and womanhood” that would result in a “new age” of peace and harmony.²⁶

In 1900, Tingley opened the Râja Yoga School at Lomaland, an institution designed to educate children of all races, nationalities, and income levels in Theosophical philosophy. The school required its pupils to completely immerse themselves in their studies both in and outside of school. Paraphrasing the Jesuits, Mrs. Tingley declared: “Let me have a child from the time of birth until it is seven years old, and all the temptation in the world will not move it.”²⁷ The phrase “Râja Yoga” means, “divine union” or “kingly union” in Sanskrit, and the curriculum of the school emphasized the intellectual, moral, and spiritual teachings of Theosophy. That first year, the school had five students. By the next year, 100 students were enrolled, and by the end of the decade, the school had reached capacity with 300 students.²⁸

At Lomaland, Tingley separated children from their parents shortly after they were born and placed them in group homes, known as “Lotus Houses.” There, students lived with their Râja Yoga teacher, an arrangement that fostered no distinction between school and home life. Parents were allowed weekly visits with their children each Sunday. Theosophists from all backgrounds taught at the Râja Yoga School, but their belief in nurturing a strong mind/body connection

²⁵ Katherine Augusta Westcott Tingley, *Theosophy: The Path of the Mystic* (Point Loma: Women’s International Theosophical League, 1922), 154.

²⁶ “Katherine Tingley’s Address at Amsterdam,” *The Theosophical Path*, XXIII (Oct 1922), 325.

²⁷ “Perverted Instincts and Parental Neglect,” *Century Path: A Magazine Devoted to the Brotherhood of Humanity, the Promulgation of Theosophy and the Study of Ancient and Modern Ethics, Philosophy, Science, and Art*, XI no.2 (1908): 33-34.

²⁸ Greenwalt, *The Point Loma Community in California 1897-1942: A Theosophical Experiment*, 80.

meant that Tingley placed a number of women physicians in key leadership roles. One Theosophist wrote that it was just as important to cultivate children's physical fitness, training them with "scrupulous care, developing . . . muscles with thoughtfully adapted and graduated exercises," as it was to foster "only high and pure emotions, only noble and lofty thoughts."²⁹ To ensure this balance between the physical and the spiritual, Tingley appointed Dr. Gertrude Van Pelt to head Point Loma's International Lotus Home for Children, while Dr. Rose Winkler became the Directress of the sister Râja School in Cuba.



Figure 17: On left exterior of Lotus Homes. On right, interior of Lotus Homes
Charles Lummis, "Those Terrible Mysteries," *Out West* 18 (1903): 35-48.

Together with an emphasis on diet, hygiene, and physical fitness, Râja Yoga students learned typical academic subjects. Lomaland children also studied drama, and each student learned to play two musical instruments – the piano and an instrument of their choice. Military drills also comprised an important component of the Râja Yoga education. Visitors to Lomaland often observed quiet children dressed in military-like uniforms, marching around the compound. The marches, according to Tingley, were meant to cultivate inner divinity and self-control from an early age. "The children," Tingley remarked, "have a marvelous awareness of their inner guide and friend, and this gives them the boon of hope, confidence, and calm." Theosophists

²⁹ Besant, *Education in the Light of Theosophy* (Chennai, India: Theosophical Publishing House, 1912), 4.

claimed the military drills helped foster concentration skills and that the students “became practiced in silent, intense, efficient study.”³⁰ Indeed, a newspaper reporter visited Lomaland in 1903 reported that the children displayed “a precision of speech, an appreciation of their work that is remarkable and charming.” He went on to argue that the “immaculate, bright-faced children of the lotus homes” were far ahead of the average public school child.³¹ Tuition at the Râja Yoga School ranged from no fee to \$2,000 annually. The sliding scale allowed for wealthier Theosophists to subsidize the education of poor and working-class students. This economic diversity was key to Lomaland’s vision of acting as the vanguard of motherhood for all children, regardless of financial status. Importantly, this arrangement also enabled and financed the admittance of about 100 Cuban children to the Râja Yoga School, including the famous “lotus buds of Lomaland” at the center of the Ellis Island controversy.

The eleven children that Dr. Van Pelt brought with her to California via Ellis Island in 1903 became the most well-known of the Cuban pupils. Alberto Jardines, Angelita Cos, Antonio Sastre, Francisco Llorca, Isabel Cos, Joaquin Navarro, José Jardines, Maximiliano Ferro, Miguel Cos, Rafael Franco, and Sebastian Cos all ranged in age from five to eleven-years-old. The children came from diverse economic backgrounds in Santiago, yet the war had left most of their families in dire financial straits, and according to *The Path*, a Theosophy newsletter, only four of the children had living fathers.

Although the Gerry Society in New York City feared Katherine Tingley and Dr. Van Pelt were importing Cuban children for nefarious purposes, the Point Lomans believed they were spiritually saving the children and their homeland. After the Spanish-American War, Tingley

³⁰ Bernard Parsons, “The Raja-Yoga Schools of Point Loma,” *Sunrise* April/May, 1998.

³¹ “The Lotus Buds of Loma Land,” *Los Angeles Herald*, October 25, 1903.



Figure 18: "Safe in California," The Lotus Buds of Lomaland with Dr. Gertrude Van Pelt
Charles Lummis, "Those Terrible Mysteries," *Out West* 18 (1903): 35-48.

and a delegation of Point Loma Theosophists, including Dr. Van Pelt, traveled to Santiago to distribute supplies and provide medical care to local populations. The group witnessed the devastation of war firsthand: "Peace had been declared and Cuba was free, but . . . thousands were hungry and fever-stricken, the people were destitute, the industries paralyzed." Aside from the ravages of war, the Point Lomans believed that years of Spanish rule and a near Catholic monopoly on religious life had left the Cuban elite inherently corrupt and degenerative; that there existed a "widespread disintegrating force which seemed destined to mar the whole future of Cuba." Tingley began to see Cuba as the center "of moral conflict between forces of darkness

and light,” and Theosophy could play a central role in saving its people. Tingley believed she could “convert the whole island in five years.”³²

While Cuba was now firmly in the domain of the expanding American empire, Tingley viewed the island nation as a new frontier for Theosophy, and actively sought to blunt the influx of eastern capitalist ideologies and Protestant influences by setting up Theosophist schools, charities, and hospitals on the island.³³ As part of this religious colonization, Tingley also planned to educate Cuban children at Point Loma, and then send some of them back to their homeland to become the country’s future leaders. The very public battle between Tingley Theosophists and the Gerry Society over the future of the Lotus Buds of Lomaland speaks to the larger beliefs Americans held about colonialism, religion, and American exceptionalism. While Tingley believed they were offering spiritual enlightenment to the Cuban nation, the Gerry Society considered Theosophy an improper and immoral method for civilizing Cuban children. Yet, both groups inherently believed that the Cuban nation was in dire need of salvation, and Theosophist and Protestant groups centered religion and American exceptionalism at the center of their colonialist ideologies. When the eleven children finally made it to Lomaland, they joined about twenty-nine other children that Dr. Van Pelt had brought over previously from Santiago. According to one Point Loma resident, the Cuban children “posed the greatest challenge

³² “The Growth of the Raja Yoga Work in Cuba,” *Century Path: A Magazine Devoted to the Brotherhood of Humanity, the Promulgation of Theosophy and the Study of Ancient and Modern Ethics, Philosophy, Science, and Art* VIII (1905): 8-9.

³³ Deirdre M. Moloney, *National Insecurities: Immigrants and U.S. Deportation Policy Since 1882* (Chapel Hill: The University of North Carolina Press, 2012), 158.

[because they] had not had the advantage of training on the right lines, and sometimes were hard for their teachers.” The writer concluded, however, that the “Râja Yoga system won the day.”³⁴

Theosophist views on race and ethnicity were complex. Like many supporters of American imperialism, Point Lomans viewed Cubans as backward and childlike, requiring strict supervision and guidance from the United States. Unlike many imperialists, racists, and eugenicists, however, Theosophists believed that the United States, specifically the American West, would be the site where a new and superior sub-race would emerge. They believed that racially mixed humans would evolve into a “new type of man, a new nation, and a new race.”³⁵ That this all would occur in the United States through a process of reincarnation made for a cosmic interpretation of American exceptionalism, and Tingley and her followers believed that the Lotus Buds of Lomaland were key to this process. As one 1950s Theosophy scholar put it, “[Tingley] saw an opportunity to demonstrate what Raja Yoga could do with material virtually untouched by education.”³⁶ Theosophists viewed the Cuban children at Point Loma as a “control group” in which they could test their theories of interracial living and co-education before scaling up on a national level.

The Theosophist belief that interracial relationships would result in the creation of a new and improved “sub-race” differed significantly from traditional settler colonialist and imperialist ideas on race mixing. Several scholars have convincingly documented how some groups of white settlers sought to erase indigenous peoples through intermarriage; white men who married and had children with native women would, according to their beliefs, breed the indigeneity out of a

³⁴ “Report of the Investigation of the Raja Yoga School at Point Loma, California by Hon. Cesar Augustus Barranco Chancellor of the Cuban Legation,” 1909, as quoted in Ashcraft, *The Dawn of the New Cycle: Point Loma Theosophists and American Culture*, 102.

³⁵ Ashcraft, *The Dawn of the New Cycle: Point Loma Theosophists and American Culture*, 156.

³⁶ Greenwalt, *The Point Loma Community in California 1897-1942: A Theosophical Experiment*, 88.

particular region, freeing up territory for white Protestant expansion.³⁷ Other scholars have explored how missionary workers and women reformers removed indigenous children from their homes and placed them with white families or in boarding schools, with a goal of cultural erasure through assimilation and Christian conversion.³⁸ Historians have also examined how religious organizations, similar to the Theosophists, imported racial minorities into the United States with the goal of assimilating them into their religion. Historian Amanda Hendrix-Komoto, for example, explores the Hawaiian settlement of Iosepa in Utah. In 1889, Mormon missionaries arranged for native Hawaiians to migrate Iosepa to create a separate Zion from white Mormons, one that would include them within the Kingdom of God, yet segregate them from the larger white Mormon population of the region.³⁹ Like the Mormons, Theosophists had an imperialist goal of importing a foreign group to the United States with the intention of spreading the gospel of Theosophy. Unlike the Mormons, however, their plan included complete integration within the Lomaland complex, with the idea that eventually American and Cuban Theosophists would marry and begin the process of creating a new sub-race.

