

## Dorothy Reed Mendenhall

(1874-1964)

Second daughter and youngest child of a prosperous midwestern manufacturing family descended from seventeenth-century American pioneers, Dorothy Reed Mendenhall was educated at home by governesses and her maternal grandmother. A graduate of Smith College, class of 1895, she entered Johns Hopkins Medical School in 1896 after having prepared in physics and chemistry at M.I.T. After receiving her M.D. in 1900, Reed worked at Johns Hopkins in the laboratories of two noted medical scientists, William Osler and William H. Welch. Her research in pathology in Welch's laboratory established conclusively that Hodgkin's disease, hitherto thought a form of tuberculosis, is a distinct disorder characterized by a specific blood cell, thereafter known as the Reed cell. Despite the promise of her research, Reed left Johns Hopkins in 1902, discouraged by the lack of opportunities for women. Settling at Babies Hospital in New York in 1903, she began to develop what was to be a lifelong interest in maternal and child health.

Marriage in 1906 to Charles Elwood Mendenhall took Reed to the University of Wisconsin, where for almost a decade she remained at home as the mother of young children. Only two of the couple's four children survived infancy, sons Thomas Corwin (b. 1910) and John Talbot (b. 1912). In 1914 Mendenhall returned to professional life as a lecturer in the Department of Home Economics at the University of Wisconsin. Her principal concerns were collecting epidemiological data about maternal and child health and preparing correspondence courses for new mothers. When war duty took her husband to Washington in 1917, Mendenhall became a medical officer for the U.S. Children's Bureau, extending her concerns for maternal and child health to the war orphans of France, Belgium, and England in 1919. She carried out an influential study in Denmark in 1929, concluding that maternal and child health in the United States was damaged by the American propensity for technological intervention in the natural process of birth. In *Midwifery in Denmark* (1929) she advocated greater reliance on midwives and a greater trust in natural processes.

Mendenhall's career interests were reshaped by the requirements of marriage and her passion for research redirected to epidemiology rather than laboratory science. A deeply reflective

woman whose favorite reading was Marcus Aurelius, she speculated toward the end of her life about whether this rechanneling of her intellectual energy had been at too great a cost. She concluded that she could not imagine life without husband and sons, though she hoped for a future when marriage need not end a career of laboratory research.

## UNPUBLISHED MEMOIR

I have determined to make a beginning—long deferred—of putting down my recollections of the past sixty years as clearly and as honestly as I can, though there will be omissions and unexplained passages—for I am a woman and a Victorian but I shall write for my great granddaughter of the way my world was made, and what happened to me in the making and unmaking of it. . . .

I have lived a long time—and to show how my braid has been plaited I shall go back to my earliest recollection—a house on E. Town St., Columbus, Ohio—next to the corner east of the Deaf and Dumb Asylum. I was taken out of that home before I was four years old—to live at my grandmother Kimball's on the edge of town—while my mother and father sought cures for his diabetes and long-standing tuberculosis. It was a small two story brick house between two large mansions occupied by friends of my mother. There was the usual back and front parlor, hall to the west and stairs going up, dining room back of the parlors, but upstairs the room over the dining room went from east to west, had windows on both sides of the room, a short step up into my mother's bedroom, and a door out to a stair going down to the kitchen. My brother slept in what was a hall bedroom—the space left over the front hall by the stairs, which ran up to our nursery door. A woman, Mrs. Adams, was our nurse at this time and my sister Elizabeth and I slept in the nursery with her. Clearly do I remember waking when I turned over in my crib in one corner to see Mrs. Adams sewing by a lamp at a table in the center of the room. Also I remember a light from my mother's bedroom illuminating for a brief instant our darkness, when my parents would come to the door for a word with Mrs. Adams or to see if all were well with us before they retired. I have a vivid recollection of falling down the steps leading from my mother's room and of a nightmare or dream when I rolled out

of my low crib and into the open closet door on the opposite side of the room, to be found there sleeping quietly when our nurse rose to get us up in the morning. These impressions were all made in my third year—for I was not born in this house, but lived there from the time I was two until nearly four when my father's health was so poor that he retired from business and tried in vain for the few remaining years of his life to stem the rush of oncoming oblivion.

The Kimball place in Columbus . . . was the usual red brick, with high ceilings and long narrow windows set in twos in the rooms on either side of the front hall which was wide enough for tables, chairs, large hatrack—and lined with large pictures—steel engravings of Washington crossing the Delaware, Lincoln and his cabinet, the ten first Presidents of the United States (I own this), ran from the front portico to end in a wide porch which covered the entire length of kitchens and pantries which extended from the right side (on entering) of the house and led into the dining room. The stairs emptied into the back part of the hall, a landing at the end of the hall over the back door was lighted by a large window which gave light to the hall as well as the long narrow glass windows on either side of the wide front door. To me this is the most admirable type of stairs—one descending at the back of the hall with a landing from which a second flight or preferably two, reach the second story. The passing of the front hall, and the loss of beauty of stairways, landings, and railings have followed the trend to cities, to apartment life, and to economy of space. Family life was less dependent on halls than on fireplaces or porches for welding the lives of the individual members together—but if “a room of one's own” is necessary for individual development, I wonder if space of hallways and rooms were not necessary for the uncramped growth of large families. Children in utero may have deformities brought on and maldevelopment from too little space to move about caused by abnormally little “liquor animi.” Physical and mental growth come best where the individual is not hampered by the pressure of other personalities. The trend today of the nursery school to socialize the child may in the future turn back a hundred years to giving the young organism an untrammelled place to develop without outside pressure. At least one of my firm convictions is that my life was allowed free development in a most unusual way, because of my father's illness and death and my sister's disease and my early sicknesses which prevented our going to public school and induced by mother to keep us at large half the year in the wilds of Talcottville

and most of the winter on the Kimball place, when we were not in New York City to see the surgeons in charge of Elizabeth. I am unconvinced of the value of grade schooling. It seems to me all the pre-college education or even preparation for a simple vocation or work could well be put in six years, leaving the first ten for physical development, handicraft and organized play. As I never had any formal education before I was thirteen, I know it can be managed for the more fortunate.

Before my marriage in 1906—my mother had had, from the mid-'90s, more than half my income: after 1903—practically all my income, as I could live on my salary as Resident of the Babies Hospital.

These years of my mother's dependence on me, and the responsibility of the Furbish children [Mendenhall's deceased sister's children], and the sorrow of my sister's unhappy life and tragic last illness, forged my character into iron. Any sweetness I may have once had—turned to strength. It made a woman of me in my teens—sent me into a profession—and gave me many worthwhile responsibilities. One bad thing it gave me was a fear of being left in want. For years I would wake in the night—afraid of poverty. (Kipling: "Whatever comes or does not come, the children of man must not be afraid.")

