

Veiled Truths: Unraveling the Quaker Legacy of Women's Education and Treatment at Friends Hospital

I. Nellie Schofield

In the late months of 1894, a woman by the name of Sarah Schofield exchanged several correspondences with the medical authorities at The Asylum for Persons Deprived of the Use of Their Reason, now known as the Friends Hospital, regarding the treatment of her sister Nellie Schofield. She writes:

From a conversation I had with Dr. Winters [Assistant Physician at Friends Hospital] I am strongly inclined to believe that my sister Miss Schofield will never recover her reason until an operation has been performed. It seems to me that she must necessarily get worse until the primary cause is removed. Kindly give this your best attention as something must be done.¹

These letters contain multiple conversations that emphasize the necessity of her sister's operation. Sarah explains that her mother had similar “womb troubles” and needed to have operations as well, thus the issue is hereditary and the same must be true for her sister Nellie. She threatens to seek care for her sister elsewhere if a comparable operation does not occur with haste.² It is apparent through the statement that Nellie will “never recover her reason” without an operation that she felt a disease of the reproductive system brought her sister to the asylum, rather than a disease originating in the brain. Reading this today may be shocking for anyone with the opinion that while reproductive issues are a stressful and sometimes painful female experience, the issues are not driving them toward insanity. However at the time of Schofield’s treatment, not only were

¹ Correspondence Relating to Patients, Q-Z, 1894 - 1895, box 22, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, Pennsylvania.

² Ibid.

the physicians focused on the problems in the uterus, but they believed the patient's mental health was tied directly to her reproductive health.

During the late 19th century, Friends Hospital would endure a shift in values leading them to grow an interest in women's health, education, and employment. One of their first steps would be hiring a Women's Medical College graduate by the name of Anna Broomall in 1890 to focus on the gynecological aspect of healthcare.³ Soon after, they hired the female physician mentioned in the Schofield letters, Dr. Winters, in 1894, to lead and train nurses in the hospital and at their newly created Training School for Nurses.⁴ At first glance, much of the conversation in the letters above makes little sense. They are urgent and reference a culture that no longer exists in the 21st century, and are a unique expression of values this essay will explore. Going forward, changes in religious, political, and medical institutions in America would drastically alter the state of the private hospital. Interactions between Quaker and non-Quaker beliefs influenced the hospital's shifting focus toward women, with both beneficial and damaging results. Through careful inspections of public consensus and the administration's actions, one can best understand the hospital's contradictory history.

II. Creation of the Hospital

To understand the standing of Friends Hospital going into the 19th century and the changes it would undergo, one must look at how its creator first conceived of its founding. The story begins circa 1799, when a Quaker named Thomas Scattergood found himself visiting the York Retreat in England during his journey of ministry.⁵ The York Retreat, founded by William

³ "1890 Annual Reports" (1890), Friends Hospital records, HC.MC-1261, box 2, Haverford College Quaker & Special Collections, Haverford, PA.

⁴ "1894 Annual Reports" (1894), Friends Hospital records, HC.MC-1261, box 2, Haverford College Quaker & Special Collections, Haverford, PA.

⁵ "Thomas Scattergood (1784 - 1814)," Quakers in the World, accessed July 19, 2024, <https://www.quakersintheworld.org/quakers-in-action/145/Thomas-Scattergood>.

Tuke, was a Quaker institution that stood in stark contrast to the state of other mental health institutions at the time. The care at this institution emphasized moral treatment over the use of medicine or aversive therapies such as bleeding, blisters, seatons, and evacuants, which were common practice despite their danger and harshness.⁶ In this context, moral treatment means that the hospital prioritizes rehabilitation for patients instead of their confinement; much of this involves higher standards of diet, access to air, and exercise.⁷ Upon Thomas Scattergood's interaction with the patients at the hospital, he wrote that he "had vented a few tears" and felt humbled by the experience.⁸ As someone who himself struggled with depression, and is known now as the "mournful poet," he saw patients there who seemed to make progress towards release.⁹ This would be a relieving experience for someone who felt at will of their mental struggles. It became clear to Samuel Tuke and those he inspired that physical restraint and abusive practices of the standard asylum were not well suited for most ailments, especially for people who were not direct threats to others but still required attention.¹⁰ Quakers were some of the earlier people to realize this and take action to improve the state of the asylum. Scattergood would later share his experience at the retreat with Quakers in the States and begin formulating a plan for an institution that would reflect the same values.