In practice, Theosophists were more ambivalent about race-mixing. Most Point Lomans were of European descent and there were no African Americans at Lomaland. The Cuban children were, as one resident reported, “the only colored children” at Point Loma. One official justified this by claiming: “We know the colored people in this country are worse than the

³⁷ Limerick, *The Legacy of Conquest: The Unbroken Past of the American West*, 1. Wolfe, “Settler Colonialism and the Elimination of the Native,” 387-489, Damon Ieremia Salesa, *Racial Crossings: Race, Intermarriage, and the Victorian British Empire*, Oxford Historical Monographs (Oxford: Oxford University Press, 2013).

³⁸ Gordon, *The Great Arizona Orphan Abduction*, Jacobs, *White Mother to a Dark Race: Settler Colonialism, Maternalism, and the Removal of Indigenous Children in the American West and Australia, 1880-1940*, Michael Kay Bennion, “Captivity, Adoption, Marriage and Identity: Native American Children in Mormon Homes, 1847-1900” (diss., University of Nevada, Las Vegas, 2012).

³⁹ Amanda Hendrix-Komoto, “Imperial Zions: Mormons, Polygamy, and the Politics of Domesticity in the nineteenth Century” (diss., University of Michigan, 2015), 261-275.

colored people in Cuba.”⁴⁰ Yet, the white residents of Lomaland, including Râja Yoga teachers, often stigmatized and alienated the Cuban children, and made criminal and sexual allegations against them. In 1909, for example, a Râja Yoga teacher told a visiting Cuban government official that the Lotus Buds of Lomaland were, in fact, nothing but troublemakers who threatened their teachers with knives and stole jewelry from female residents. Teachers also accused the Cuban boys of constantly lying, swearing, and possessing habits of “self-abuse.” It was this latter accusation of masturbation that prompted Tingley and Dr. Van Pelt to separate the older Cuban boys from the rest of the Lomaland students, shunting them off to do forestry and agricultural work on the complex rather than focus on academic studies. Cuban girls who showed “no interest in academic studies” were also isolated from the other Râja Yoga students, learning vocational skills like baking, sewing, and millinery.

Mrs. Tingley and Dr. Van Pelt instructed Râja Yoga teachers to keep the reports about the Cuban children away from the press because it would be a “terrible disgrace” to the Cuban people.⁴¹ It is more likely, however, than Tingley suppressed the reports because they reflected negatively on her overall mission to “civilize” the world through Theosophist teachings. It is important to point out that this conflicting status of the Cuban children – wanted for adding credibility to the interracial Lomaland project, yet marked for their race, may have contributed to the difficulties the Cuban children faced at Point Loma, not to mention the hardship of being uprooted from their homes and communities and transported to a foreign environment.

That Tingley and Van Pelt made the decision to ultimately segregate the Cuban children from the rest of the Point Loma students signaled a failure of this multiracial experiment in

⁴⁰ “Report of the Investigation of the Raja Yoga School at Point Loma, California by Hon. Cesar Augustus Barranco Chancellor of the Cuban Legation,” 1909, as quoted in Ashcraft, *The Dawn of the New Cycle: Point Loma Theosophists and American Culture*, 102.

⁴¹ Greenwalt, *The Point Loma Community in California 1897-1942: A Theosophical Experiment*, 90.

education; however, Tingley continued to try and convince the Cuban children to reform their ways, often relying on guilt, Cuban nationalism, and bribery. In one letter she wrote to the boys before departing on a European vacation in 1907, she wrote: “If you make good use of your time I will secure good positions for you at this great International school [in Cuba]. . . . You will be able to show the Cuban people that in spite of your failures . . . you can be an honor to the country.”⁴² She closed her letter by threatening to deport any children who failed to reform to Theosophist life. In later years, Tingley and her followers ultimately blamed Santiago Mayor Bacardí for making bad choices in picking the children for the Point Loma experiment. Theosophists accused him of choosing children with “doubtful quantities,” whose environment had “so long been a squalid thing as to become a part of them.”⁴³ Her threat of deportation was not an idle one; Tingley later wrote to one of her directors in Cuba: “I am sending back a number of objectionables in groups. . . . Have their parents meet them.”⁴⁴

It is unclear which students were sent back to Cuba and when; however, the 1910 census indicates that of the eleven lotus buds of Lomaland, only six remained. In 1904, a leader at Lomaland, Clark Thurston, petitioned the court for official guardianship of three Cuban children, including one of the Lotus Buds, Maximillian Fero.⁴⁵ Dr. Van Pelt continued to be an influential member of the Point Loma Theosophists. She gave talks all over the country on Theosophist doctrines and her experiences with the Cuban children. She eventually became the director of the education department at Lomaland, overseeing the Râja Yoga School, as well as its commercial school, industrial school, and a school of domestic science. Although their experiment with

⁴² Katherine Tingley to the boys of the forestry department, July 26, 1907, as quoted in Greenwalt, *The Point Loma Community in California 1897-1942: A Theosophical Experiment*, 90.

⁴³ Greenwalt, *The Point Loma Community in California 1897-1942: A Theosophical Experiment*, 89.

⁴⁴ Katherine Tingley to H.S. Turner, December 30, 1908, as quoted in Greenwalt, *The Point Loma Community in California 1897-1942: A Theosophical Experiment*, 90.

⁴⁵ “Asks Guardianship of Cuban Children,” *San Francisco Chronicle*, January 20, 1904.

educating Cuban children at the site of their spiritual headquarters was deemed a failure, the Theosophical influence in Cuba and Latin America proved significant. After Tingley and Van Pelt's regular visits to the island nation, the Râja Yoga Academy in Santiago opened on June 4, 1903. Tingley put another one of her woman physicians in charge of the Cuba school: Dr. Rose Winkler. A year later, the first Râja Yoga school in San Jose, Costa Rica opened its doors, and in less than a decade, Theosophical schools could be found throughout the Caribbean and Central America.

"Woman's Work for Woman": Gender, Imperialism, and Medical Missions

Dr. Van Pelt and her physician colleagues at Lomaland represent a cohort of western female physicians who used their medical expertise and professional status to propel their religious activism. Although their work with Cuban children in the United States is an unusual story, their roles in advocating an imperialist agenda through an alliance of medicine and religion became a common experience among American women physicians by the early decades of the twentieth century. This medico-religious activism most often manifested through foreign missionary work. According to historian David Hardiman, "Medicine became the most universally acclaimed aspect of women's missionary work" at the turn of the century.⁴⁶ While their numbers were small in comparison to male medical missionaries, their presence enabled western medicine to breach the barriers of the cloistered domestic sphere of countries like India and China. Effectively, white women physicians could do what their male colleagues could not: save the bodies and souls of their "heathen sisters," or what became known in missionary circles

⁴⁶ David Hardiman, ed., *Clio Medica*, vol. 80, *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa* (Amsterdam: Rodopi, 2006), 30.

as, “woman’s work for woman.”⁴⁷ Importantly, many medical women embarked on their missionary work after first practicing medicine in the American West. These women transported the methods they learned in the developing American frontier to towns and cities in the Far East, effectively replicating their practices of scientific imperialism through a moralist medicine philosophy.

Medical missions formed an important arm of the larger American women’s foreign missionary movement that began in the years following the Civil War. Traditional missionary work accepted women missionaries only if they were accompanying their husbands into the field. By the mid-nineteenth century, however, with the establishment of several female missionary societies, single women began embarking on foreign missions all over the world.⁴⁸ The largely Protestant movement appealed to evangelical women who fervently believed in the project of spreading “the good word” across the world and saving their “godless sisters.” Historian Hsiu-yun Wang argues that the missionary movement appealed to the American woman’s “sense of spiritual kinship to her heathen sisters and her special responsibility for their salvation.”⁴⁹ Yet, mission work also functioned as an access point for elite white women to enter the public sphere. Historian Louise Newman posits: “Imperialism provided an important discourse for white elite women to developed new identities for themselves as missionaries, explorers, educators, and ethnographers as they staked out new realms of possibility and political

⁴⁷ According to Hardiman, by the 1890s, there were 680 “medically qualified” physicians in the mission fields, and by 1909, there were only 147 women medical missionaries. This number increased to 341 by 1910. Hardiman, *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa*, 16, 30-31. For more on the ideology of “woman’s work for woman,” see Dana Lee Robert, *American Women in Mission: A Social History of Their Thought and Practice, The Modern Mission Era, 1792-1992* (Macon, Ga.: Mercer University Press, 1996), 170.

⁴⁸ Robert, *American Women in Mission: A Social History of Their Thought and Practice*, 14-16.

⁴⁹ Hsiu-yun Wang, “Stranger Bodies: Women, Gender, and Missionary Medicine in China, 1870s-1930s” (diss., University of Wisconsin - Madison, 2003), 5.

power.⁵⁰ Through this imperialist lens, they envisioned themselves as civilized and moral women, perfectly positioned to nurture and teach western religious, scientific, and cultural ideologies, while also exemplifying and reinforcing the superiority of Protestant Anglo-Saxon womanhood.

Health had always played an important role in missionary work, but prior to the advent of scientific medicine, medical care was often seen as a lower priority in the overall mission of salvation.⁵¹ By the 1870s, however, missionaries came to see western medicine as a potentially powerful aid in Christian conversion. Advances in medicine certainly drove this shift in thinking; however, the infusion of women into the missionary field also brought new attention to health and welfare. “Heathen beliefs,” including traditional healing practices, could only be eradicated if missionaries focused on the home.

This new emphasis on domestic health opened the door for women physicians to enter the missionary field. As early as 1851, writer and editor of *Godey's Lady Book*, Sarah Josepha Hale coordinated with the Woman's Medical College of Pennsylvania to establish a training program for medical students interested in doing foreign missionary work. Hale founded the Ladies' Medical Society of Philadelphia, with the goal of funding the medical education of women who would commit to serving as missionaries. By 1869, Hale's organization sent their first graduate into the field and over the next fifty years, 147 women would use their newfound medical education, funded by the Ladies' Medical Society, to perform medical missionary work

⁵⁰ Newman, *White Women's Rights: The Racial Origins of Feminism in the United States*, 19-20.

⁵¹ The first and most influential medical missionary was, of course, David Livingstone, and his work in South Africa. As Hardiman argues, however, prior to the advent of scientific medicine, missionary work included medical care, but deemphasized its importance in the overall mission of salvation. Hardiman, *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa*, 3.

throughout India, China, Korea, and Japan.⁵² The Ladies Medical Society of Philadelphia and the Woman's Medical College of Pennsylvania were not the only institutions funding and training women physicians for missionary work. In 1895, for example, Seventh-day Adventist and famous physician John Harvey Kellogg founded the American Missionary College with the goal of funding and training men *and* women physicians for missionary work.