The year after my first trip to Europe—my last in 1936 was my seventh—my mother was brought to realize that my formal education had to begin. I was 13½ years old and had never been in school. I could read and write and draw and paint, but as for arithmetic and grammar, I had never more than seen the books. . . . A most remarkable woman was chosen to teach me. Anna C. Gunning, an Irish woman of real culture and educational values, had been in the high school at Mansfield, Ohio, where Uncle Henry lived. She was a gaunt, frail woman, with skin the color of yellow parchment. I presume my mother paid her well and that she needed an easier job than the daily public school grind that she had followed for many years to support herself. At any rate, she came to Columbus and started to lighten my abysmal ignorance. She stayed with me three years and three months, prepared me for college, and by her unflinching rules of doing well what was to be done and at the required time, she ground into me habits of study which made it possible for me not only to go to college, but later to take up graduate work. Miss Gunning and my mother were at

opposite poles of femininity. Homely, badly dressed, caring only for intellectual interests, this quiet, naturally rather timid woman, set herself against my superficial, pleasure-loving mother, in relentless opposition as far as my training was concerned. Why she stayed in such an uncongenial household, I cannot imagine. I am sure that my mother paid her generously, as was her custom, but she must have had a real interest in and affection for me, to stand some of the scenes and insist on study hours being kept and work being well done in a home where everyone did what he or she pleased and when the spirit moved. And yet I never remember a word from her to me in criticism of mother or her ways. I shudder to think what might have become of me without Miss Gunning's mental discipline and standards of accomplishment. The first months she was with me we were still living in Columbus. Elizabeth was in Berlin, Will in Boston. I had never been caged in a school room, so Miss Gunning proposed that we study out of doors. Old Brown carried table and chairs out in the cow pasture, next to our Columbus house, and we began study the spring of 1888 under a huge oak tree. Keeping me still and at work was the great problem. Finally Miss Gunning evolved the plan that if I studied or recited for 25 minutes I could have 5 minutes to run off my bottled-up spirits. It must have been a queer scene for anyone looking on. A big girl, with two pigtailed below her waist, bent over a book or paper, with one eye on an adjacent alarm clock. When 5 minutes before the half or the hour was reached, off the pupil went with a whoop to tear around the lot, climb a tree, or raid the kitchen, while the undisturbed teacher went on quietly reading until the hour or half hour was reached, when a bell was sounded and the child recalled. My studies began with Latin grammar, arithmetic, and English. For the latter I chose a poem, or just a page or so from Shakespeare, which had been read from book to book by me long before I was twelve.

Years after, Miss Gunning told me that she was in despair this spring of being able to handle me. She had never attempted to guide an utterly untrained mind, and though she said no word of criticism, I realized even then that she not only had a hard job to do, but had to do it without any help from the family, and even against mother's thoughtless opposition. I shall always feel Anna Gunning saved me from being an ignorant nonentity. Thinking over this period in my life, I cannot be grateful enough to this quiet, austere, unattractive woman who came into my life at the crucial moment. Another year,

or with a less determined guide, my chance of being a really well educated woman would have passed. She literally set my feet solidly on the paths of higher learning and inspired me with her real love of knowledge and respect for mental attainment. She was the most impersonal in her relations with youth of any teacher I had ever known. . . . She expected the best of me, and insisted that once planned the work should be accomplished. My number work was the poorest. That year I finished arithmetic, the next plane geometry, the third year algebra—all under protest. I remember clearly my wail—"Why do I have to learn this stuff—what does it have to do with life?" Latin I thoroughly enjoyed and finally read all of Virgil with her, at sight, in order to finish the Latin requirement for college—our last spring in Germany. Through Miss Gunning's guidance my English reading became wider and more worthwhile. My natural taste for poetry was developed. The required reading for college entrance was covered a hundred fold.

The curriculum my first year [at Smith] was quite prescribed. We took Latin with Dr. Brady and Miss Norcross, English with Miss Jordan and Miss Czarnomska, mathematics with Miss Eleanor Cushing, history with Miss Lord, German with Frau Kopp, and French with a variety of weaklings. All the rest were good teachers—but none of them great as far as I was concerned.

Probably my taking biology my second year under Harris Wilder settled for me the field of my future work. Dr. Wilder, a small, pint-sized, red-haired man, was a great teacher. He knew his subject thoroughly, was a brilliant lecturer, and had such an unusual dexterity, coupled with artistic ability, that he illustrated his talks by drawing most unusual pictures of any animal form he was describing. He was ambidextrous and would stand in front of the blackboard and draw the details of an intricate organism using both hands and moving from a central line both right and left so rapidly that it was difficult to follow him until the entire picture, complete and whole, was on the board.

Harris Wilder was the first great teacher I had ever had. I well remember my feeling after his first lecture in general biology. During the entire hour I sat spellbound. I was not conscious of my surroundings and was oblivious of the passage of time. At the end of the lecture I gasped, sat up, and said to myself, "This is it, this makes sense—this is what I have been waiting for all these years." When most study, though pleasant, was drudgery, naturally I took all of the biology offered and did well in all of the courses. I took

honors in biology, but I was so absorbed in filling my curriculum with his courses that I took no chemistry. Though a good course was offered in this science, oddly enough there was no physics offered at Smith during my stay or for a number of years afterwards.

Looking back as I now can on sixty years of life, I find three pleasures have been paramount to me. First in its appearance, if not in strength, was love of woods, hills, plant life—especially paths leading in and out of hilly places such as at Talcottville in my youth, or Tryon today. A voyage of discovery—even if only a few miles as in Montreat this winter—offers the greatest pleasure left to me. Then I should put love of art—started by my grandmother Kimball in my childhood, and which still, especially for the love of color, gives me joy and has always been my favorite resource. Mental activity—mastering an intellectual subject in order to make it your own, and be able to give it out in recitation, lecture, or in written form—though less frequently resorted to—especially in later years, has afforded me the highest emotional outlet. Creative energy has been the most exciting experience in my life. Music has meant little to me. I regret that I have not cultivated my knowledge of music for the great resource it offers as age advances—especially since I have had great musical opportunities, and it would have meant so much to Charles if I had been able to share his talent and interest.

Perhaps at Smith, more than actual study, my contact with girls my own age and the making of a few close friends, were the most valuable part to me. My childhood was spent largely with people much older than I was, so that when I went to college I had never had a close girl friend and had known only a few of my sister's friends, casually. As I look back on these college days, I realize how awkward I was in making new contacts—not especially from shyness or any inhibitions on my part—but mostly from sheer ignorance and lack of experience in meeting adolescents. It was as if because of not going to school, travelling a good deal, and living with adults, I had skipped the between stage from childhood to womanhood—and yet I lacked maturity and the experience girlhood builds on childhood. At any rate, I was allowed a period to fill out and a fine normal place for development.

[Reed's first journey to Johns Hopkins Medical School]

There was only one passenger in the car besides myself, and I soon was aware that I was an object of interest to him. Almost opposite my seat on the bench that ran lengthwise of the car, sat a

distinguished gentleman dressed in grey oxford morning coat, striped trousers, and wearing a silk hat. He was short, but so finely built and slender that he did not seem small. I noticed immediately the sallow, ivory-colored tone of his skin and the small hands with tapered fingers folded over a cane which he held between his knees. My appearance seemed to interest him for he literally stared me out of countenance—seeming to go over me from head to foot, as if he were cataloguing every detail for future reference. I decided that he was an oriental—this conclusion brought about by his color and the long, thin rattail moustache that he kept pulling as he inventoried my charms. I knew that he was a gentleman, so I was embarrassed but not alarmed. Thinking to avoid him as soon as possible, when the car stopped at Broadway I hopped out first, and walked quickly in the direction of the hospital gates a block away. He soon caught up with me, and walking along side of me, said very casually, "Are you entering the medical school?" I managed to gasp out that I intended to. "Don't," said he, "go home." And to my amazement without another word walked on ahead of me and went up the long flight of steps leading to the hospital door. Well, thought I, he must be crazy. How would he know that I was going into medicine, or why should he advise me not to? I think this incident dampened my interest in the unprepossessing brick buildings of the hospital and the medical school, for after a very short stay, I found a return street car and took myself back to Miss Conway's and my little room. No other incidents of my first day in Baltimore remain in my memory. I was decently housed in a home of gentle women who gave me excellent meals and looked after my comfort in every possible way. That night I must have read my Marcus Aurelius, which I had acquired some years before, and which I have read as a daily help for 50 years, using the 12 chapters for the different months of the year, and finding unflinching guidance from the wise words written by the great Roman Emperor nearly 1,900 years ago. There is an annotation of my year at Tech [M.I.T.] in this little volume of the Jeremy Collier translation that has been my constant companion since 1894, and a number of quotations written in that I recognize as emanating from my years in medical school. In Book VIII, a pencil date, Sept. 21, 1896, the night before my 22nd birthday my first week in Baltimore, marks the verse, "All conditions are subject to revolution, so that you need not be afraid of anything new." Certainly in my life, the greatest influence and the greatest comfort has been the words of this pagan follower of

the Greek philosophers, who, to me at least, seems to have so much more of a personal message than his Greek masters. . . .