Thomas Scattergood died in 1814 before he could witness the true manifestation of his ideas. Going forward, his son Joseph Scattergood, William Tuke's grandson Samuel Tuke, and

⁶ Samuel Tuke, *Description of the Retreat, an Institution near York, for Insane Persons of the Society of Friends: Containing an Account of Its Origin and Progress, the Modes of Treatment, and a Statement of Cases* (Philadelphia: Isaac Pierce, 1813), 72.

⁷ *Ibid.*, 79

⁸ Thomas Scattergood, *Journal of the Life and Religious Labors of Thomas Scattergood: A Minister of the Gospel in the Society of Friends. (1748-1814)* (Philadelphia: Friends' Book Store, 1874), 404.

⁹ Carl Blumenthal, "Quakers and Mental Healthcare," *Friends Journal*, April 1, 2021, <https://www.friendsjournal.org/quakers-and-mental-healthcare/>.

¹⁰ Tuke, *Description of the Retreat*, 141.

future superintendent Issac Bonsall would take on the responsibility of making his vision a reality.¹¹ Following Thomas Scattergood's passing, Friends Hospital would endure more than 200 years of change alongside the radical change in the country it resides. Individuals involved with the hospital would devote much time to developing an institution that kept up with medical and social justice development—building a gymnasium, a training school, experimenting with new therapies, and treating gynecological issues.

III. Understanding Quaker Reputation

The York Retreat and Friends Hospital reflect values that derive from Quaker ideas of spiritual equality. While many understand this to mean that the “Light of God” within people made them all equal, this core value is often subjected to generalizations that ignore the many variations of Quaker practices. The Friends Hospital was an Orthodox Quaker institution that became increasingly similar to Protestant churches in the 19th century. They had internal hierarchies, were involved with politics and business, and were especially concerned with the interpretation of the Bible.¹²

Women had a new role in their lives within the different branches of Quakerism as their community began to fragment and their identity began to be more independently defined. They often shared strong beliefs about “separate spheres,” thus women felt justified in their involvement in social justice through their empathy for others.¹³ William Penn, Pennsylvania's Quaker founder, and his wife Gulielma, had a marriage dynamic that aligned with these values, as Gulielma exercised her freedom through her involvement in healthcare. Quaker women's

¹¹ “Thomas Scattergood (1784 - 1814).” Quakers in the World.

¹² Hicksite, Orthodox, and Evangelical Quakerism 1805-1887 in the Oxford Handbook of Quaker Studies; “Schism and Reform: Circa 1800-1900,” Philadelphia Yearly Meeting of the Religious Society of Friends, accessed July 22, 2024, <https://www.pym.org/faith-and-practice/historical-background/3-schism-and-reform-circa-1800-1900/>.

¹³ Barbara Anne Bolz, “Silence and Voices : Individualism, Communities, and the Making of Agency in American Quaker Women's Autobiographies” (Indiana University, 1997), chap. 2.

literacy allowed women like Gulielma to undertake the role of “Lady Bountiful,” write medical manuscripts, and provide adequate education to their children.¹⁴¹⁵

Many years later, William Tuke explains that through spiritual equality he believed that despite the appearance of plain irrationality, all people, including those in the hospital, were rational beings. Through treating them as such, he thought that in most cases it was possible to restore them to their reason.¹⁶ In these Quaker organizations, Quakers make up a great percentage of patients and the staff.¹⁷¹⁸ As Quakers, those involved with patients believed they too contained the light of God within them just like any sane person.¹⁹ This founding belief is largely attributed to the gentleness and optimism Quaker asylums afforded their patients.

The foundational belief in equality that one finds through spiritual equality has also led to a lengthy history of Quaker supporters of equal rights during the Suffragette and Civil Rights Movements. Quakers played a significant role in events like the Seneca Falls convention, which Elizabeth Cady Stanton and other Quaker women organized, that would result in the passing of ten resolutions related to women’s rights.²⁰ Similarly, some of the first white abolitionists were Quaker women, including Elizabeth Margaret Chandler, author of an abolitionist column that led to more female involvement in the movement.²¹ It is also true that Quakers were overwhelmingly

¹⁴ Lady Bountiful is an archetype of a wealthy yet charitable woman; Farquhar, George. *The Beaux-Stratagem*. United Kingdom, 1707.

¹⁵ Susan Hanket Brandt, *Women Healers : Gender, Authority, and Medicine in Early Philadelphia* (Philadelphia: University of Pennsylvania Press, 2022), 48.

¹⁶ Tuke, *Description of the Retreat*, 85.

¹⁷ From 1813 to 1834, Friends Hospital only admitted Quaker patients, they likely expanded their patients for financial reasons.