By the turn of the twentieth century, women made up roughly one-fourth of the total population of all medical missionaries.⁵³ Importantly, medical missions continued to be a common endeavor for women physicians throughout the early twentieth century and well into the 1930s, long after the appeal of traditional non-medical missionary work declined among religious women during this period. More professional opportunities and increased funding for medical missionary work following WWI, in fact, largely fueled the longevity of women physicians' interest in working in the foreign field.⁵⁴

What kind of women made the decision to travel halfway across the world for medical missionary work, and where did they come from? Hsiu-yun Wang's study of medical missionaries in China argues that the majority of women came from small-town America, which is consistent with historian Jane Hunter's study on the American women's missionary movement.⁵⁵ Although Wang and Hunter are correct in their assertion that the majority of women medical missionaries were born in small Midwestern towns or Eastern villages, this

⁵² Karen K. Seat, *Providence Has Freed Our Hands: Women's Missions and the American Encounter with Japan*, Women in Religion (Syracuse, N.Y.: Syracuse University Press, 2008), 137.

⁵³ According to Hsiu-yun Wang, "If the total population of missionaries is taken into account, the number of medical missionary women appeared to be disproportionately smaller than the figure for their male counterparts. That medical missionary women were few in number, however, reflects the fact that there were far fewer women than men who received a medical education." Wang, "Stranger Bodies: Women, Gender, and Missionary Medicine in China, 1870s-1930s" (diss., University of Wisconsin - Madison, 2003), 65.

⁵⁴ Hardiman, *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa*, 20.

⁵⁵ Jane Hunter, *The Gospel of Gentility: American Women Missionaries in Turn-of-the-century China* (New Haven: Yale University Press, 1984), 28.

framework ignores the mobility of women physicians during this period. In fact, many medical missionaries who were born and educated in the East also practiced medicine in the American West at some point in their careers. For example, Dr. Mary Tuttle, who was born in a small Iowa town and later served as a medical missionary in India, first spent several years practicing medicine in Colorado Springs. Likewise, Mary Noble Riggs, who was born in a small New Jersey town, went on to practice medicine in Colorado, and later spent ten years as a medical missionary. Perhaps one thing most female medical missionaries had in common was their “wanderlusting” tendencies, as Dr. Jessie Farrow explained in Chapter 1. The same things that drew women physicians to the American West – the desire to travel, professional opportunity, and the chance to make an impact on a developing city – also drew women to Asia.

The American West sometimes even served as a deliberate “staging ground” for future missionary trips. Dr. Florence Holt trained at the American Missionary College and served as private secretary to John Harvey Kellogg. In 1909, Kellogg sent Dr. Holt, along with her companion “Miss Rouzee,” to Colorado to recover her health and prepare for medical missionary work in China. Settling in the small town of Haswell, the two women established a Seventh-day Adventist church, where Miss Rouzee taught Sunday school and held a weekly Bible meeting. Meanwhile, Dr. Holt provided medical care to families in the area.⁵⁶ For the two women, the rural Colorado town provided the necessary frontier conditions to practice their skills of salvaging bodies and souls before moving on to their “real” missionary work abroad.

For most women who practiced as physicians in both the American West and abroad, each location informed the other because they both existed within contested colonial spaces. They took advantage of their status as educated white women within imperialist medical spaces to gain

⁵⁶ “News and Personals,” *The Battle Creek Idea*, March 4, 1910, “News and Personals,” *Battle Creek Idea*, February 24, 1911.

practical experience and to cultivate their professional reputations. They used their experiences of founding and operating institutions in the West as templates for opening similar institutions in the missionary field, and upon return, they then used their experiences abroad to leverage opportunities back home. Dr. Katherine Lindsay, for example, spent several years working between Boulder, Colorado and Cape Town, South Africa. Following her graduation from the University of Michigan's Medical School in 1876, Dr. Lindsey became a Seventh-day Adventist and, like Florence Holt, worked for several years with Dr. John Harvey Kellogg at his Battle Creek Sanitarium in Michigan. In 1896, Kellogg dispatched Dr. Lindsay to Boulder to take a lead role in opening a sanitarium in the town and to develop a nurses training program. A few years later, Lindsay left Boulder for Cape Town to do medical missionary work and establish another nursing school. Hardships caused by the Second Boer War (1899-1902) prompted Lindsay to cut her missionary work short. After two years in the field, Dr. Lindsay returned to Colorado where she became a prominent member of the Boulder medical community for the next twenty years. In addition to her medical work at the Boulder sanitarium, Dr. Lindsay gave several lectures in Colorado and Michigan on her time in South Africa and published several articles on nursing and maternal and child health.⁵⁷

A more dramatic example can be found in the work of Dr. Mary Riggs Noble. After graduating from Woman's Medical College of Pennsylvania, Dr. Noble migrated to Colorado Springs in 1903, where she opened a small medical practice. Not finding much success, she put her practice on hold two years later to work as a medical missionary in India. In the northern city of Punjab, Ludhiana, Dr. Noble worked in the Christian Women's Medical College and eventually became a professor of gynecology and obstetrics at the North India Medical Training

⁵⁷ "Pioneer Woman Physician Dead," *Battle Creek Enquirer*, April 1, 1923, Katheryn Jensen Nelson, *Kate Lindsay, M.D.* (Nashville: Southern Publishing Association, 1963).

School for Christian Girls.⁵⁸ For almost ten years, Dr. Noble cultivated a reputation as a skilled physician, surgeon, and teacher. When she returned to Colorado Springs in 1913, her impeccable credentials followed. Dr. Noble became a prominent physician in the city, becoming the medical director of a tuberculosis hospital, and her lectures on Indian culture and medicine were in demand in both Colorado and Pennsylvania. By the 1920s, Dr. Noble moved back to Pennsylvania to serve as Chief of the Division of Child Hygiene in the Department of Health of Pennsylvania.⁵⁹

While in India, Dr. Noble wrote a lengthy pamphlet entitled, “Baby and Mother Welfare Work in India.” She opens the text with a poem. Titled “From the Women of the East to the Women of the West,” it is meant to arouse compassion among white women reformers by appealing to their sense of maternal duty, and by positioning themselves as the saviors of all mothers who had the misfortune of pregnancy and childbirth in non-western countries:

O women of the West that hear not,

*O women dwelling in the blessed light,
O women of the West that fear not
The darkness deepening into the endless night:
By lives that end when yours are just beginning,
By babes that perish in our helpless hands,
By mother joys we have no hope of winning,
By nameless horrors which our law commands*

*O women, dowered with wealth of love and power,
'Tis thus we call you, 'tis no fancied need.
By lives that perish – hundreds every hour –
In name of Him who died, O come with speed!*⁶⁰

⁵⁸ Papers of Mary Riggs Noble, M.D., *Legacy Center Archives & Special Collections, Drexel University College of Medicine*

⁵⁹ “Dr. Mary R. Noble Made Medical Director,” *Colorado Medicine* 13 (1916), “El Paso Notes” *Colorado Medicine* v.13-14 (1916-17) 97.

⁶⁰ Riggs does not cite the author of the poem, and the poem also appears in several missionary publications without attribution. Two exceptions are the 1911 edition of *Lutheran Woman's Work*, which cites the author as Laura Scherer Copenhaver, and the 1913 edition of *Woman's Work*, which cites the author as Amanda M. Jefferson. *Lutheran Woman's Work* 4 (1911): 3, “S.O.S. of India's Women,” *Woman's Work* 28 (1913):75-78.

Dr. Riggs' pamphlet focuses on the state of maternal health in Ludhiana, and the work she and the medical missionaries were doing to improve it. She argues that the infant mortality rate in the region was around fifty percent, and that infanticide was widely practiced "because of the undesired girl-baby" customs in Indian culture. Dr. Riggs also describes maternity practices in the city as ignorant, crass, appalling, and, she writes, "What is true of our one city is true of all of India."⁶¹ Indeed, the perception that countries in Asia possessed "backward" maternal health customs and "insular" gender politics became a significant justification for the need for medical missionary women in the region.

A closer examination of the work of American women physicians in China illuminates the ways in which the aims of Western imperialists and Eastern reformers intersected on the issue of women's health. After suffering several military defeats by Western powers, by the end of the nineteenth century many Chinese officials and activists believed the only way to strengthen the country was through western reform projects, including an emphasis on improving the health of Chinese women. In essence, Chinese women's health became a national issue. Missionary women agreed with Chinese reformers on the stakes of addressing the inadequacies of women's healthcare in the country, but they also believed that Christian medical women could essentially save both the bodies and souls of Chinese women. Helen Montgomery, a publicist for the women's foreign mission movement, argued, "women physicians in America was a matter of interest, but in Asia it was a question of life and death."⁶² While China was not the only mission field where medical women were sent, the majority of American women physicians worked in

⁶¹ Mary Noble Riggs, *Baby and Mother Welfare Work in India* (Philadelphia: Women's Foreign Missionary Society, 1912).

⁶² Helen Montgomery, *Western Women in Eastern Lands* (New York: The Macmillan Company, 1910), 4.

China. In the period between 1873 and 1940, there were around 130 medical missionary women in the country.⁶³

Although the overall objective of medical missions was to evangelize, in China, as in the American West, women physicians saw opportunities for professional advancements relatively free from gendered constraints. As Dr. Hattie Rankin observed: “In China there is no prejudice against women studying medicine.”⁶⁴ Dr. Ruth Hemenway remarked that in China, women physicians could treat both men and women patients and “were on equal footing with their Western male colleagues.”⁶⁵ Like the American West, women physicians perceived China as a “medical frontier” where they had opportunities to encounter and treat a wide variety of diseases and conditions. Dr. Mary H. Mclean proclaimed: “From a professional standpoint one can secure large and varied experience in internal diseases, in surgery, in diseases of the eye, of the ear and nose and throat, and diseases of the skin. There are plenty of problems for pathologists to solve, and a wealth of material.”⁶⁶ Indeed, similar to cities in the American West, women founded and operated several medical institutions in China, including dispensaries, hospitals and medical schools.⁶⁷

Like the American West, the professional opportunities afforded to women physicians in China were deeply entangled with empire. “The global dissemination of modern medicine,” argues historian Sarah Pripas-Kapit, became a fundamental element in the “maintenance of U.S.

⁶³ Wang, “Stranger Bodies: Women, Gender, and Missionary Medicine in China, 1870s-1930s” (diss., University of Wisconsin - Madison, 2003), 20.