The next day at the appointed hour in the morning I went over to the University buildings, then in the city itself—I think, on Howard Street. I found the floor with no difficulty and a dozen or more men waiting in an ante-room. I remember no women being there. Possibly we had appointments alphabetically, because the men I grew to know well, as Glanville Rusk and Dick Rand, were waiting with me. At last, my name—Dorothy Reed—was called and with my heart thumping until I thought it would break my chest, I entered a long, impressive room. Around an enormous table sat a distinguished gathering of men, representing, I presume, the faculty of the new medical school. Only two of the group became definite personalities to me. I was too scared to do more than take the chair offered me. The chairman, or at least the man sitting at the head and next to whom my chair was placed, was the Dean, Dr. Welch. I think that he introduced himself. He asked questions of me, referring to the credentials I had sent to him. Then he said, "I think Miss Reed has fulfilled all our requirements." One man I cannot place, possibly Dr. Remsen, asked me about the number of chemistry laboratory hours I had taken. When I looked up to answer him, to my amazement, next to him was the man of the street car incident. I mumbled a reply. Dr. Welch rose and bowed and intimated that the interview was over, telling me to be at the medical school the next morning at 9 o'clock. I got up and—not knowing what to do—*backed out* of the room until I reached the door—feeling that this group represented to me—royalty.

Once again in the ante-room, I said to a man waiting there—later known to me as my good friend Dr. Rusk—"Who was the gentleman sitting on the left of Dr. Welch?" He answered, "Why, that is the great Dr. Osler." I do not think that I had then ever heard of the man, who later became my teacher and the kindest of friends. Of all the men I have ever known, or even met, William Osler has always seemed to me to have the most vivid personality as well as the finest mind and character. He was the greatest teacher I have ever known; an inspiration to his pupils and colleagues, one of the great gentlemen and influences of his age in the profession of medicine. . . .

There is one more incident that I must give of my 2nd year in Baltimore—an experience that nearly sent me out of medicine. As at any medical school there was a hospital medical society besides

many other evening meetings and lectures. We heard the other students talking about going to the monthly meetings, and as I was very eager to grasp every opportunity that would give me a better chance to do well in medicine, I proposed to Mabel Austin walking down to the monthly meeting. She wouldn't or couldn't go and I induced Margaret Long to companion me. We arrived before the crowd and took front seats in a lecture room on the ground floor under one of the public wards. It was a large room but soon filled. I think that we were the only women present. The one woman interne and the women upper classmen, few in number, knew better than to attend this meeting. Simon Flexner presided, sitting at a table just in front of us. The speaker of the evening—Dr. Mackenzie of the nose and throat department—was introduced after some preliminary business. He talked an hour on some disease of the nose. But from the start he dragged in the dirtiest stories I have ever heard, read, or imagined, and when he couldn't say it in English he quoted Latin from sources not usually open to the public. Unfortunately, I had majored in Latin at Smith, and 7 years study made most of his quotations understandable to me. Nearly 50 years has passed since this night, but much he said is branded in my mind and still comes up like a decomposing body from the bottom of a pool that is disturbed. It seems impossible that on such a harmless subject a specialist could make it so pornographic. Of course, the diseases of the nose and throat were not taken up before our 4th year and the entire lecture would have been over our heads had he limited himself to his subject. However, I did know my anatomy, and Dr. Mackenzie spent most of his hour discussing the cavernous tissue present in the nasal passages and comparing it with the corpus spongiosa [sic] of the penis. We sat just opposite the speaker and the chairman, so that the flushed, bestial face of Dr. Mackenzie, his sly pleasure in making his nasty points, and I imagine the added filip of doing his dirt before two young women, was evident. I knew that we could not go out—not only should not, but I doubted that I could make the distance to the door without faltering. The decision to sit it through was the right one, so I fastened my gaze on Simon Flexner and prayed that he would not laugh. Roars of laughter filled the room behind us at every dragged-in joke of Dr. Mackenzie and at every allusion to the similarity of the nose to the male reproductive system. Through it all Simon Flexner sat like a graven image, his face absolutely impassive like the profile of an old Roman coin. All my life I have been grateful for this man's

decency, which at the time seemed to be an anchor to buoy me through this ordeal. Somehow the talk came to a close. I got up, and followed by Margaret, made for the door through a sea of leering, reddened faces. We got outside and started to walk down the parkway in the center of Broadway. I cried all the way home—hysterically—and Margaret swore. When we made the Pill Box, I went to our room, leaving Margaret to explain my disturbed condition to the girls. This was the first of the week. The next few days I stayed at home, spending most of my time in Clifton Park—debating with myself whether or not to leave the medical school. Such mud as had been flung at me struck, and I couldn't make up my mind as to whether or not I was strong enough to rise above such defilement. The girls discussed it at night, and I prayed for help. It is characteristic that Margaret Long was untouched—she put it down to the natural bestiality of man and ignored it entirely. Part of my trouble was that I couldn't face my class, many of whom I had seen thoroughly enjoying themselves at the lecture. Some of them I knew well, liked, and had thought of them as friends. Finally on Saturday I made myself try it. I went down to the Pathological Laboratory to make up the work I had lost. I had Mabel's notes and the girls of my class had collected my slides for me. I was bending over my microscope with only a few students in the laboratory when Dr. Carter—an assistant in the laboratory—the son of the President of Williams College, remarkable to us as the tallest man in the medical school, came up to me. He asked if I needed any help and then hung around a few minutes. When we were quite alone, he said, "Miss Reed, I want to say every decent man at the meeting Monday night felt the way you looked. I want to apologize for being at such a meeting." Then he left and I felt purged of all pitch that had been thrown at me. A few minutes later Paul Woolley in my class came in—said he had to make up the week's work and it finally came out that he, too, had been at the medical meeting. It had made him violently sick at his stomach, and he had taken to the woods, literally, and had been studying birds. He was quite an ornithologist, and the son of the prohibitionist candidate for President. I went home calm and in control of myself. Simon Flexner, Dr. Carter, and Paul had felt as I did—there were probably many others. All was right with the world. Several years after I spoke to Dr. Osler about such a lecture being permitted to be given at the Hospital. He replied that the real speaker of the evening had been prevented from coming and the program committee had heard of

a good paper of Dr. Mackenzie's—and had substituted it. Dr. Osler said that Dr. Flexner was sick about it, and he himself would never have permitted any talk of Dr. Mackenzie.