¹⁸ “Friends Hospital, Philadelphia,” accessed July 22, 2024, <https://www.quakersintheworld.org/quakers-in-action/136/Friends-Hospital-Philadelphia>.

¹⁹ “The Light Within,” Philadelphia Yearly Meeting of the Religious Society of Friends, accessed July 22, 2024, <https://www.pym.org/faith-and-practice/experience-and-faith/the-light-within/>.

²⁰ Lisa Lannucci, “Women’s Suffrage Centennial: Seneca Falls,” accessed July 22, 2024, https://guides.monmouth.edu/Womens_Suffrage/Seneca_Falls.

²¹ Ira V. Brown, ““Am I not a Woman and a Sister?” The Anti-Slavery Convention of American Women, 1837-1839,” *Penn State University Press* 50, no. 1 (1983).

in favor of slavery before they eventually denounced it. William Penn himself was a notable actor in the slave trade in Barbados, choosing to encourage enslaved people to practice Quakerism instead of suggesting their freedom.²² In both movements, it is essential that a reflection includes nuance or an acknowledgment that just because at some point Quakers supported something, does not mean all Quakers felt the same and that many did participate in destructive practices.

Quakers show up time and time again in history because of their role in social justice movements, which can be partially attributed to this founding belief of equality through an inner light of God. Through an early interest in charity and healthcare, it follows that Quakers would pursue hospital reform for the mentally ill far before other institutions. Through careful treatment, it was thought patients at the York Retreat and later The Asylum for Persons Deprived of the Use of Their Reason would not be destined to stay ill for the rest of their lives. The belief in an inner light and rehabilitation and Quaker's appearance of consistent positive and moral growth challenge one to look at the extent it applies. Throughout time, Quakers have differentiated themselves from each other and the past, consistently redefining their views.²³ They are not exempt from change, diversity, and outside influences, thus Willam Tuke and Thomas Scattergood's beliefs and plans for the future of their respective hospitals are not an all-encompassing representation of the years that followed their direct contributions. To understand the history and changes of Quaker values, it is best to look at what they discussed and altered year by year. In the hospital, yearly reports provide precise insight into the administration's motivations toward the direction and values of the hospital.

²² Katharine Gerbner, "Slavery in the Quaker World: Christian Slavery and White Supremacy," *Friends Journal*, September 1, 2019, <https://www.friendsjournal.org/slavery-in-the-quaker-world/>.

²³ Quakers develop and discuss practice at variations of yearly meetings that include setting policy, offering inspiration and leadership, celebrating, calling themselves to action, and more; "6.05 | Quaker Faith & Practice," Quaker faith & practice, accessed July 23, 2024, <https://qfp.quaker.org.uk/passage/6-05/>.

IV. Parallel Developments in the Hospital

Going into 19th-century America, there were few medical schools, and by the mid-century, there was a shortage of doctors. A much-needed expansion of medical expertise following several American Wars necessitated an increase in formal training and research. Medical care before the mid-19th century was far different from previous medical treatment in which someone in the home, likely a woman, treated the most curable ailments with do-it-yourself guides or recipes. Healthcare was simply a part of women's work, while hospitals served as charity to the impoverished, thus, there was not a lot of money in healthcare. Quaker women were not at all exempt from the medical responsibility of their families. While their educational privilege as Quakers furthered their presence in the greater medical field, women still passed down knowledge—under-compensated or not compensated for their work—while men would be the first to be fairly compensated for physicians' work.²⁴ Through the lack of regulation in medical practice, people sourced their medical care through the nearest amateur and slow-growing medical library. Books like “Every man his own doctor: or, The poor planter's physician” by John Tennent created mostly disproven outlines for at-home care, alongside them, “Housewife Manuals” gave remedies for care.²⁵ Female involvement going into the Seven Years War would solidify and fuel Quaker women’s desire for stability and an acknowledged role in medicine.²⁶

During the Civil War, doctors treated soldiers with dangerously unsterilized materials and were largely unprepared to treat the mass amount of injury and illness that occurred. During this time, America entered a healthcare crisis. Following the disastrous health outcomes of the Civil

²⁴ Brandt, *Women Healers*, 26-30.

²⁵ Brandt, *Women Healers*, 123.