⁶⁴ Hattie Love Rankin, *I Saw It Happen in China, 1913-1949* (Harrisburg, PA: Mount Pleasant Press, 1960), 14.

⁶⁵ Ruth Hemenway, “In China: The Story of a Medical Missionary,” *Medical Woman’s Journal*, (April 1945): 43.

⁶⁶ Mary H. McLean, “Responsibility of Medical Women of the United States to Women of Non-Christian Lands and How We Are Meeting It,” *The Woman’s Medical Journal*, 22.11 (1911): 249.

⁶⁷ Hardiman, *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa*, 20, Jane Hunter, *The Gospel of Gentility: American Women Missionaries in Turn-of-the-century China* (New Haven: Yale University Press, 1984), 28.

imperial power.”⁶⁸ Although it is certainly true that women physicians performed a vital medical service by providing treatment, much of their work needs to be placed into the context of American exceptionalism, colonialism, and racism. Medical missionaries were not, in other words, guided merely by benevolence, but also by a strong imperialist impulse, and the recognition that these contested spaces provided unique opportunities for white professional women at the turn of the century. Female physicians in the field obtained critical medical experience and built professional reputations by leveraging their privileged access to China, while the American government simultaneously positioned themselves to exploit China’s resources.

The complicated motivations, attitudes, and experiences of female medical missionaries is evident in the work of Dr. Edna Sherrill. A graduate of the California Eclectic Medical College, Sherrill first practiced medicine in Portland, Oregon. She became the first woman medical inspector in charge of the contagious disease division in the state, and was also a staff physician of Portland’s Fruit and Flower mission.⁶⁹ When World War I erupted, Sherrill was one of the several hundred women physicians who signed up to serve. During the war, the Army Medical Department allowed women physicians to enlist as contract surgeons, and Sherrill soon received her commission as First Lieutenant in the Medical Corps.⁷⁰ Dr. Sherrill’s dream of serving on the front lines in France failed to materialize and, like most female contract-surgeons in WWI, she ended up stationed as a mainland surgeon, spending the remainder of the war in Long Beach,

⁶⁸ Sarah Ross Pripas-Kapit, “Educating Women Physicians of the World: International Students of the Woman’s Medical College of Pennsylvania, 1883-1911” (diss., University of California – Los Angeles, 2015), 4.

⁶⁹ “Woman is Named Medical Inspector,” Dr. Edna Sherrill Papers, Mss 2944, Oregon Historical Society Research Library.

⁷⁰ “Dr. Sherrill is Given 1st Lieutenant’s Bars,” Dr. Edna Sherrill Papers, Mss 2944, Oregon Historical Society Research Library.

California. After her military contract expired, Dr. Sherrill still desired to travel internationally, so she signed up for medical work in China.

Sherrill's private correspondence during this period offers an unvarnished look at the ways in which some medical missionaries viewed the Chinese people. While public lectures, books, and newsletters often romanticized China, the Chinese people, and the role white women played in uplifting the country, Sherrill's letters offer an important perspective on the racist, colonial ideas that undergirded much of their medical missionary work. Writing in September 1919, she describes her disgust with the Chinese people: "I can't get used to the filth, the hideous faces, the poverty, and the squalor of these natives. . . . The sights make me shudder continually and I cannot keep from cringing when I have to rub against the natives on these narrow streets."⁷¹

In that same letter, she reminded her friends that she expected to dislike the Chinese, even before setting foot in their country, and that her decision to go was primarily a professional one, offering a chance as well to see the world. But when she arrived in China, she was truly taken aback at how "uncivilized" the Chinese were, despite the storied age of their culture:

It is beyond my understanding how a nation as old as China and which is supposed to have at once time possessed the highest state of civilization, could degenerate to their present state and be apparently content, with little desire except among the educated few, to better their condition.

Though Sherrill reminds herself and her readers that the Chinese "are human beings, that they have souls, bodies, and instincts the same as we have," she goes on to write, "[they also] have brains, the example and teachings of foreigners, and unlimited resources and centuries of time for development of same, so there is absolutely no excuse for them to be in their present condition." She concludes with indifference to, if not an endorsement of, American exploitation

⁷¹ Letter from Edna Sherrill to "Gannie and the Old Bunch," October 30, 1919, Dr. Edna Sherrill Papers, Mss 2944, Oregon Historical Society Research Library.

of China: “It’s alright if America can benefit herself by coming in and getting some of the spoils that other nations have enjoyed, but so far as civilizing the Chinaman – he doesn’t want to be civilized.” Sherrill’s remarks on the Chinese people and culture suggest that she believed the grand experiment of medical missionary work was ultimately a failure – the Chinese people were incapable of adapting to western religion, customs, or science – but that she firmly believed that the Americans had a right to economically exploit China in the meantime.

When Sherrill returned to the United States in 1920, she delivered several lectures on her time in China, once again leveraging her access to China and the Chinese people to cultivate her professional status. As with most medical missionaries, her public talks focused on the “unfortunate heathens” and the benevolence of white medical missionary women. As Dr. Sherrill’s story demonstrates, women’s medical missionary work was never simply an altruistic project aimed at improving the health and welfare of women and children in foreign countries, although that certainly was part of it. Rather, women physicians like Sherrill fostered a dialectic relationship between their work at home and abroad. They used their experiences as physicians and activists on the “western frontier” to inform their missionary work, and in turn, used their experiences overseas to strengthen further their careers back home. This medical work in colonialist spaces at home and abroad was often underlined by a belief in racial science and a Protestant impulse to “civilize” non-white populations.

“A New Utopia where Anything was Possible”

Not all western medical women who worked abroad were as supportive of American imperialism as Dr. Edna Sherrill. Many others questioned the effects of war and imperialist subjugation. Suspicious of the motives and effectiveness of capitalism and empire, and aware of longstanding racial and gender disparities at home, some female physicians sought out radical

new avenues for reform and social change. Physicians such as Dr. Marie Equi in Portland joined the anarchist movement, participated in labor activism, and organized pacifist marches during World War I – all while delivering medical aid to wounded strikers, protesters, and other radicals in need of healthcare. For women physicians like Dr. Equi, the fight to reshape society centered on changing America’s social and political landscape. Other medical women, however, found even more radical spaces when engaging in their work abroad.

Born in Pennsylvania in 1871, Elsie Reed Mitchell studied for two years at the Woman’s Medical College of Pennsylvania before moving to Colorado. She finished her medical studies at the University of Colorado, and following her graduation in 1897, Mitchell became the second woman to intern at Arapahoe County Hospital in Denver. Dr. Mitchell earned early success in the Denver medical community. She cultivated a flourishing private practice and worked as an Instructor in Gynecology at Denver University Medical School. She was also on staff at Denver Maternity Woman’s Hospital and served as an editor at the *Woman’s Medical Journal*. Despite finding professional success and prosperity in Denver, Dr. Mitchell put her professional duties on hold in 1903 to serve as a medical missionary for the Lutheran church in India.

The announcement of Dr. Mitchell’s plans was met with much excitement in the Denver Lutheran community:

For several years, systematic efforts have been made, not only in our own Church, but in other branches of the Lutheran Church to secure a lady physician for this work. In answer to her mother’s prayers, our prayers, and the prayers of the women of India, Dr. Elsie Reed Mitchell, of Denver, CO., was led to offer herself as a medical missionary to our work.⁷²

The Lutherans assigned Dr. Mitchell to the eastern coastal city of Guntur, where she worked alongside a team of several other physicians at a missionary hospital. After seven years of

⁷² “Another Missionary for India,” *The Lutheran Observer* 91 (October 1903), 5.

missionary work, Mitchell resigned from her post in 1911, returning to the States to practice medicine in Berkeley, California.⁷³

In 1918, during the lingering months of World War I, Dr. Mitchell volunteered her services to the American Red Cross. Unlike Dr. Sherrill, who enlisted as a contract surgeon but never made it overseas, Dr. Mitchell did what many other women physicians did to contribute to the war effort – she bypassed the gender discrimination policies of the U.S. military by joining voluntary relief organizations, and traveled independently to war-torn areas of Europe to provide medical care. Funded by the Rockefeller Commission on Tuberculosis, Dr. Mitchell was assigned to the Parisian suburb of Yerres, where she oversaw a tuberculosis hospital for French soldiers.⁷⁴

Following the war, Mitchell, along with many other women physicians, decided to remain abroad to help with relief efforts. As another western physician, Dr. Esther Pohl-Lovejoy, reflected: “The World War was over, at least we thought it was, and we were anxious to do our bit in salvaging the survivors.”⁷⁵ In 1919, Dr. Mitchell applied to work for the American Women’s Hospital (AWH) to help with the medical relief work in Turkey, Armenia, and Syria. Eight women physicians were selected by AWH for service with the organization, Near East Relief, including three from northern California: Caroline Rosenberg, Clara Williams, and Elsie Reed Mitchell. The women were assigned to different cities, with Drs. Mitchell and Williams serving at Erivan, the capital of the short-lived First Armenian Republic. During the year they spent in Armenia, Mitchell and Williams, along with a nurse, Frances Witte, established a hospital in Erivan, initiated a sanitary service within the city, treated patients during

⁷³ “Foreign Missions,” *Lutheran Woman’s Work* 6 (1913), 354.

⁷⁴ Robert A. Peers, M.D., “A Red Cross Worker in France,” *Western Medical Times*, 39, no. 2 (1919): 69-75, *California State Journal of Medicine* 16 (1918), 311.

⁷⁵ Esther Pohl Lovejoy, *Certain Samaritans* (New York: Macmillan, 1927), 79.

a typhus epidemic, and cared for Armenian refugees escaping the horrors of genocide in Turkey.⁷⁶ Although they were contracted to remain another year in Erivan, invasions from both Turkey and the Soviet Union forced Near East Relief to remove all personnel from Armenia.⁷⁷

By 1920, Dr. Mitchell was back in Berkley practicing medicine. It was during this period that the physician became involved with radical activists, including a woman who would become Elsie Reed Mitchell's lifelong companion: Helen Calista Wilson. Wilson, a Radcliffe-educated woman, spent several years working for the Boston Anti-Imperialist League. In 1903, she travelled to the Philippines to observe and document the experiences of Filipinos in the aftermath of the Spanish-American War.⁷⁸ During her time in country, Wilson anonymously published a controversial 48-page political pamphlet entitled, "A Massachusetts Woman in the Philippines." After vividly describing the poverty, starvation, disease, dislocation, and torture endured by the Filipino people under American colonization, Wilson spent almost a decade in the Philippines before returning to the United States. Not much is known on why or how Wilson ended up in northern California, but by 1921, Mitchell and Wilson were living together in Berkeley, and socializing among the more radical circles of the city. It is clear that the two women's experiences abroad became formative moments in their perspectives on global radical politics. They later reflected: "Our interests in revolutions had . . . been whetted by first-hand experience of several small samples in Cuba, the Philippines, Turkey, and Armenia."⁷⁹ In 1923, Mitchell

⁷⁶ Lovejoy, *Certain Samaritans* (New York: Macmillan, 1927), 83-86.