This hideous experience, added to unpleasant practical jokes from the class ahead of us (my own class was essentially quiet and gentlemanly), made me consider carefully my relation to those surrounding me, as it affected my actions and feeling. I decided after much thought, that as long as I was in medicine that I would never object to anything a fellow student or doctor did to me or in my presence if he would act or speak the same way to a man. If he were a boor, he would act like one—be loose in his conversation or jokes, slam a door in your face, hog the best of everything, be oblivious of any of the niceties of life or the courtesies—but if he discriminated against me because I was a woman—tried to push me around, was offensive in a way he wouldn't be to a man, I would crack down on him myself—or take it up with the authorities if he proved too much for me alone. On the whole, this was the right way to take the position of woman in medicine in the 19th century. It made life bearable, allowed me to make friends with some men who were not very pleasant persons—but knew no better, and earned me the respect and friendship of many of my associates. It didn't endear me to one or two I fell atoul of, and undoubtedly I developed an independence, even an arrogance, which was foreign to my original nature. I was distinctly not such a "nice" person, but a stronger one, after Johns Hopkins.

As I have said, in the '90s there were relatively few women in medicine and no other first-rate school admitting women. . . .

Ours, the class of 1900, was the largest class ever entered, around 50, and the 4th regular class to graduate from Johns Hopkins Medical School. We entered, I think, with 12 women. Four from Smith—Florence Sabin, Rose Fairbank, Hannah Myrick, and Dorothy Reed; Ellen Stone from Brown University; Clara Meltzer from Barnard; three Leland Stanford graduates—Clelia Mosher, Evelyn Briggs, and Ellen Lowell; Alma Beale, Eleanor Chace, and Mary Marvell from Wellesley; and an unfortunate dumbbell from Vassar who dropped out during the first year along with Evelyn Briggs, a psychotic.

[On graduation Reed was offered research positions but no regular hospital appointment.] I went into a huddle with myself and went back to Dr. Welch with my decision. I thanked him very

much for his interest, and Dr. Halsted and Dr. Williams for their offer to give me a place in their services, but I wanted medicine and if I couldn't have medicine at Hopkins, I should have to go up to New York and see what offered itself there. Dr. Welch was disturbed, but he took my decision as final, asking only that I do nothing without first telling him of my plan. So it rested during the last weeks of our year. The examinations came and went. Everyone was very jittery about grades. I remember Dick Rand who took second place in the entire class assuring me solemnly that he had flunked and disgraced himself. Commencement day came and went. We medical students, with the other university graduates, sat in a big circle on the stage back of the faculty and facing the audience in the amphitheater of one of the Baltimore theaters. It was terribly long, hot, and tiresome. Finally the President, Dr. Gilman, came to the medical school, and the names of those taking honors were read. Florence and I were the only women. . . .

. . . when it was all over the ranking medical students were told to appear the next morning at the hospital to meet the attending physicians and to be assigned their internships and other positions. So the suspense was still kept up.

We were all together at nine o'clock with Dr. Osler, Dr. Halsted, and others of professional rank. All I remember was Dr. Osler speaking and saying that John MacCallum, first of all in our class, was too ill to take a hospital post or any other position. John had lived in a private room in the hospital most of his last year, going to such classes as he was allowed to and having a rest cure most of the time. . . . Then Dick Rand's name was read. What service do you take, Dr. Rand? Surgery of course. Then a man named Allen—who took medicine. Then 4th in the class, Florence Sabin. "Medicine" faltered Dr. Sabin. To my surprise Bill Sowers and I tied for 5th place with the same average of 97. Dr. Osler explained this and asked, "Miss Reed, what is your choice?" I looked him in the eye and said, "Medicine, sir." Dr. Sowers took medicine too and the crisis was past. . . . After it was over Dr. Osler spoke to his 4 medical appointees. Boys, he said to Dr. Allen and Dr. Sowers, these girls will have a hard time and I expect you both to give them any help you can to make it easier. Dr. Sabin and I were of course to have the white women's ward, or the colored wards—men, women, and children. There was apparently quite a lot of bad feeling brought about by my being given medicine. Henry Christian, later Dean at Harvard Medical School, wrote me a very courteous letter asking

if I were quite certain that I wanted and was going to take my medical appointment, ending that if he couldn't have medicine under Dr. Osler, he would not stay in Baltimore. I felt very indignant at his intimating that I should make way for him. It is difficult to realize how anyone could bring themselves to ask such a favor, even indirectly, from a classmate. One day in the library Paul Woolley brought up the subject, saying that it seemed very hard that he had to take obstetrics and I be given medicine. Dr. Rusk who was with us countered immediately, "Miss Reed deserves what she was given—she was a better student than you every year." This animosity was a blow to me. It was the first time that I personally was made to feel that I was not wanted in the medical profession and my first realization of the hard time any woman has to get recognition for equal work. I left for a summer in Talcottville, still somewhat elated but not dreaming of what was to come from this situation.

In June of 1900, I left Baltimore with high hopes. It seemed that God had given me the things I had asked for. Also I had the satisfaction of having worked hard and really done my best for 5 years so the reward of an internship under Dr. Osler seemed deserved. . . . So it was a shock to me, after the announcement of our appointments, to meet some bad feeling in my classmates as I have described. In spite of a good deal of talk about the unfairness of giving 2 women honors though we were 1/4th of the entire class, and knowing from Dr. Welch that there had been strong objection in the medical faculty, I went home with the conviction that all was well with my world.

Until I returned in September, I had not realized what we faced. After 3 months at home, with mother, my sister, and her children—a rather dispiriting time as the Berlin Falls Mills had burned and Elizabeth was home until Willard could find something to do. My mother had her hands full with the housekeeping and the care of 3 little children, for my sister was already sick with the infection which caused her death three years later. It was a hard summer for everyone, but September finally came and I was on my way back to Baltimore filled with joyful anticipation. I reached the hospital on the last day of August and was met by a very upset Dr. Sabin. She had arrived earlier and had been sent for by Dr. Hurd, the Superintendent of the Johns Hopkins Hospital—who had been a psychiatrist until this appointment some ten years before. Dr. Osler was in England, Dr. Fitcher, my very good friend, the resident, had just left for his vacation, and Tom McCrae the assistant resident—

a dour personality always—was in charge. Dr. Hurd had not minced words with Florence—"It was unheard of for a woman to be in charge of the Negro wards. It would end in disaster, it couldn't be done—he wouldn't stand for it, etc., etc." Florence, always a timid character, had listened to him and had talked to Dr. McCrae and it was the consensus of opinion that only one of us should have an internship in medicine. Her plan—and I think suggested by them—was for her to take a fellowship in anatomy and to leave me the hospital appointment. I was very tired—24 hours travelling over night in a sleeper always wrecks me—but I had no intention of assenting to any such disposition. I said plainly if anyone went—I would be the one—but after all Dr. Osler had given me the post and Dr. Welch had congratulated me on it—and I would talk to Dr. Hurd. Unsuspectingly I saw him that very afternoon. To my horror he said that he understood that it was I who wanted the colored wards. He had had experience with a similar woman physician, Anita Newcomb Magee—the only daughter of the distinguished astronomer, Simon Newcomb—who had a resident-ship at Hopkins before my day. He told me of her abnormal sex interests and of what he considered sex perversions. He said that of course he thought—and all my classmates and the medical staff would think the same thing—that only my desire to satisfy sexual curiosity would allow me or any woman to take charge of a male ward. When it came to negroes, did I realize that the white nurses were always in danger on the male colored wards and that if anything happened to them by word or deed that I would be held responsible. The man interne was all that kept them and the colored orderlies from insulting the nurses and women students—or worse. How about rectal and genital examinations, catheterization, and other unpleasant duties which might devolve on the interne. Finally he said so much that my anger came to my rescue. "Dr. Hurd," I replied, "I came to Baltimore to learn a profession in order to earn my living. I have worked hard and fulfilled every requirement in the medical school for a degree. During my four years I never was given G.U.—ever taught to catheterize a male or make the examinations for which you think I have a repressed desire. I have spent 6 months as clerk on the colored wards, male and female, surgical and medical. In that time I took all the histories, made most of the physicals, and certainly did any examinations not left to an orderly by an interne. As far as I know I gave satisfaction. Dr. Osler gave me this appointment and said that Dr. Sabin and I would share the