²⁶ *Ibid.*, 132

War, arose the development of germ theory, an emphasis on sanitization, and a resulting decrease in mortality rates. Between the years 1810 and 1875, the United States would average an additional hospital a year.²⁷ They began to add requirements and a necessary rigor to medical education, as it changed from a trade to a legitimate profession. As practices such as dissection became legal, students began to use unclaimed bodies instead of learning straight from books and lectures or using the less savory practice of stealing bodies from graves.²⁸ For physicians, this meant a rapid development in specialized fields of care and surgical practice. Alongside them, psychiatrists could focus more on a patient's mental well-being and their respective cures. The expansion of the medical field allowed a reimagining of the hospitals and colleges in America.

In the 19th century, a high concentration of Quakers lived on the East Coast. Most notably they resided in Pennsylvania, a Quaker-founded colony turned state. The location of the Friends Hospital in Philadelphia gives the hospital an abundance of connections with neighboring large cities with developing educational and medical systems such as Washington DC and New York. While Quakers primarily practiced and lived life in separate institutions from non-Quakers, they were inevitably influenced by the people and culture around them. The development of medical studies along with sweeping changes in the political environment can be largely attributed to this. As Quakers founded their own hospitals, they utilized medical advancements made outside their religious sphere, and they slowly turned their attention towards physicians and professionals instead of the moral treatment they once used.²⁹

²⁷ Penn Nursing | University of Pennsylvania. "History of Hospitals." Accessed July 26, 2024.

<https://www.nursing.upenn.edu/nhhc/nurses-institutions-caring/history-of-hospitals/>.

²⁸ The Anatomy Act allowed practicing physicians to use bodies that remained unclaimed for study. Center for the History of Medicine. "The Anatomy Act · Nature of Every Member: An Anatomy of Dissection at Harvard Medical School," 1831.

<https://collections.countway.harvard.edu/onview/exhibits/show/nature-of-every-member/the-anatomy-act>.

²⁹ In Maia Roark's Essay detailing the development of the hospital through the first hundred years she thoroughly discusses the change from a reliance on moral treatment to a more modern American medical practice. This is largely attributed to bills like the Madhouse Act that physicians must lead mental hospitals with populations over

Many of the hospitals founded in this period were private hospitals, including Friends Hospital. Like other private hospitals, they utilized an economic system where their promise of better treatment allowed them to charge more for treatment. It is important to consider the professionalization of the medical field as an influential factor in the philosophy of treatment at the hospital. As time passed, the Friends Hospital would not be exempt from the growing urgency to cure patients and the need for the economic benefits of having a hospital with this reputation.

V. Women in Education

The expansion of the medical field post-Civil War rarely included women, who remained largely socially disadvantaged and in the home until the start of the Women's Rights Movement.³⁰ The argument for women's education was often hampered by the belief in their traditional place in the family. During this time America was primarily a Christian nation, a doctrine-based religion with an enforced hierarchy, in family and life.³¹ However, Quaker women who felt called to social justice and missionary work were in many ways exempt from this structure. In a Quaker context at this time, women were part of a specific hierarchy based on the inequalities between the sexes. Being "called" to ministry means they must give up their "womanly duties" and engage in constant travel and work.³² They both greatly differed in the reality of their lives while still adhering to patriarchal values. However, as professionals in the same fields, the first female physicians entered a world dominated by Christian beliefs, in the

100 people and that these people be visited by doctors; Maia Roark, "From Containment to Treatment: 100 Years of the Friends Asylum" (2023), <https://qmh.haverford.edu/essays/>, 7.

³⁰ "Letter to Congress from Elizabeth Cady Stanton, Susan B. Anthony and Others in Support of Women's Suffrage" (1871), DocsTeach, <https://www.docsteach.org/documents/document/congress-stanton-anthony>.

³¹ One example of this stated hierarchy is present in the Bible; 1. Corinthians 13:13 (NIV).

³² Women are "unsexed" by God's calling and they must abandon the private sphere of housewifery; Bolz, "Silence and Voices, 68–69.

undercurrents of religion and medical textbooks, which suggested a medical backing to ideas formulated from religion.

Theories like E. H. Clarke's closed energy theory suggest that people came into existence with a finite amount of energy thus they must be frugal so as not to ruin themselves. Within this theory, he presents the idea that women needed to delegate their energy to their reproductive lives, threatening that if society allowed women to pursue an education, they would have "monstrous brains and puny bodies."³³ Despite being afforded a choice to dedicate her life to what others may see as unwomanly pursuits, which non-Quaker women did not have the option, she still was unable to maintain her role in the house as a caretaker and typical wife while pursuing ministry.