⁷⁷ Dr. Mitchell received a Near East Relief Service Medal in recognition of "humanitarian service involving courage, devotion, and sacrifice." Thomas N. and Elsie Mitchell Collection (MSS #446), History Colorado, Denver, Colorado.

⁷⁸ For more on Wilson's time in the Philippines, see Nerissa Balce, *Body Parts of Empire: Visual Abjection, Filipino Images, and the American Archive* (Ann Arbor: University of Michigan Press, 2016) and Paul A. Kramer, *The Blood of Government: Race, Empire, the United States, and the Philippines* (Chapel Hill: University of North Carolina Press, 2006).

⁷⁹ Helen Wilson and Elsie Reed Mitchell, "A Light-Running Utopia," *Asia* 28 (December 1928): 955.

and Wilson left their home in Berkeley to join a unique experiment in the post-revolutionary Soviet Union: The Autonomous Industrial Colony of Kuzbas.

Following the end of the Russian Civil War (1918-1921), Sebald Rutgers, a Dutch communist, William Haywood, an American leader of the International Workers of the World (IWW), and Herbert Calvert, an engineer and former superintendent of a Ford automobile plant in Detroit, formed an agency known as the Organization Group of American Workers (OGAW). With the approval of the Soviet government, the goal of OGAW was to recruit American volunteers to come to the Soviet Union to live and work in an industrial colony in the Kuznetsk Basin, a coal mining region in southwestern Siberia.⁸⁰ The project mapped out by OGAW was, as Mitchell and Wilson later described, “magnificent, almost fantastically grandiose”:

They had a vision; — thousands of disciplined, well-trained devoted workers emigrating from capitalistic America to proletarian Russia, colonizing the great open spaces of Siberia, developing the immense coal fields of the Kuznets basin, producing coke, coal tar and all the by-products in the completed coke ovens and chemical plant.⁸¹

Volunteers were to put in 300 dollars to pay their own passage, and provide some tools and food for the first year. Colonists would then work for food and shelter only until the industries began to make profits, which would be shared between the colonists and the Russian government. The colony had been in operation for over a year when the OGAW announced the need for more engineers, office workers, a physician, and a teacher. The two women, along with their friend

⁸⁰ Very little scholarship has been done on Kuzbas; however, there are a few studies devoted to the colony, see William Thomas Smith, “The Kuzbas Colony, Soviet Russia, 1921-1926: An American Contribution to the Building of a Communist State (diss., University of Miami, 1977), J.P. Morray, *Project Kuzbas: American Workers in Siberia (1921-1926)* (New York: International Publishers, 1983). Other studies briefly focus on the Kuzbas colony in larger discussions of the Soviet Union. See, Julia L. Mickenberg, *American Girls in Red Russia: Chasing the Soviet Dream* (Chicago: The University of Chicago Press, 2017) and Julia Landau, “Specialists, Spies, ‘Special Settlers,’ and Prisoners of War: Social Frictions in the Kuzbass (USSR),” *International Review of Social History* 60 (Dec 2015): 185-205.

⁸¹ Helen Wilson and Elsie Reed Mitchell, *Vagabonding at Fifty: From Siberia to Turkestan* (New York: Coward & McCann, 1929), 7.

Elsa Mehlman, responded to the call; Mitchell volunteering to work as a colony doctor, Wilson as a secretary, and Mehlman as a teacher. In July of 1923, the three women left with a group of eight (five men and 3 women in total) to join the Kuzbas colony.



Figure 19: Kuzbas region in southwestern Siberia (Public domain).

As Mitchell and Wilson later reflected: they saw themselves as “a couple of enthusiastic American radicals who went to Russia after the Revolution [and] saw wonderful possibilities in this neglected enterprise.” The two believed that the newborn communist country represented a “new Utopia where anything was possible.”⁸² There was much in Russian revolutionary ideology that appealed to radical women like Mitchell and Wilson. Following the revolution, women in the Soviet Union gained voting rights, maternity benefits, the right to divorce, subsidized childcare, and liberalized abortion rights.⁸³ This experiment in state-sponsored communism attracted many radical women, including “suffragists, reformers, educators, journalists, artists, and travelers.” According to historian Julia Mickenberg, these women migrated to Russia “in search of social arrangements that would be more equitable, just, and satisfying.”⁸⁴ For Dr. Mitchell and Helen Wilson, the Kuzbas colony may have appealed to them for several reasons:

⁸² Wilson and Mitchell, “A Light-Running Utopia,” 955.

⁸³ Mickenberg, *American Girls in Red Russia: Chasing the Soviet Dream*, 9.

⁸⁴ *Ibid.*, 5.

the opportunity to witness revolutionary politics unfold, the chance to participate in an unusual American-Soviet economic experiment, and perhaps they believed that a rural industrial colony in a communal space would offer them more freedom to live together as a same-sex couple.

The group reached the colony on September 1, 1923, after a month of travel by sea and another month by rail across Siberia. Ruth Kennel, another woman in the Kuzbas colony, wrote about the excitement, then subsequent disappointment caused by the three women's arrival: "I think their coming has caused more stir than all the other groups put together. You see, the men are desperate for American girls, and they heard three single women were coming, in spite of my gentle hints, they *would* have hopes! So there were many expressions of disappointment when the three travel-worn, middle-aged, short-haired women appeared in their trousers and boots."⁸⁵ "We three women, on our arrival," Mitchell and Wilson wrote, "were promptly and rather hilariously dubbed 'the three ladies from Berkeley.'"⁸⁶

Although the colony was populated with leftist radicals who embraced communist ideology, the organizers, as well as the volunteers, often described Kuzbas using the discourse of American exceptionalism. For example, Ruth Kennel wrote: "We are building here, not a new Atlantis, but a new Pennsylvania," making a direct reference to the state at the center of America's founding.⁸⁷ More specifically, however, Kuzbas participants often employed the language of the frontier and made comparisons to the American West in their descriptions of the colony, its colonists, and the Siberian landscape. The socialist magazine, *The Liberator*, for example, featured a recruiting ad for Kuzbas that read: "Wanted: Pioneers for Siberia."⁸⁸ Indeed,

⁸⁵ Ruth Epperson Kennel to Frank Kennel, September 4, 1923, Ruth Epperson Kennel Papers, Ax 872, Special Collections & University Archives, University of Oregon, Eugene, Oregon.

⁸⁶ Wilson and Mitchell, *Vagabonding at Fifty*, 11.

⁸⁷ Ruth Epperson Kennel, "Kuzbas, a New Pennsylvania," *Nation* 116 (1923).

⁸⁸ Michael Gold, "Wanted, Pioneers for Siberia!," *The Liberator* 5, no.3 (1922): 1, 6.

both Wilson and Mitchell were struck with how much the two countries were alike, again relating it to the American West:

There is perhaps no country in the world which has so much in common with the United States as Russia. Like the United States, Russia is in many ways a new country. Its tremendous natural resources are undeveloped. It seemed as though the almost miraculous development of our Great West might be repeated in undeveloped Siberia, the Great East of Russia.⁸⁹

They also argued that, like the frontier of the American West, the great prairies of Siberia only needed railroads and modern farming and industrial equipment in order to capitalize on its “vast reservoir” of undeveloped resources.

What Mitchell and Wilson called the “miraculous development” of the American West, of course, relied on a westward expansion that was fueled by the violent displacement of indigenous peoples, and the instillation of a settler colonialist system that was tasked with exploiting the “undeveloped resources” of the region. In the Siberian East, the story was no different. Mitchell and Wilson, in fact, made this connection, rather unironically: “[Russia] still has a real frontier—there are even aborigines!” In writing about their experiences in the region, the two women romanticized the indigenous clans in Siberia and drew parallels to native Americans:

The first Kalmyk settlements appeared soon after leaving Shebolina, and their dwellings, like so many other features of this frontier country, struck our American eyes as strangely familiar, for they are almost exactly like the tepees of our North American Indians . . . One expected at any moment to meet a group of Indian braves.

Mitchell and Wilson went on to argue that American’s who remember their country’s frontier past should be able to understand the problems of the “pioneers” in Russia’s “Great East,” and should comprehend the aspirations and struggles of the “democratic millions whose social

⁸⁹ Wilson and Mitchell, *Vagabonding at Fifty*, 334.

system, like our own, is based on a revolution.”⁹⁰ For Mitchell and Wilson, two radical anti-imperialists, their allegiance to their “utopia where anything was possible,” blinded them to the possibility of indigenous displacement or exploitation – not unlike many women reformers in the American West. The two women were, whether they understood it or not, both envoys and critics of empire.

On the surface, it seems unusual that Mitchell, Wilson, and other colonists drew so many parallels between “The Great West” and “The Great East.” After all, one region’s development was dependent on a free-market economy and inspired by the ethos of the self-made man, the other depended on state-sanctioned communism. However, as historian Kate Brown has argued, the two regions shared a similar discursive and geographic history. Both grew to maturity in the industrial age, a period when new urban centers emerged in the region catalyzed by crucial new technologies such as railroads, more modern irrigation systems, the telegraph and the telephone. These “instant cities,” as historian Gunther Barth called them, required a “concentration of capital investment so large” according to Brown, “[that] it fell to a small group of managers to try to direct from afar the means of production and labor that kept everything going.” In turn, the need for land, water, minerals, and cash crops in both regions displaced the indigenous peoples of the region. Discursively, both Soviets and Americans mythologized their place and purpose on their respective frontiers, emphasizing their dominance of the land and their cultural and biological superiority over the “primitive” indigenous cultures.⁹¹ For Mitchell and Brown, two women from the American West, post-revolutionary Siberia offered the opportunity to repeat the

⁹⁰ Wilson and Mitchell, *Vagabonding at Fifty*, 131.

⁹¹ Kate Brown, “Gridded Lives: Why Kazakhstan and Montana are Nearly the Same Place,” *The American Historical Review*, 106, no. 1 (Feb., 2001), pp. 17-48, Barth, *Instant Cities: Urbanization and the Rise of San Francisco and Denver*.