white and colored wards. He evidently considered both of us capable of running these wards to his satisfaction. Until he returns, I shall be the interne of the colored wards, and I shall do my best. If in October I find that I cannot successfully perform my duties, I shall tender Dr. Osler my resignation." Then I got up, and the anguish he had caused me boiled over. I said, "Dr. Hurd, it was a difficult decision for me to go into medicine—there were unpleasantnesses that I was told might occur, but I waited four years to be treated unfairly, and the first insult I have received was from the Superintendent of the Johns Hopkins Hospital." I got myself out of his office and found the tears of rage were rolling down my cheeks. Florence was in the corridor and I said, "Come with me to Dr. McCrae." I stalked ahead of her to his office where I told them both what had taken place. "Dr. McCrae," I said, "until Dr. Osler returns I shall do my best to give satisfaction and to perform all the duties of an interne, as I have been taught them on these wards." All he said was, "Miss Reed, call on me any time—in an emergency." I thanked him and left, still boiling inside and with the unpleasant thought that my fellow internes and the staff considered me, as Dr. Hurd had pictured me—"a sex pervert."

This interview with Dr. Hurd was a body blow. In my anger with him and my indignation at his conception of a woman doctor, I had mapped out a course which seemed impossible when the reaction to my fatigue and rage overwhelmed me. The first month as interne at Johns Hopkins Hospital was an agony long drawn out. Every day I was on the ward at 6 a.m. before there was a shift of nurses to see what had occurred during the few night hours during which I was absent. I stayed on the ward until after the resident made midnight rounds and often, if there was a very sick case, I slept on the ward, rolled up in a clean sheet on an unused bed in the room for special cases on each floor. For 5 weeks I never averaged 6 hours sleep—3 to 4 at night and a nap in the afternoon if things were quiet and Florence was on duty. The service was heavy, and my work would have been arduous for any interne since there were no clerks as the school hadn't opened and September was one of the heavy typhoid months. The weather was oppressive—hot and humid. Many of my duties were new, even if I had been on the wards before. But the weight of my spirit, and the fear in my heart, was put there by Dr. Hurd. Could I acquit myself well, protect the nurses, and earn the respect of the other internes and residents?

Florence and I had adjacent rooms on the 3rd floor, right hand

side as you went up the stairs and facing the yard, which was then grass and trees—the old almshouse green. Our bathroom was on the floor above the rear, while in front on this floor was the doctors' lounge. Because of the cloud over our start at the hospital, neither Florence nor I entered this common room as we should have done. We went to the nurses' home for a sitting room and recreation. This seems a silly decision in the light of the present free and easy intercourse of sexes in any hospital nowadays, but 46 years ago we still felt on sufferance and wished to be unobtrusive.

After I had completed nearly six months on the colored wards, Florence Sabin came to me and said she would like to change services with me—since the white woman's ward was so uninteresting. It amused me to have her ask for my wards, for in September when we were being bullied by Dr. Hurd she declared that she could never attempt running the negro service.

On the whole, we women at Johns Hopkins were treated very well. Some over-attention while in the school, and a little horse play not especially directed at us by the boisterous men of the 3rd class and boring to the serious men of our class as well as to the women, a disagreeable boorish interne, Dr. Luetscher, and my bout with Dr. Hurd, and the indecent talk of Dr. Mackenzie my 2nd year—covered the hardships I, as a medical woman student, had to bear. As interne, there was no discrimination against us. After the following incident was past, I learned that Jack Yates had had a bout with Dr. McCrae even more serious than the episodes I shall relate.

Early in the fall, Florence Sabin had had a very young girl—a child—on her ward with typhoid. Dr. Osler had been interested in her case because typhoid before puberty was rare. One afternoon there were some serious symptoms which suggested perforation and Florence spent the early evening on the ward counting the leucocytes which rise invariably when perforation is imminent. Nothing showing in the blood count, she left a note of the symptoms and her findings on the ward for the resident and went to bed after her midnight rounds. Unfortunately for her, Dr. Fletcher, our fine senior resident, was out that night and Dr. Thomas McCrae came on the ward between 1 and 2 a.m. Finding the child awake and in pain, he did not call Dr. Sabin, as should have been done by the nurse, but made a blood count and sent the child to the operating room. It happened that I had been sent for on my ward, and around 3 a.m. in going front through the corridors connecting the different wards, I passed a window from which I could see the surgical

operating rooms on Monument Street. One of the rooms was lighted and out of curiosity I wandered over to see what was the emergency. To my great surprise, I saw it was the little girl from Florence's ward. I waited a few minutes and went over to a group of internes standing around Dr. McCrae and asked him directly what had happened. He answered in a disagreeable tone that it was evidently a typhoid perforation. I asked "Where is Dr. Sabin" at which he very cuttingly said he presumed, "asleep, but as she had neglected to report the child's symptoms he hadn't been interested in having her called." He added that "if the child died he should consider Dr. Sabin responsible." I was aghast and very indignant at the unwar-ranted and public accusation. So I crossed the room to the telephone and asked front to send Dr. Sabin to the operating room. She came in a few minutes, and we had one of the most embarrassing hours of my life. Dr. McCrae refused to notice Florence, the surgeons were full of glee at the row of the medical staff, and I am afraid none of them were sorry to see a woman put in the wrong. It was true, we were tolerated and on the whole treated well—but we were distinctly not wanted. In medicine as in every profession then and now a woman has to stand head and shoulders above a man to expect equal preferment. Poor Florence, always conscientious and hard working, scarcely left the child for days and managed to pull her through and she recovered entirely. Nothing further was said, and on the whole she was lucky it was Dr. McCrae who was the cause of her trouble for he was thoroughly disliked. Still the garbled story went around the school and nothing could be done about it.