Varying reasons for an exclusively male state of higher education held steady until some schools went co-educational.³⁴ There was an entirely different argument for women-only medical educational institutions, as they focused on pediatrics, maternity, and gynecological care. By staying in those specific fields they remained in the "women and children" sphere of care, evidenced by their majority presence in nursing schools and midwives. During this time, it was slowly becoming possible for women to become professionals in these fields, and there was much more progress to be made before women could practice any field of medicine.

In opposition to the general state of women's education in the United States, Quakers quickly appeared on board with opening colleges for women. Bryn Mawr College became the first women's college to offer graduate courses in 1885.³⁵ Quakers founded the Women's Medical

³³ Regina Markell Morantz-Sanchez, *Conduct Unbecoming a Woman : Medicine on Trial in Turn-of-the-Century Brooklyn* (New York: Oxford University Press, 1999), 121.

³⁴ The first college to open its doors to women was Oberlin College in 1837. Learn more in: Mariam K. Chamberlain, *Women in Academe: Progress and Prospects* (Russell Sage Foundation, 1988), 100–110.

³⁵ "History and Legacies Overview," accessed July 24, 2024, <https://www.brynmawr.edu/about-college/history-legacies-overview>.

College in 1850 which offered the first medical doctorates to women. These colleges took education further than bachelor-level degrees, which still mostly led to subservient workplace roles. Having a doctorate is evidence that despite doubt, women were on a path to scientific authority, and graduates had the potential to enter into professional spaces like hospitals and private practices—not solely as nurses.

While patriarchal values still lay undercurrent in Quaker spaces, they were less prominent. Many people attribute this to the previously mentioned spiritual equality as it relates to the sexes, as Quaker women could preach and worship with men.³⁶ These advancements coincided with Quaker's support of women's voting rights. Quakers generally considered female capacity for education as theoretically equal because of their beliefs. However, general beliefs are not evidence of coinciding practice. Like women outside the Quaker community, they had distinct roles and often fulfilled secretarial positions in meetings.³⁷ It is far less obvious because of their lack of doctrine, but Quaker men *did* hold substantial doubt about giving women educational opportunities. For them to move out of supporting roles, the few women given opportunities had to prove the capacity of women through their actions alone. At the Women's Medical College's first commencement ceremony, the college's founder Joseph Longshore said, "We do not yet know whether woman can sustain herself or not. They are all looking to you, and your future conduct and success with feelings of the most intense interest."³⁸ The "you" in this case, included a small selection of eight women with valuable connections through which they

³⁶ William J. Frost, "Quakers & 19th Century Reform," Not For Ourselves Alone | Ken Burns | PBS, accessed July 24, 2024, <https://www.pbs.org/kenburns/not-for-ourselves-alone/quakers>.

³⁷ William J. Frost, "Quakers & 19th Century Reform," Not For Ourselves Alone | Ken Burns | PBS, accessed July 24, 2024, <https://www.pbs.org/kenburns/not-for-ourselves-alone/quakers>.

³⁸ Gulielma Fell Alsop, *History of Women's Medical College 1850-1950*, n.d., 34.

would have the privilege of being the first graduates. Among them, were Joseph's sister-in-law Hannah Longshore, and his sister Anna Mary Longshore.³⁹

Formal women's education was still an experiment layered with conditions, as Longshore lays out a delicate balance between being "generous and magnanimous" and recognizing no one as one's inferior or superior. To leave the women's position as a nurse and "have nothing to do with" their duties, graduates must direct their energy towards higher duties than the "drudgery of the invalid's chamber."⁴⁰ These are all instructions for how women should operate, to not offend others but to make use of their admission into the medical field and pull along the progress of women everywhere.⁴¹ The female graduates from a Women's Medical College had to maintain their Quaker community, likely because it would have been all they had. They all graduated from the one place that to some extent—accepted and pioneered their passions. Other avenues for women's education and the development of the medical field would be slow developing and disadvantageous to those involved.

One popular avenue for furthering one's education was nurse training schools. Starting in the 1870s, nursing students could get degrees from nursing schools embedded in hospitals, where they worked long hours for little pay. In this era, nurses reached a new standard, one text from the late 19th century states:

The old nurse, who, by many clumsy experiments on her patients, had obtained a certain rule-of-thumb knowledge of the care of the sick, can no longer assist in a surgical operation or properly care for any surgical patient. The modern nurse must of necessity

³⁹Patricia Mervine, "Women's History," accessed July 24, 2024, <http://www.langhornearts.org/women.html>.

⁴⁰ Joseph S. Longshore, "A Valedictory Address Delivered before the Graduating Class at the First Annual Commencement of the Female Medical College of Pennsylvania" (Musical Fund Hall, December 30, 1851) 10.