“pioneer process,” this time with a communist twist. The Kuzbas colony could, in theory, achieve what capitalism in the American West could not – economic, racial, sexual, and gendered equality.



Figure 20: *Kuzbas: A Bulletin Devoted to the Affairs of the Industrial Colony Kuzbas* (Library of Congress).

The utopian dream of Kuzbas colony was short lived. The colony was plagued with infighting, local tensions, and bureaucratic difficulties long before the women departed from San Francisco bound for Siberia. “Disillusion and recrimination had already begun among the members of the colony by the time we arrived,” the two wrote. Although the Russian government was amenable to the Kuzbas project, the ten thousand Russians who lived in the three villages near the colony were not. The locals derisively called the 400 colonists “the saviors of Russia,” and did not welcome the idea of being dispossessed by the mostly-American group. But even more threatening than angry locals, the two women believed, was the internal discord among the colonists themselves. “We were a group of individualists,” they recalled, “— as most radicals are — engaged in a Socialist enterprise; [but] working together harmoniously proved an

impossibility.” The prevalence of an individualist mindset meant that each colonist had his own radical philosophy, which dictated how Kuzbas should and should not be run, and each refused to relinquish his “pet theories.” Mitchell and Wilson also believed colony organizers did a poor job recruiting and selecting volunteers, arguing that some colonists were “chronic troublemakers,” while others were “wholly unfitted for such life.” The bureaucratic hurdles of establishing an industrial colony in the Soviet Union were also more difficult to maneuver than many volunteers anticipated. Early colonists encountered substandard housing and work facilities, and the promises of an egalitarian sharing of production surpluses proved illusory. These conditions started out as a “chaotic mass democracy” and eventually cultivated a dictatorship by the leaders of the colony.⁹²

These various frustrations were also evident in the local medical work. Before Dr. Mitchell arrived, there was only one other physician in the area, a Russian woman named Dr. Maria Vasilyevna. Mitchell found difficulties adjusting to the Russian medical etiquette, which she described as “very rigid,” and she did not get along with her Russian colleague. Being a “convinced feminist,” however, she refused to complain about the quarrelsome temperament of Dr. Vasilyevna, fearing the men of the colony would believe that “professional women couldn’t get along.”

Mitchell also struggled with the disorganized routine of the local hospital. The two women physicians, along with several *feldshers* and *feldsheritzas* (Russian medical assistants) were charged with tending to the 10,000 villagers and the 400 colonists in a small, fifty-bed hospital. Every morning men, women, and children swarmed from the big reception hall of the hospital into their two offices, and those who proved most insistent received treatment first, regardless of

⁹² Wilson and Mitchell, *Vagabonding at Fifty*, 11-12, Wilson and Mitchell, “A Light-Running Utopia,” 1038.

the severity of their illness or injury. The two women treated an average of one hundred patients a day. Dr. Vasilyevna eventually pulled some strings and shunted Dr. Mitchell off to work with pregnant women only. After two weeks, she realized in order to gain the trust of her patients, she would have to get rid of her interpreter, so she borrowed a Russian text book on obstetrics and plunged into a study of Russian medical vocabulary. Sometime during Mitchell's tenure as colony doctor, Dr. Vasilyevna overdosed on morphine, and Mitchell was left as the only physician in the area.⁹³

For two years, Mitchell and Wilson lived and worked in the Kuzbas colony, and as they later reflected,

For two years, we watched the cruel tragedy of hopes betrayed, the bitter disillusionment of the theorist brought face to face with facts; of overconfident youth and ignorance and enthusiasm undertaking an enterprise calling for broad experience, wise judgment, and the very highest technical skill, training and organizing ability.⁹⁴

They witnessed several colonists renounce their ideals and return to the States “to become safe and sane citizens of a capitalistic country,” while others remained and evolved into “chronic grouches” who spent their leisure time loudly blaming everyone but themselves for the failings of the colony. After finally leaving Kuzbas, Mitchell and Wilson reflected on the failed colony, calling it a “lovely, iridescent bubble that burst.” The Kuzbas colony was neither the socialist utopia they had hoped for, nor the gender-equality paradise they imagined: “One of the things we learned was that the most defiant radical is often a pure conserver of tradition where women are concerned!” They summed up their experiences in Siberia by deriding the naiveté and laziness of many of the colonists:

⁹³ Wilson and Mitchell, “A Light-Running Utopia,” 1036-137.

⁹⁴ Wilson and Mitchell, *Vagabonding at Fifty*, 12.

If you want to understand just what kind of light-running utopia our colonists had expected to create you have only to read any advertisement of, say, a new model car or a vacuum cleaner, practically automatic and so simple that a woman – or a child – can run it.⁹⁵

After Mitchell and Wilson left Kuzbas at the end of their contracts, only a handful of colonists remained, and a Soviet administrator had taken over running operations. Although local industries grew with help from the colony, economic output never reached expectations. In the end, twenty-nine colonists who stayed on ended up imprisoned in the Gulag as part of the Great Terror of the 1930s, and twenty-two died there. Contingents of forced laborers soon replaced the rosy idealists as a mainstay of the labor force in Siberia.⁹⁶

Despite their disappointment with the Kuzbas experiment, Dr. Mitchell and Helen Wilson remained in the Soviet Union for several years after their time in the colony. The couple spent a year living in a village near the Volga River, where Dr. Mitchell worked at a health center. They then moved to Moscow for a year where Mitchell worked at a clinic providing birth control and reproductive medical services to women of the city. During their summers, the two women went on walking trips through the Caucasus and Altai Mountains. As they later reflected: “There were two of us, already confirmed vagabonds, who had come determined to see as much of this vast and undeveloped land as our opportunities would allow.”⁹⁷ When the two finally returned to California, they published their Russian travelogue, *Vagabonding at Fifty*, and briefly enjoyed a time in the limelight. A profile of the two authors that appeared in *Time* magazine humorously

⁹⁵ Wilson and Mitchell, “A Light-Running Utopia,” 1038.

⁹⁶ Mickenberg, *American Girls in Red Russia: Chasing the Soviet Dream*, 162.

⁹⁷ Wilson and Mitchell, *Vagabonding at Fifty*, 12.

described the two women as “tramps” and “wanderlustful spinsters” who traveled to Russia “armed only with a Boy Scout hatchet, drinking cups, knickerbockers, and an oiled tent sheet.”⁹⁸



SPINSTER WILSON, SPINSTER MITCHELL
No man molested them.

Figure 21: Helen Wilson (left) and Dr. Elsie Reed Mitchell (right), *Time*, April 29, 1929.

In her retirement, Dr. Mitchell spent time touring the country giving lectures on life and politics in the Soviet Union. In a speech to a rotary club in New York City, Mitchell explaining the benefits of Russia’s 5-year plan: “With no rules or precedent to follow, it was impossible for the Russians not to make some mistakes, but the Russians themselves seem satisfied with the results of a little more than two years of the five-year plan. . . . The revolution has undertaken to touch everyone in the country, and the response has been remarkable.”⁹⁹ In another speech at Stratford College in Virginia, Dr. Mitchell cautioned against red baiting, arguing the Soviets were too busy working to make their own plans a success, and despite the failures of the Kuzbas colony, Mitchell urged “technical men” to travel to the country to help them succeed.¹⁰⁰ The

⁹⁸ “Miscellany,” *Time*, April 29, 1929, 63.

⁹⁹ “Rotary Hears Speaker Tell Soviet Plans,” *The Gettysburg Times*, Dec. 9, 1930, page 1

¹⁰⁰ “No Cause for Alarm Over Red Menace,” *The Bee*, March 3, 1931, pg. 1.

retired doctor also remained active in radical politics. She was heavily involved in the Kentucky Miner's Strike in the 1930s and in 1939, Dr. Mitchell made national news when she, along with First Lady Eleanor Roosevelt, withdrew from the Daughters of the American Revolution in protest of the organization's decision to prohibit African American singer, Marian Anderson from singing in its Washington DC auditorium.¹⁰¹

Conclusion

Elsie Reed Mitchell, Edna Sherrill, and Gertrude Van Pelt found success in the turn-of-the-century American West largely because they, like many other women physicians, were able to leverage the political fluidity inherent within settler colonialist spaces for their professional advantage. By the early decades of the twentieth century, as the United States flexed its imperial muscle abroad, western women physicians once again took advantage of these new imperialist spaces to seek out opportunities to advance their medical careers. Whether it was medical missionary work, war relief, or other foreign medical opportunities, women physicians often returned to the United States with increased professional opportunities because of their experiences abroad. Women physicians, in fact, created an effective dialectic relationship between their medical work in the American West and their medical work in foreign countries. They used their knowledge as physicians on the American frontier to inform their medical work in foreign frontiers. In turn, they were able to leverage their experiences abroad to bolster their careers back home.

There was more at stake, however, than professional advancement. When Elsie Reed Mitchell and Helen Wilson wrote that they believed the Kuzbas colony represented "a new utopia where anything was possible," they were mapping a specific political ideology onto a

¹⁰¹ "N.Y. Writers Depart after Strike Probe," *Salt Lake Telegram*, February 12, 1932,1, "Life Member Resigns D.A.R.; Cites Prejudice," *Philadelphia Inquirer*, March 2, 1939, 1.

frontier space – a space in which they, as pioneers, would cultivate a new way of living and thinking. The idea that frontier spaces provided fertile soil for political or religious renewal was articulated in various ways by these women, and the “The West” provided an important imaginary in their formulations of international politics, religion, and empire. For Dr. Elsie Reed Mitchell and her fellow Kuzbas colonists, the American West served as a useful metaphor for creating an international utopia on the Siberian frontier. Although Mitchell and Wilson were committed anti-imperialists, they nonetheless promoted, through the idea of American exceptionalism and manifest destiny, an imperialist process for the Soviet Union to harness Siberia’s natural resources, civilize its people, and develop the land through modern technology.

Dr. Gertrude Van Pelt, on the other hand, saw the American West as a literal utopian space where she and her Theosophist colleagues would bring about a worldwide age of enlightenment. They sought to civilize Cuba in the aftermath of the Spanish-American War by building hospitals, schools, and charities in the country, but also by bringing Cuban children home to their sacred space of Lomaland in California. These children would be educated in Theosophist doctrine and culture, and then return home to spread the gospel of Theosophy in order to counter both American capitalist and Catholic influences on the island. They also believed that the Lotus Buds of Loma Land, as they were called, would be the key to building a “sub-race” that would herald a new and harmonious world.