Some weeks afterwards, I happened to be on the ward one evening when a young negro had similar symptoms. I immediately went through the routine treatment and counted the blood repeatedly, finally getting almost a continuous slow rise in the leucocyte count. There was no doubt that the case was progressing badly. A little after 12 midnight, after I had rung for a resident repeatedly to be told all were out, Dr. McCrae came on the ward. I met him at the outer door—not wanting my anxiety to be noticed in the ward. He brushed rudely by me not heeding my "Dr. McCrae, sir" and went in to the nurse and asked her to make rounds. I followed, literally boiling. When we came to the bed of the bad typhoid, I stepped forward with my blood counts and again said, "Dr. McCrae, I wish to report . . ." The boy was sleeping and without another word or any notice of my sheet of figures, he brushed by me and left the ward. The nurse and I were speechless. She, as

furious as I was, said, "He wouldn't let you say a word." I answered, "Please remember I tried repeatedly to speak to him." After thinking it over, I decided I would wait for Dr. Fletcher's return. I left word front that I wanted Dr. Fletcher the moment he returned, and went back to blood counting. After hours, it seemed to me, of waiting while I comforted myself with Dr. Osler's statements that operation should only be attempted in absolutely *positive* cases, Dr. Fletcher appeared. I quickly told him of the symptoms, my treatment, and showed him my leucocyte chart which gave a steady rise for the past 6 hours. In a few seconds he ordered operation, called up the surgical resident, and in a short time we were on our way to the operating table. Perforations were enough of a rarity so that all present wanted to hear all about the case. Just as the anaesthetic was begun, Dr. Fletcher turned around to me and asked where is Dr. McCrae. I knew that the showdown had come and I was prepared for it. With as innocent a face as I could manage I answered, "Dr. McCrae came on the ward at midnight, sir. He didn't seem himself for I tried to speak to him 3 times about the case, but as the nurse will tell you, he refused to speak to me or listen to what I had to say, and so I waited until you returned and made my report to you." Dr. Fletcher was startled and called Dr. McCrae who appeared at once in a coat over his pajamas. He came up to me pale with anger and in a bullying tone asked what I meant by not making the report to him. I again said, that as the nurse would corroborate I had followed him all around the ward with my notes on the case and that he either couldn't or wouldn't hear me. Then I said that there seemed nothing for me to do but to wait for Dr. Fletcher. The entire operating room laughed. Dr. McCrae was disliked, he was a hard drinker and in his cups disagreeable to everyone. There was nothing to do then. He went to Dr. Osler about it, but Dr. Fletcher must have said a good word for me, because I heard no more of the incident. My patient got well promptly and all of us enjoyed Dr. McCrae's discomfiture. Two can play at a game.

When summer came, most of the internes dropped out, finding a 4th year student, just graduated, and willing to take the service temporarily. For some reason, I felt that I should stick out my 12 months service. Even Florence got sick and went off in August, as she was to return in September as Fellow in Anatomy in the Medical School and begin her life work in that science. The weather was torrid, the nights unbearable. I never went to my room until 2 or 3 o'clock and then watched the men internes chasing each other up

and down the top of the corridor outside of my window with the fire hose. If it hit a man squarely it knocked him over from the force of the water. When I went to bed I tied either long braid to a bedpost in the attempt to dry them out before morning. At 8 o'clock in the morning as I went to my ward, the thermometer in the shaded corridor stood over 100° F. These were trying days. The attending physicians were all away and the service was tiresome and monotonous. I didn't leave until the last day—something Dr. Hurd had said of a woman's being irresponsible, and not to be trusted to see things through, kept me at my post. One lesson that I had learned, that it is not enough to work and to be industrious—but stick-to-itiveness, lasting to the last ditch is imperative. I had enjoyed my internship, I had made a number of good friends and had an interesting life—and worked very hard. I think that I had given satisfaction. As internes went, both Florence and I were far above the average, both in ability and conscientiousness. To me the contact and friendship of Dr. Osler was the high spot of the year. Not wanting women in the school, which he finally admitted, he was scrupulous in seeing fair play, and even included us in social activities and in gifts and remembrances at Christmas. I felt that he was my friend and to me William Osler has always stood for the greatest personality and the soundest medical teaching possible at that time.

From the very first my research went swimmingly. None of the animals came down with tuberculosis which was a great surprise to Dr. Welch, who had visualized Hodgkin's disease as an unusual form of this dread disease. My slides, especially the serial sections, demonstrated the appearance of the disease in different organs and the eosinophiles usually accompanying the growth and the peculiar form of giant cell, which Steinberg had mentioned.

Finally, I was ready, in the beginning of 1902, to publish. Dr. Welch, Dr. Flexner visiting us from New York, and Dr. MacCallum had all gone over my work and were satisfied that Hodgkin's disease was not a form of tuberculosis, that the growth had a definite cellular structure of which a peculiar form of giant cell was the prominent feature. Later the name "Dorothy Reed cell" was given to this distinctive diagnostic feature of the disease. I never felt that I was the discoverer of this cell—though previously it had been seen and considered a form of giant cell seen in tuberculosis, it had not been considered a destructive [*sic*] feature. I think that Dr.

Longcope was the indirect reason for my name being attached to the giant cell of Hodgkin's. Dr. Longcope, later professor of medicine at Hopkins, whom I never liked, had gone up to Philadelphia, where in the year 1902-1903 Jack Yates followed him. Knowing my work, he apparently decided that he would publish on the disease, and, as I understood from the anger aroused in my colleagues in pathology, giving me little, if any, credit for my work. Dr. MacCallum then put the name "Dorothy Reed" in his textbook on pathology and my friends so kept my work in the public eye. . . .

During the early part of 1902, it is evident when I look back on these months, that I was undecided as to my future plans. I was very upset in my soul—and there was literally no one I could go to for advice. In my life I have had a great many good women friends—fine individuals whom I admired immensely—but not one of whom I ever felt like unburdening myself to. Mary Strong, whom I learned to know in Baltimore, was perhaps my closest friend but I never thought of going to her for advice. In fact, I would not have considered it worth taking. Men friends I had too, but the problems of a man's life are so essentially different from those facing a woman that it would be difficult for him to put himself in her place and see the straight path. It certainly is "one man's hand on the lonely plough." The decision I had to make this year was momentous for my whole life—I slept on it—looked into various temporary fields . . . prayed a lot, and tried to use my reason and judgement for my own problems. Always much harder to do for yourself than others. Dr. Welch had asked me to stay another year as University Fellow in Pathology. He was extremely pleased with my work on Hodgkin's and in the department and gave me carefully measured praise and promise of a future in the work. He even offered, if I could not accept the small stipend of \$500 a year, to get me a Rockefeller Fellowship at \$900 and the assurance that I could hold it as long as I wished. Pathology was the work I had liked best in medicine, and the one I felt a real interest in following. The pay seemed inadequate, and difficult for me to be content with, as it was evident mother would need practically all of my income, then \$1,800 a year. Finally I asked Dr. Welch what prospect for promotion would there be in the Medical School. He looked puzzled and then embarrassed. I explained that the man who had had the fellowship just before me had done no research but had been made an assistant in pathology the next year and both he and Jack Yates could look forward to promotion in the Medical School—if they

wished it. Why not I? After a moment's pause, he answered that no woman had ever held a teaching position in the School and that he knew there would be great opposition to it. There were a very few women employed at all in the Medical School—Florence Sabin, Fellow in anatomy, and Elizabeth Hendon, assistant to Dr. Kelly. Dr. Hendon, blocked for promotion, returned to England. Florence starved 10 years as Fellow, was finally promoted to Assistant Professor—as good a teacher and as distinguished an anatomist as the country afforded, but, on Dr. Mall's sudden death, a man was promoted over her to fill the chair who was her inferior in age, experience, brains, and ability to succeed. She left after 20 years service to take a \$10,000 position at the Rockefeller Foundation. One has to accept that women were blocked, and are still not given equal opportunity for promotion in the medical profession.