⁴¹ Joseph S. Longshore, "A Valedictory Address Delivered before the Graduating Class at the First Annual Commencement of the Female Medical College of Pennsylvania" (Musical Fund Hall, December 30, 1851).

be a well-educated, well-trained woman, knowing thoroughly modern antiseptic methods, and on the alert to observe every symptom of improvement and every threat of danger.⁴²

Those training to be the generation's modern nurses lived on or near the hospital campus, where both their work and personal lives were monitored by a nurse supervisor. At Friends Hospital, these female student nurses lived in a building close to the hospital called Elmhurst and there is no mention of where male students lived. Many nursing schools offered students little else but housing, food, and work; in exchange for a diploma, students provided cheap labor.

Friends Hospital conceived of its nursing school in 1895, and its Training School for Nurses would deliver on its promise.⁴³ It was predictably filled with a majority female student population tasked with visiting patients and keeping careful records of their mental and physical states. Nonetheless, the administration thought themselves progressive for their conception of the school, saying there are "but a few training schools of the kind," despite the rising presence of medical education in the country in the last thirty years post Civil War.⁴⁴ A later yearly report would suggest that they were hesitant to create the school, as the report explains "such schools are no longer experiments and are now regarded as necessary adjustments in properly equipped hospitals," meaning they observed other institutions do it first before they decided it was a good idea to undergo the development.⁴⁵ Their concern may have laid instead with their institutional lack of nurses and the cost of maintaining the hospital rather than the progress of women's rights, as a great argument for creating the nursing school was the direct benefit to the hospital it relies on.

⁴² Alfred Russel Wallace, *The Progress of the Century* (New York and London: Harper & brothers, 1902), 248.

⁴³ "1895 Annual Report" (1895), Friends Hospital records, HC.MC-1261, box 2, Haverford College Quaker & Special Collections, Haverford, PA.

⁴⁴ "1892 Annual Report" (1892), Friends Hospital records, HC.MC-1261, box 2, Haverford College Quaker & Special Collections, Haverford, PA, 6.

⁴⁵ "1896 Annual Report" (1896), Friends Hospital records, HC.MC-1261, box 2, Haverford College Quaker & Special Collections, Haverford, PA, 9.

Between the years 1883 to 1900, the number of nurse training schools in America rose from 35 to 432.⁴⁶ At the same time, hospitals in America transformed from places of charity to organized medicine where money is a greater reflection of the care one receives. The erection of the Training School for Nurses was not a cheap endeavor, as they considered the cost “a serious obstacle.”⁴⁷ Despite nursing’s reputation for promoting female progress, the school admitted men and treated them preferentially. When the school began operations, they paid the men working at the hospital nearly 40% more than women with no documented explanation.⁴⁸ Either they worked the same jobs and got paid more or no woman at the school had the opportunity to work the jobs that paid significantly more.

The relationship between Quakers and women’s rights gets increasingly complicated when considering how women’s education seems to benefit them. Historically, nurses existed to serve physicians. They make sure the environment is suitable for them and maintain the well-being of the patients when the physician is not there. Throughout history, nurses have remained off to the side and out of the way of the physician, their position in the late 19th century was comparable to that of a domestic servant, not trusted but necessary for order.⁴⁹ Thus their coursework involves how to properly make beds, dress wounds, feed, bathe patients, and do tedious record-keeping. However, at Friends Hospital they also took on the responsibility of observing and treating mental symptoms, which is more than at other institutions. In this way, Friends Hospital is simultaneously progressive and limiting, through educating their nurses to higher levels and restricting their female nurses by paying them less.

⁴⁶ Beth Vaughn-Cole, “The Civil War and the Rise of Nurse Training Schools,” accessed July 25, 2024, <https://uen.pressbooks.pub/historyofgradpsycmentalhealthnursinguofutah/chapter/the-civil-war-and-the-rise-of-nurse-training-schools-2/>.

⁴⁷ “1896 Annual Report” (1896), 9.

⁴⁸ “1897 Annual Report” (1897), Friends Hospital records, HC.MC-1261, box 2, Haverford College Quaker & Special Collections, Haverford, PA, 33.

⁴⁹ Deborah Kuhn McGregor, *From Midwives to Medicine: The Birth of American Gynecology* (New Brunswick, N.J.: Rutgers University Press, n.d.), 183.