Like many of their political projects in the American West, women physicians had high hopes for their international activism. Yet, as Mitchell and Wilson wrote, many of these foreign experiments were often short-lived, “lovely, iridescent bubble[s] that burst.” Also like their work in the American West, the professional and political opportunities afforded to women physicians abroad were often deeply entangled with settler colonialist ideologies. Whether they were

“rescuing” Cuban children, performing medical missionary work in China, or living in an experimental Siberian commune, western medical women engaged with transnational politics as both promoters and critics of empire in the early decades of the twentieth century.

**Epilogue:
Women Doctors in the Aftermath of Moralistic Medicine**

In 1944, Dr. Florence Rena Sabin came out of a six-year retirement in order to help Colorado governor John Vivian assess the public health needs of the state. A Colorado native, Sabin spent most of her medical career in the eastern United States. She graduated from Johns Hopkins Medical School in 1900 and later interned under renowned physician, William Osler. Dr. Sabin went on to become the first woman on the faculty at Johns Hopkins, and years later became the first full-time female faculty member at the Rockefeller Institute for Medical Research in New York. Over her long career, Sabin conducted pioneering research in a number of biomedical fields, including work on the origin of blood cells and the histology of the brain.¹ Like many women physicians of her time, Sabin was also an active suffragist before the passage of the 19th Amendment, contributing several articles to the Maryland *Suffrage News*. Sabin's life story, however, differs drastically from the women who are the focus of this dissertation, many of whom Sabin knew both personally and professionally. A western-born woman, Sabin migrated east for her medical education and career, and her work largely focused on scientific research rather than public health advocacy. Yet, by the early 1940s, Sabin had returned to Colorado and turned her attention to the very problems that many of her colleagues had previously tried to solve.

¹ Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine*, 95-105.

Dr. Sabin conducted a year-long study of Colorado's public health infrastructure and was shocked at what she found. In April 1945, she presented her report to the governor. Among other things, she found that many of the state's health laws had not been changed in decades, there was no legal authorization for public health nursing, no state programs for maternity and child health, no programs for "crippled children," no mechanism for accepting federal funds for public health, and no process for creating multiple-county health agencies. In short, Sabin concluded, Colorado was "backward in regard to public health." "Evidence of this," she argued, "is seen in the official figures of the percentages of rejections 'not physically fit for the armed forces.'" While the national average for military rejections in 1944 was 39.2 percent, Colorado's rejection rate was 43.1 percent.² Over the next several years, Sabin, like her predecessors, became a public health activist.

Her two-year campaign resulted in the "Sabin Health Laws" of 1947, which authorized a reorganization of Colorado's State Board of Health; provided for adjoining counties to coordinate health services with federal, state, and local funds; and increased the per diem available to indigent hospitalized tuberculosis patients. Colorado newspapers heralded the set of laws as a major victory for the state. They marveled at how a single woman physician could accomplish what no other public health reformer in the state's history could. Sabin herself joked that she was chosen for the task because the governor had no real interest in public health and appointed "an old lady" because she would be unable to accomplish anything.³

² According to Sabin, Oregon's rejection rate was 24.4 percent and California's was 35.6 percent. Box 17, ff1 Florence Rena Sabin Papers, Sophia Smith Collection, Smith College, Northampton, MA.

³ "Sabin's Address on the State of Public Health in Colorado, September 5, 1947." Box 17, FF1. Smith College. Sophia Smith Collection. Florence Rena Sabin Papers.

Not content to retire after reforming the state health laws, Sabin set her sights on a new project: reforming Denver's public health infrastructure. Because the state capital remained a home-rule city, Denver was not required to become part of a state health unit, and its health department, as usual, was hampered by political infighting. As a result, the city's sewage system was deteriorating, there was no sanitary engineer, milk quality requirements were below national standards, and garbage collection was sometimes sporadic. In December of 1947, Mayor J. Quigg Newton appointed Dr. Sabin, who was now seventy-six-years-old, to head the city's Department of Health and Charities. She quickly lobbied for the construction of a new sewage treatment plant, increased the rate of garbage collection, helped raise quality standards for milk, and initiated a chest X-ray screening program to detect tuberculosis infections in the city.⁴ Sabin became a public health legend in the state. As one of her early biographers wrote: "More was accomplished for Denver in terms of health in four months that had been achieved in all of the city's history."⁵ In 1959, six years after her death, Colorado donated a bronze statue of Sabin to the National Statuary Collection in the U.S. Capital, where it was placed in the Hall of Columns.

Dr. Florence Rena Sabin's contributions to medicine and public health in Colorado are indeed monumental. And yet, as this dissertation has demonstrated, she was just one of many women physicians in the state's history who actively shaped its medical geography and public health politics. Dr. Sabin belonged to a cohort of politically active physicians in the American West who began their careers before suffrage and devoted much of their time to various political and public health projects in the region. Why then, is Dr. Sabin remembered as the "Mother of Public Health," while the other women are largely forgotten?

⁴ Carl Abbott, Stephen J. Leonard, and Thomas J. Noel, *Colorado: A History of the Centennial State*, 5th ed. (Boulder: University Press of Colorado, 2013), 331.

⁵ Elinor Bluemel, *Florence Sabin: Colorado Woman of the Century* (Boulder: University of Colorado Press, 1959), 188.



Figure 22: Statue of Florence Rena Sabin (Public domain)

The legacy of Dr. Sabin is a useful framework for taking stock of the social, medical, and political impact of the first cohort of women physicians in the American West, as well as examining the post-1920s careers of these women. As many historians have demonstrated, the 1920s generally signaled the death of the Progressive Era in America. Indeed, as Regina Morantz-Sanchez and others have argued, the 1920s also marks the “demise” of the woman physician — with a dramatic drop in female medical students, a decrease in practicing women physicians, and a waning political influence. “. . . The decline in public enthusiasm for social reform naturally downgraded women physicians’ vision, skills, and perceptions. . . . the defeat of the Sheppard-Towner Act in 1929 put the finishing touches on the medical profession’s decade-long retreat from social activism.⁶”

⁶ Sympathy and science, 309.

Sabin's story, however, extends the political work of these women physicians past the period most associated with reform activism. Sabin was not alone among her cohort in their post-retirement careers. Many of these women physicians, in fact, continued with political and public health activism for the remainder of their lives, stretching into the 1940s and beyond. For example, Dr. Minnie Love, the woman the Colorado Ku Klux Klan helped elect to political office, spent the 1930s serving on Denver's Board of Education. Fellow Colorado physician, Mary Elizabeth Bates, the woman who was arrested for bribing a state senator to "get Judge Lindsey," shifted her activism to the health and welfare of animals, founding the Denver Dumb Friends League and working for the Colorado Humane Society. Dr. Esther Pohl Lovejoy, an Oregon physician renowned for her public health work, went on to found the American Women's Hospitals, which she ran from 1919 to 1965. The organization created outpatient clinics and orphanages and provided public health services in thirty countries. Fellow Oregonians Ruth Barnet and Jessie Laird Brodie continued their birth control and abortion activism, eventually leading to Oregon's first Planned Parenthood clinic in the 1960s. The post-1920s activism of Sabin and her fellow western women physicians demonstrates a clear shift, but not an absence of political activism.

In the late-nineteenth century, medical women saw "The West" as an open space where they could pursue ambitious and often grandiose political and public health projects. In other words, white women physicians viewed the region as a *tabula rasa*, an emptied territory that promised new opportunities to create, order, and perfect American society in ways that better reflected the scientific age. Indeed, at the turn of the twentieth century, this cohort of women increasingly leveraged their medical knowledge, professional status, and political power in order to found public health institutions, pass medical legislation, and advocate for the health and

welfare of women and children in the region. Their activism, however, often pathologized race, sexuality, and disability, and they promoted the surveillance, containment, and exclusion of bodies not deemed fit for citizenship.

By the end of the 1920s, it was clear that these grand visions of medically modern, racially segregated, and morally pure cities on the western frontier would not materialize. Political infighting, partisan divisions between progressive reformers, and the demise of radical political and religious groups largely obstructed these efforts. The Progressive-Era idea of a utopian frontier (in its various incarnations) had ended. Yet, as Dr. Sabin's 1940s public health work demonstrates, their activism continued. Rather than public health work informed by radical political ideologies, women physicians in the mid-twentieth-century American West focused on specific, pragmatic, and often politically moderate projects, largely stripped of their maternalist and moralist medicine philosophy. This politically "neutral" medical activism may be one reason Dr. Sabin was able to successfully implement many of the same public health policies her predecessors advocated for.

Their activism, however, was no less political, just less radical. Dr. Minnie Love's work for the Denver School Board, for example, largely focused on opening night schools in the city for "Americanization work." As Dr. Love wrote, these institutions were embarking on the "great work of helping the misfits to economic freedom."⁷ Dr. Love went from heading an organization intent on racial and ethnic exclusion in the 1920s, to advocating for racial and ethnic acculturation in the 1930s and 40s. On the other side of the political spectrum, Dr. Esther Pohl Lovejoy's work in international relief efforts with American Women's Hospitals led her to speak

⁷ Charles and Minnie Love, Manuscript Collection, History Colorado, Denver, Colorado, MSS 1233, Box 1, FF133.

out against wartime violence and become an advocate for women's equality across the world until her death in the 1960s.

How then, do we assess the long-term political, social, and public health impact of this first generation of women physicians on the frontier? Certainly, their legacy is visible in the medical geography they carved out in the region – many of the hospitals, sanitariums, carceral institutions, and health charities they founded still exist today. Their public health work is etched into the built landscape of the American West. Their medical politics also left an indelible mark on the bodies they policed – men and women permanently scarred from involuntary sterilizations, girls incarcerated against their will, and women denied the right to reproductive autonomy. The political and public health work of these women provide historians with an important link between maternalist and medical reform movements that dominated Progressive-Era America. And yet many women physicians in the American West countered this moralist medicine movement with a radical health activism of their own – performing abortions, providing medical care to striking workers or racially marginalized communities, and advocating for reproductive rights. These women provide an important genealogy for reproductive justice in the region.

Enfranchised women doctors in the turn-of-the-century American West positioned themselves as the vanguard of the movement for modern public health and reproductive medicine. As this dissertation has demonstrated, these women often drew their own set of complicated and contentious boundaries that dictated the politics and practice of their medical activism. Exploring this wide range of positions sheds light on the intellectual work women physicians performed during this period and reveals how their activism shaped the political and institutional landscape of the American West.