Suddenly, as I saw what I had to face in acceptance of injustice and in being overlooked—I knew that I couldn't take it. And I told Dr. Welch that, if I couldn't look forward to a definite teaching position even after several years of apprenticeship, I couldn't stay. I just couldn't take it. He seemed to feel my point and immediately began to make suggestions, and bring me offers in medical fields outside my ken. It has always amused me to remember that I turned down an offer that he was very anxious for me to consider—pathologist to a new clinic in Rochester, Minnesota—the Mayo Clinic. My reason was, largely, its situation, so far from my mother and sister who were needing my support more and more. Also, I remember a position in pathology at the New England Hospital for Women and Children, that I think offered too little and also a job at the Women's Medical School at Philadelphia. Finally, after a trip to New York, Dr. Welch told me that Dr. L. Emmett Holt, even then the leading pediatricist of the country, had approached him at a board meeting and explained his need of a woman resident to be in charge of the new Babies Hospital then being built at 55th and Lexington Avenue in New York City—and now a part of the Medical Center in upper New York. Apparently Dr. Welch had impressed my value on Dr. [Holt] for he brought a definite offer from him which carried with it room, board, uniform washing, and \$1000 a year salary. After I came to know Dr. Holt, I realized how hard Dr. Welch had had to argue to get the money from him. Dr. Holt was the meanest man God ever made, and I'm sure that his first thought would have been that a resident should pay him for the privilege of being associated with him. As I have said, Dr. Welch realized

perfectly my needs, and I think that he sold me to Dr. Holt because Dr. Holt was anxious to adopt Hopkins standards, and Dr. Welch made him offer me what I could afford to accept. Anyway, the chance for me seemed to be either going into pediatrics or general practice, and the former had always appealed to me as one of the best fields in medicine for women. I accepted it almost at once—realizing that I must leave Baltimore and that if I were to go into any active medical field I needed more training and time to decide where I should locate. Dr. Holt would not be ready for me for 6 months, as the hospital was not finished. Shortly after I had closed with Dr. Holt the arrangements for me to take charge of the Babies Hospital on January 1, 1903, I received an offer to be a temporary resident, starting June 1, 1902, at the New York Infirmary for Women and Children—the Elizabeth Blackwell project, famous in the annals of medical history. The incumbent had been sent west with tuberculosis and it was necessary to bridge over the months until 1903, when the new appointee would take over. Looking back on this necessary stop gap to keep me going these intervening 7 months, I am sure that it was brought about by Dr. Welch, though as I remember the offer came through Whitridge Williams, then Dean of Johns Hopkins Medical School. I certainly had good friends who interested themselves in my welfare. This left me a few weeks only to finish up my work, to pack up and leave for my new job. It was one of the saddest periods of my life. May 30th, the very day I left Baltimore, was the lowest point of my life of nearly 28 years. Memorial Day has always had a special significance to me. On that day I turned my back on all I wanted most and started to make a new life for myself. My house had come down on my head.

My decision to give up my profession and to marry Charles Mendenhall came about gradually and through a number of years. In my days as a student in Baltimore, I had known him as a friend who shared my love of country and life outdoors. We spent many Sundays walking in the lovely country around the city and became good friends. Our tastes were not similar. Charles was deeply musical and had a wide knowledge of music. He disliked poetry and was not imaginative, while I had little if any knowledge or appreciation of music, though I had heard a lot in my early days in Berlin. I loved poetry and romantic imaginings of every sort. I am naturally a dramatic character and willing to attempt any forlorn hope, while Charles was essentially cautious and disliked the strange or unusual.

It is difficult for me to portray him adequately, for to be fair to anyone in such a close relationship is difficult and I am further hampered by the consciousness of not having loved him as much, or in the way he loved me, and also because when the tragedies and hardships of my early married life bore in on me, I was often heedless of his wishes and dominated his life at home, because if I didn't assert myself, I should have succumbed to the overwhelming pressure of unhappiness of those years of misery.

Charles had a repressed, stifled nature. His father's influence in his early life must have been terrific. His mother—as she once told me—never expressed an opinion until she found how her husband felt about the subject, and then she agreed with him. She herself was gentle and sweet and she loved her only child. . . .

. . . With Father Mendenhall it was a different matter. . . . I think that I should have always disliked his concept of women. I had, as he knew, taken a degree at the best medical school in the country and had made something of a name for myself in my profession. He always ignored these facts. In the years I knew him he never alluded to my being a physician or even introduced or spoke of my profession to me or to anyone else. For him a woman's place was in the home and her position should always be subservient to her husband. Perhaps I could have ignored his attitude towards even higher education for women, but his treatment of Charles infuriated me.

I wanted children. In fact, all the 4 children I have had were wanted, and two of them, Richard and John, were planned for. As I was nearly 32 when I married and as I had married to have a family and normal home life, I never used any birth control, but my pregnancies were all desired and welcome.

[Mendenhall's first child died after a botched delivery, leaving her deeply depressed.] Undoubtedly I was hard to live with and Charles had much to put up with. A man is seldom devoted to a child until it shows signs of intelligence. Charles felt deeply our loss and my suffering, but he became more rather than less inarticulate. In fact, we were so estranged at this time that I longed to give up our life together and go back east and take up the practice of medicine. I thought of it every day and made all sorts of plans, but always came back to the fact that it would be throwing up the sponge, breaking a promise, and giving up while there was still a possibility of making a success of our marriage. I think that I always

realized the devotion Charles really felt, though unexpressed, and I couldn't bear to hurt him. At any rate, we went north in the summer for a canoe trip, and fishing and nature did much to heal my body and hurt spirit. We returned to the same apartment for the next year and I went to Dr. De Lee and found out from him when I could have another child. The repairs which I was so much in need of had to wait until I was through child bearing for there was little tissue left to make a new perineal floor from, and Dr. De Lee would not chance a further injury of what was left. The following spring (1908) I was again pregnant, and we went with Mary Strong for a summer in Nova Scotia. In spite of continuous nausea, I was better in every way for the trip. Feeling a great responsibility for the child I carried, I took good care of myself and didn't allow the depression I had been suffering from to overwhelm me. Dr. De Lee saw me in the fall and pronounced me in excellent shape but insisted that I must be down in Chicago under his care *one month* before my expected delivery. (He felt that with the injuries I had received at my first delivery I might have a precipitous labor!) So shortly after the first of the year I left home and stayed in the apartment of the nurse I had engaged for my confinement. The loneliness and discomfort of these stays in Chicago preliminary to 2 weeks in the old Lying-in Hospital remain vividly in my memory as far more unpleasant than the 3 hard labors that ended my vigils. In the case of Richard, Dr. De Lee finding that I apparently would not have 2nd stage labor pains at all and that the 1st stage pains were too weak to fully dilate the cervix, resorted to every device that I had learned under Dr. Williams to bring on labor—Bainier Bags, forcible dilation, etc. Four days went by in agony. Given food on one side of the bed, I brought it up when I turned over. I remember saying to Dr. De Lee, "I should think that you would be afraid to do so many things to me." He asked what I meant and I said, "Afraid of infection." He said, "If you get any infection it will be my fault and I should not like it." I decided then that a man who weighed every chance, sterilized his own gloves, and brought them dated to the delivery room, was to be trusted. On the 5th day, he gave me full anesthesia, did a high forceps, and delivered a fine boy over 8 pounds in weight. . . .