VI. The Addition of Gynecology

The arrival of the first women in medical studies coincided with the medical addition of a new specialization, now known as gynecology. Before the invention of the tools people now see in a women's clinic, people relied greatly on other women they knew, passing down knowledge generationally. Outside the context of childbirth and midwives, society knew little about how to cure diseases related to the reproductive system. Women bore the sole responsibility of tracking their periods and taking care of each other when something was wrong.⁵⁰ As medical practice left the home and became increasingly more about profit, men like Doctor James Marion Sims took it upon themselves to tackle issues such as infertility. This concern ties itself directly to the desire for enslavers to encourage or force enslaved women to reproduce.⁵¹ While inventions like Sim's speculum are of utmost importance, they came from ferocious profit-focused and unethical practices.

Research on enslaved women would jump-start the field of gynecology, its findings published in the *Southern Medical and Surgical Journal*, a medical journal exclusively founded on enslaved bodies, which they would later integrate into the still-existing American Gynecological Society. During Dr. Sim's career as an evangelical physician, women involved with his practice urged him to work with a female assistant surgeon, or at least have them in his circle. He found his colleague's Christian perspectives on female involvement would not favor this choice and he went in another direction.⁵² The female involvement in question was the Blackwell sisters, the first women to graduate with medical degrees, who were perhaps more qualified than the average male physicians. Instead, he hired a woman to supervise and matron

⁵⁰ Deirdre Benia Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (Athens, GA: Athens University of Georgia Press, 1972), 16.

⁵¹ Ibid.

⁵² McGregor, *From Midwives to Medicine*, 99.

the hospital, aligning himself with traditional views on gender roles.⁵³ Now, because of a lack of recognition for female physicians, many know Dr. Sims as the one of fathers of gynecology. However, the women mostly excluded in the Protestant advancement of gynecology would make progress in Quaker institutions.

As mentioned earlier, Women's Medical College became the first collegiate institution to give women the opportunity to earn their M.D. Both the school's opening occurred and the beginning of Dr. Sims' experimentations were in the 1850s. During this time, a certain newfound openness allowed these two firsts to cross paths. The field of gynecology was entering a period of developments that had not occurred since ancient times. The primary factor that allowed women to study medicine, was that, if they must be involved, it would be in an unestablished field where their sympathetic nature might be helpful. They filled a niche role in healthcare for women and children where they just justified their involvement.⁵⁴ Physicians in the 19th century reacted coyly when confronted with the fact that to do gynecology they would have to examine a woman's nether regions outside the construct of marriage, which women could do without the taboo.⁵⁵ Early female surgeons used their burgeoning knowledge to rebuttal theories like the closed energy theory, advocate for women's education, and capitalize on their space in women's health to develop therapies that were not harmful to women. There was pushback from men in the field who were largely of the opinion that women were excited with the knife and eager to operate on women when it was not necessary. One source states that "Many male physicians *expected* women to take a conservative approach to the issues [women's medical concerns], and were occasionally disappointed," as they operated under the assumption that women would be

⁵³ Ibid., 99

⁵⁴ Morantz-Sanchez, *Conduct Unbecoming a Woman*, 123.

⁵⁵ Ibid., 118

grateful and assimilatory because men allowed them to practice medicine.⁵⁶ It remains unclear how much of the operations occurred out of medical necessity and how much occurred because the women wanted to be done having children and had limited options for birth control.

Women like Mary Dixon Jones, Mary Putnam Jacobi, Anna Broomall, and Catherine MacFarlane attended the Women's Medical College and would become some of the first female gynecological physicians. Anna Broomall and Catherine MacFarlane would stay within Quaker-founded organizations, working at the Friends Hospital at some point in their careers. They stood in contrast to women such as Mary Dixon Jones and Mary Putnam Jacobi, who worked together to find new technologies in their respective fields.⁵⁷ Dr. Jacobi's practices encompassed many fields of study, much of which involved disproving E. Clarke's closed energy theory.⁵⁸ Dr. Jones performed reproductive surgeries and is most known for controversy regarding the nature of the many hysterectomies she performed.⁵⁹ Both women started practices and wards where they conducted research, reaching outside their allotted space in the field. While all four of these women graduated from and interacted with a Quaker institution, the Women's Medical College, some took a route that more challenged those "allowing" them to practice, while others did equally important work by staying within Quaker spaces and making equally important developments in the fields of gynecology and obstetrics.

Similar to the prior discussion around nurses, even women with medical doctorates faced reluctance for fear they would go against how men in the field operated. The tension between nurses and physicians, and later, female and male physicians represents an ongoing power struggle between being allowed freedom, and thus being limited by those who subjectively allow

⁵⁶ Ibid., 125

⁵⁷ "Changing the Face of Medicine | Mary Amanda Dixon Jones," accessed July 25, 2024, https://cfmedicine.nlm.nih.gov/physicians/biography_176.html.