Appendix:

Women physicians who practiced medicine in Colorado between 1870-1930

Abbot, Frona	Bell, Ellen J.	Collier, Mary Marr
Abbott, Maude G.	Bennett, Carrie A.	Collins, Harriette M.
Adams, Julia	Betts, Flora May	Condit, Helen Celestia
Allen, Sarah Jane	Bigelow, May Tower	Cooper, Fannie E.
Ambrook, Mary Louise	Bigelow, Margaret C.	Corell, Eva A.
Anderson, Elnora	Binford, Nellie	Cory, Emma
Anderson, Helene	Bingham, Ada	Colter, Minnie
Anderson, Sydney	Bingham, Helen M.	Cox, Clara A.
Andrew, Ida M.	Black, Louisa Teresa	Cramb, Tena C.
Arbini, Eva Anna	Blanchard, Martha E.	Craig, Helen Francis
Armstrong, Laura E.	Bliven, Adeline Kaiser	Cunningham, Leonora Landers
Arnett, Mary M.	Bolinger, Nora H. Moore	Cunningham, Martha E.
Avrey, Alida C.	Bolles, Jenette Hubbard	Curtin, Katherine
Axtell, Luella E.	Bordner, Alta Ellen	Darby, Margaret G.
Babcock, Helen	Bowen, Amy M.	Davies, Emma D.
Bacon, Sarah E.	Bradner, Mittie	Demmitt, Nettie W.
Bailey, Jennie	Brown, Anna F.S.	Ditson, Agnes
Baker, Madeline Marquette	Brown, Elizabeth E.	Drake, Emma F. Angell
Baksh, Esther B. Ilahi	Brown, Grace	Dunlap, Florence M.
Baldwin, Norma Mabel	Bryan, Mary E.	Dworak, Frances Emma
Balfe, Anna B.	Bryant, Clara Selter	Edson, Sarah
Balfe, Sarah Louise	Bryson, Margaret Elizabeth	Ellis, Sara
Banta, Margaret	Buchanan, Frances Grant	Emery, Lydia
Barnes, Mehetable	Buckner, Henrietta L.	Fagaley, Idella M.
Barney, N. Eugenia	Bush, Ida Ellis	Fairfield, Nellie Wheeler
Barnett, Mattylee Curl	Bushnell, Kate C.	Fantz, Theresa S.
Barrow, Grace Ward	Buzza, Mildred	Farnham, Mary C.
Barry, Mary F.	Byington, Helene C.	Fay, Charlotte H.
Bartlett, Laura F.	Calvert, Sarah Emeline	Fearing, Sarah J.
Bass, Elizabeth C.	Cardwell, Alvira J.	Felt, Sarah A.
Bates, Mary Elizabeth	Carver, Edna Jackson	Fezer, Florence
Bates, Mary Helen Barker	Cassidy, Elizabeth	Firor, Marion
Baxley, Erma S.	Chase, Mary Nolan Shreve	Fisher, Mary Winter
Bazemore, Mary Knott	Clark, Jennie I.	Fitzhugh, Julia Downey
Beall, Kate	Clarke, Edith Leavitt	Fleming, Margaret A.
Beall, Mary E.	Clarke, Janet Beryl Gibson	Ford, Justina L.
Beaver, Ida Noyes	Clarke, Lillian Estelle Sibbald	Ford, Mary E.
Bedortha, Hattie	Clarke, Stella M.	Foster, Mary Keeler
Beebe, Carolyn D.	Clegg, Christiana Scott	Fowle, Ella M.
Beeler, Margaret Hoffer	Clements, Annie Jemima	Fox, Benedicta Beshaar
Beere, Rose Kidd	Clow, Jean Bailey	Fraser, Margaret Ethel
Beers, Ida Valeria	Coler, Ida Catura	Frey, Julia V.

Fugard, Dora F.
 Gale, M. Jean
 Gardiner, Mary Louise
 Garrett, M. Maude
 Gelien, Johanna
 Gibbon, Helen
 Gilchriest, Ella M.
 Goble, E. Agnes
 Goff, Sarah A.
 Goldsworthy, Lelia O.
 Gooch, Lucy O.
 Goodman, Charlotte E.
 Gouley, Clara M.
 Griffin, Louise Amanda
 Griffith, Ella Hughes
 Gunsaul, Irmine Z.
 Guthrie, Alice B.
 Haines, Blanche Moore
 Ham, Lillian Beecher
 Hamilton, Amanda N.
 Hamly, Lenora Benton
 Hannah, Helen M.
 Harkins, Elizabeth R.
 Harris, Nellie R.
 Hart, Margaret
 Hartwell, Jessie M.
 Hatfield, Mary M.
 Hawes, Mary
 Hawk, Charlotte
 Hay, Rilla G.
 Hayden, Catherine
 Heaton, Susan R.
 Herr, Ida S.
 Hertz, Sue E.
 Higgins, Kittie Waldo
 Hilton, Bertha
 Hoffman, Osee Wallace
 Holmes, Esther B.
 Holt, Florence Jean
 Hosford, Sara D.
 Howe, Julia R.
 Hughes, Sarah L.
 Humphrys, Ethel D.
 Hunter, Mary Gill
 Hyatt, L. Beatrice
 Inman, Mary Ella
 Jeancon, Etta C.
 Jeffery, Alice F.
 John, Caroline D.
 Johnson, Margaret L.
 Johnston, Matilda
 Joy, Lizzie E.
 Judson, Dora
 Kapp, Julia Seaton
 Kaveny, Mary
 Keen, Emma
 Kenfield, Sarah
 Kester, M. Addie
 Kimball, Mary E.
 Kindig, Flora May Taylor
 Kindig, Zoe Zeonta M.
 Kinsman, Anna
 Knott, Minerva
 Krom, Mary
 Kruse, May B. Teale
 LaCroix, Ray R.
 Lake, Mary Alice
 Lane, Frances Margaret
 Lang, Minne D.
 Langley, May Ogden
 Lawney, Eleanor M.
 Laybourn, Fannie
 Leavitt, Mary A.
 Lee, Sarah E.
 Leonard, Harriet
 Liebhardt, Laura L.
 Lindsay, Alice
 Lindsay, Catherine
 Lobinger, Kate Reynolds
 Loomis, Julia E.
 Long, Margaret
 Love, Minne C.T.
 Lowery, Mary Glover T.
 Lutz, Mary A.
 McAlpin, Jasemin
 McGettigan, Kathleen Marie
 MacGowan, Lillian
 MacGregor, Jessie M.
 MacManus, Mary Warner
 McGuire, Evaline
 McManus, Harriett
 McNutt, Julia Grace
 Mallory, Mary Bell
 Marsh, Anna
 Mead, Ella
 Merritt, Elsie Belle
 Messinger, Celestia D.
 Miles, Amy Bell
 Miller, Martha Frances
 Miller, Nora Rice
 Milligan, Josephine
 Mills, Anna E.
 Mills, Frances
 Miner, Harriett A.
 Mitchell, Elsie Reed
 Moore, Alice Tucker
 Moore, Clara M.
 Morelock, Nelle Tronell
 Morgan, Anna E.
 Morrison, Alma E.
 Morrison, Martha
 Moss, Mary D.
 Muenzinger, Florence R.
 Muir, Hannah Taylor
 Munro, Rose Carleton
 Myers, Helen T.
 Nachrieb, Mary Josephine
 Nelson, Augusta R.
 Nelson, Lucretia
 Newby, Martha
 Newcomer, Elizabeth H.
 Newlove, Mary Myrtle
 Noble, Mary Riggs
 Nordland, Marie
 O'Brien, Eliza A.
 O'Connor, Wilhelmina F.
 Orsborn, Jeanette
 Ordway, Mary B.
 Oviatt, Ellen M.
 Paddleford, Esther S. Cherry
 Paddock, Josephine
 Palmer, Elizabeth
 Park, Bertha S.
 Parker, Alice J.
 Parker, Caroline L.
 Parmelee, Cora G.
 Parsley, N. Estelle
 Passover, Lucy L.
 Patton, Jessie
 Payne, Mabel C.
 Peavey, Josephine L.
 Peterson, Anna Malvina
 Peterson, Kate Bardwell
 Phelps, Mary E.
 Pierce, Ada V.
 Pollock, Lillian Irvine
 Polly, Katherine C.
 Pool, Hettie
 Powell, Anna H.
 Pratt, Elsie Seelye

Preston, Emma
Preston, Grace A.
Price, Evelyn B.
Price, Josephine Carten
Printy, Sylvia
Rader, Charlotte R.
Rae, Anna Marshall
Rand, Jeanette M.
Randall, Ada C.
Ray, Mary E.
Reece, Nettie B. Jeffris
Reed, Eve A.
Reid, Anna Goodall
Reinhardt, Eugenia Julia
Reckly, Mary
Richards, Cara Stiles
Roberts, Una Gustinia
Robinovitch, Louise G.
Root, Edith A.
Ross, Hettie M.
Ross, Lydia
Rothwell, Augusta M.
Rowe, Clarabel A.
Russell, Lida Burgess
Ryerson, Esther A.
Sanger, Fannie A.
Sanders, Maude McIlvain
Shiveley, Eva M.

Schoonmaker, Amy B.
Schram, Maude
Singletary, Marie Ann
Scott, Agnes Brandon
Scott, Mary E.
Smith, May Gillette
Somerby, Sarah E.
Sparling, Amelia E.
Spalding, Z.J.
Spencer, Caroline E.
Spencer, Huldah
Spencer, Sarah J.
Sperry, Mary A.
Staines, Minnie E.
Staunton, Rachael B.
Steele, K. Irene
Sterling, Margaret D.
Stockdale, Laura E.
Strasser, Nellie M.
Stratton, Mary Reed
Stubbs, Jessie
Summers, Eugenia L.
Teague, Mary E.
Trewin, Etta M.
Tucker, Genevieve M.
Tuttle, Mary B.
Twyford, May
Upham, Emily C.

Van Atta, Eleanor
Van Meter, Virginia C.
Van Pelt, Gertrude
Vermeiren, Mary Z.
Walker, Daisy E.
Wall, Eliza J.
Walmsley, S. Elizabeth
Ward, Maude E.
Weber, Mary Jackson
Westendorf, Katherine
Wheeler, Pearl B. Dorr
White, Elizabeth K.
White, Mary
White, Myrtle Davis
Whitstone, E. Mildred Wood
Wilcox, Sara C.
Williams, Annie W.
Williams, M. Josepha
Wintermeyer, Thurza
Winzell, Agnes
Wiseman, Letitia
Wood, Emma C.
Wood, Lucy Miller
Work, Mae Johnson
Yale, Albertine B.
Yont, Katherine
Zalesky, Rose
Zener, Mary L.

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Quest
Social Hygiene Bulletin
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Denver Post
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