Last night I tried to sum up for myself whether or not my marriage had been a success for me and for Charles. Thinking it over dispassionately—for myself, in spite of the tragic start with

Margaret's death and Richard's loss, it turned out better than I should have expected. I have had a full, useful, and after the first unhappy years, a full and pleasant life. If it had started more smoothly both Charles and I would have suffered less but it is through suffering that one develops. The effort I had to make the first ten years to go on at all hardened me and gave me an unpleasent drive that must have been *hard* for others to live with. Charles had been so repressed, as a child, that it is difficult for me to evaluate what marriage brought him. He always loved me, but we had few interests in common other than a real joy in outdoors. I do not think my plans in regard to the family or carrying on my work were always agreeable to him. He would have had me stay home and do the usual thing, but he never objected seriously to any decision of mine. . . . If he hadn't married me, I do not think that his life would have been as full or varied as it was, nor that he would have been as happy as he was in his silent, undemonstrative way, in his family. . . .

Both Thomas and John are men that I am proud of—four square and true. They have never given me a sleepless night, and I feel that both have made the most of their capabilities. Charles was proud of them too—and satisfied. Perhaps our two sons are the best answer to was our marriage a success.

I must say that I have been impressed both by the variety of my activities as well as the extent of my knowledge. It has answered one question for me. I can say proudly that there is evidence to claim that my medical accomplishment over 40 years was worthwhile and something to be proud of. Alice Hamilton told me that when the subject of opening Harvard Medical to women was brought up at faculty meetings, I was cited as an able woman who had married and failed to use her expensive medical education. It always hurt, but now I know it was a damn lie, and I can claim honestly that I think that I can give evidence of the use of medical knowledge much wider and deeper than that shown by the average physician, whether in practice or in teaching. This is why I am writing this section on my work after marriage.

When I look back over the past 60 years of my life, it seems as if my end was shaped slowly but surely in the years of my preparation, life abroad, family responsibility, research, obstetrical training, and pediatrics—all of which enabled me to go back to work after my children were born and to make a worthwhile contribution to the city, the state, and the nation. Some of the hardest experiences of my life gave me the training requisite for the work

I was dropped into. Probably one determining cause of my taking up work was needing money to help with the care and education of my sister's children—especially Dorothy Sharp who had just entered Smith College in 1912. When these three were little—in the 9 years from their mother's death in 1903—I had been able to supply their extra medical or vacation needs out of my own income. Their father gave them a home, helped by the income of their mother's estate—around \$1,200 a year—and I robbed Peter to pay Paul when extra demands were made on me. . . .

In the fall of 1913—when John was less than 6 months old, and I was comparatively free since, because of his early illness, I had had to employ a nurse for his care—I was asked by the University of Wisconsin if I would be willing and able to give some lectures on the care and feeding of children in neighboring small towns. This feature of extension work had been started in 1912. In Madison at this time, there was neither an obstetrician or a pediatricist, and outside of Milwaukee, this was true of the whole state. The rural districts were worse off. There were entire counties, as I found out later, without any regular physician, without hospitals, and there were no county or visiting nurses in the entire state. Charles and I talked it over, and it seemed to be the kind of opening that I was looking for. As I remember, I was paid \$15 and expenses for a single lecture, not entailing staying over night. Later I went out on Monday and returned on Friday for \$100 a week and expenses, and I earned every cent of it. My first extension lecture was given on an afternoon in the fall of 1913 at Stoughton, Wisconsin, to a rural audience of women gathered at a so-called community institute. As I remember, there was a fairly large audience of stolid young women, wives of farmers, agricultural workers, and small tradesmen of the town and the vicinity. Knowing nothing of the extension movement which had been begun in this country at the University of Wisconsin, and which had added health teaching to the curriculum it offered, nor appreciating the level of intelligence, opportunity, or education that such an audience would offer, the lecture I presented was totally inappropriate. Since we usually put the cart before the horse, I had been commissioned to talk on the care and feeding of infants in the hope of benefitting the health of the mothers of the community, and giving them the knowledge to bring up their children to be healthier and to lower the infant death rate. Also from my inexperience, the talk I had prepared was too scientific, too complete and high brow to be understood by the

average woman. Also, it was written and read, which took away from the spontaneity and insured it going over the heads of my audience. I soon learned to write out a talk, but never to read it if I wished to reach my listeners. Talking from headlines on one card became my practice early in this work. When I returned to Madison, I frankly told the extension people that my subject had been wrong. What the women wanted was how to get better obstetrics and the principles of prenatal care—since in the discussions after the lecture, all questions had been along these lines—how to prevent miscarriage, what caused childbed fever, etc. This fall I gave several such talks in the vicinity of Madison, and my opinion of what the rural health needs were was confirmed. The health of the mother, prenatal care, better obstetric care, possibility of hospitalization, post partum rest, and the importance of breast feeding. Our death rate in infancy was due to intrinsic causes and not primarily to the care and feeding in infancy or to impure milk. . . .

The way that I was introduced through the health extension movement . . . to the U.S. Children's Bureau, seems, looking back on it, to have been prepared for by my obstetrics with J. Whitridge Williams and 3 years at the Babies Hospital under L. Emmett Holt. Certainly unless I had been grounded in obstetrics and pediatrics and had the social experience 5 or 6 years of hospital wards gave me, handling the very poor, I could never have succeeded in the rural health work I built up in the next 4 years in Wisconsin, or in my writing for the Children's Bureau, or in the establishing of the Health Center of Madison, and work I have done for the State Board of Health of Wisconsin, and later teaching "Care of the Mother and Child" at the University of Wisconsin.

. . . in 1914 I was working for the University of Wisconsin. I talked on health, a home economics instructor on food and nutrition, and usually there was another speaker on a subject especially needed by that community—water supply, sewage disposal, or infectious diseases. Travel was usually in the daytime, the train service poor, the cars always the common day coach—dirty and unventilated in those days. The hotels we had our meals in were small, always on the American plan, the food scanty and badly cooked. The improvement since the general use of the automobile in paving of roads and hotel accommodations is unbelievable. If we had to spend the night, the rooms were cold, the beds hard, the food inadequate. As we usually went out in the winter time because this is the leisure time on the farm and of drawing greater audiences

from the rural districts—our travel and living conditions were never comfortable. . . .

Once we were snowed up in a village near Waupaca for 3 days, and had a miserable time—of cold and near starvation diet, as no one could get out of the house we were supposed to stay in only one night. On the whole, however, the trips were so full of interest, the audience so eager for information, and always presenting some unusual person who made a deep impression. . . .

Shortly after I began extension work in Wisconsin—probably in 1914—in calling on Dr. Harper, the head of the State Board of Health of Wisconsin, he asked me to report back to him whenever I found especially bad or unusual health conditions in the rural areas I visited. He finally appointed me a deputy State Health Officer and asked me to call on the local health authorities *for him* and find out—if I could—what were the problems and needs of each place. In those early days health officers were not even physicians or men [*sic*] with any public health training, and were often woefully ignorant and oblivious of any but the most superficial of their duties. Public health was largely concerned with control of nuisances, inspection of slaughter houses, and water pollution, although Wisconsin was far ahead of most of the states and has gradually developed a very adequate service extending to every county—a far cry from a barber health officer whom I once visited in a serious epidemic of scarlet fever in a small town in an upper county. . . .

As far as I know, Wisconsin was first in the field in putting emphasis on prenatal care and the instruction of the mother in the care she should have and her care of the child. It is well done and I am proud of it, though in the advance we have made in the last 40 years it may now seem inadequate or old fashioned. I owe the ability to have developed this work to my sound training in obstetrics by Whitridge Williams and my experience in pediatrics . . . under L. Emmett Holt. The importance of a sound foundation and the influence of early interests is exemplified in the work I did from 1914 to 1934, when professional activity stopped for me—with Charles' illness when I was 60 years old.