⁵⁸ Mary Putnam Jacobi, "The Question of Rest for Women during Menstruation" (Harvard University, 1876).

⁵⁹ Metta M. Loomis, "Women in Medical Literature," *New York Medical Journal* 100 (1914): 523; Annie Nathan Meyer, *Woman's Work in America* (New York: H. Holt and Co, 1891).

it, and having true authority. Equal education at the time meant there was no valid reason to consider a female professional's opinion as less than, but that women still needed to push for the reality to match the hypothetical.

Gynecological problems are less obvious than blatantly external issues and were often approached with unclear theories and experimental therapies. The lingering sentiment going into the 19th century was that women had an internal sensitivity that men lacked. While Physicians could see a wound on the outside, the vaginal cavity existed in a mythical in-between mostly hidden from men.⁶⁰ As the specialization of gynecology developed, women went from dealing with obstetric and gynecological issues through the informal guidance of other women to relying on the male physician. Surgery was not yet a safe enough practice physicians could recommend without proof of something wrong, but there were varying opinions about how to move forward in gynecology. Some considered the abdomen the “playground of the surgeon” where people like the Atlee brothers bore the risk of controversy for the sake of “The comfort and happiness of the gentler sex” and more importantly “the welfare of the human race.”⁶¹ Here lies the idea that they needed to sacrifice a few women for the greater good. Those who concerned themselves with protecting women or rather did not want to “unsex” women without proof they had no other option for fear they would unnecessarily make women sterile and without desire to have sex with their husbands. This conflicted with the physician’s desire to reach the medical advancement necessary to help the women who could be saved. Historically, this desire necessitated a group of women that would be doomed to be the practice bodies gynecologists would risk harm on for the safety of more valued people.

⁶⁰Dana Trammell, “Classical Gynecology: A History of Unrealistic Expectations Defined by Realistic Sexism” (University of North Texas, 2023), 26.

⁶¹ Wallace, *The Progress of the Century* (New York and London: Harper & brothers, 1902), 254; Washington L. Atlee, “The Use of the Speculum in the Diagnosis and Treatment of Diseases of the Uterus” (Philadelphia, PA, 1872), 6, *Medicine in the Americas, 1610-1920*, The National Library of Medicine.

Going forward, female physicians would earn a permanent place in the field. While the first female physicians seemed to slip through the cracks, being allowed to study because of their male relatives or their exceptionality, they proved they brought more than feminine sensitivity to the field. The overall reluctance they face, greatly mirrors Friends Hospital's hesitation about female involvement, not wanting to be the first to trust female physicians with female care. Women were becoming doctors for the first time, facing a society that was waiting for a reason to confine them to the home again, and dealing with an incredibly vulnerable community of patients.

VII. Treatment of Female Patients

As previously discussed, the opinions about women's rights and treatment differed greatly during the mid-to-late 19th century. Establishing who should treat women's health issues was already a challenge – some of this conversation brought up female and male physicians' willingness to operate on women or advocate for their reproductive surgeries. The overlying trend is that male physicians such as the Atlee brothers and Dr. Sims were willing to operate if it would benefit more than just one woman, sometimes not considering her wellbeing. The “more” being women in general, allowing one woman to endure a possibly unsafe surgical procedure with the hope that it will provide knowledge to help other women, or, in Dr. Sim's case, to produce more children and thus more labor for slave owners. Female physicians were only beginning to set the standard of how they would handle the responsibilities involved with women's care.

The female physicians at Friends Hospital, all being graduates of the Women's Medical College, would have had similar educational experiences regarding the textbooks and training they would receive. Due to the limited amount of resources available, the similarities between

their education and male physicians at the time were similar. There is even mention of Dr. Sim's vesicovaginal fistula operation being performed at the college in the opening pages of the Women's Medical College's Annual Board of Managers report during the time Dr. Broomall studied there. Evidence that the developing experimental procedures were happening within Quaker institutions as well. While it is not exactly clear how much professionals at Friends Hospital adhered to the standards set at the college, there are several examples of women in the hospital dealing with reproductive surgery, gynecological conditions, and disputing views about how to handle their care.

This essay begins with a discussion of the correspondence regarding Nellie Schofield, a patient at Friends Hospital. In the letters about her treatment, there is conflict about whether Friends Hospital is going to recommend a hysterectomy for Schofield. When addressing Dr. Broomall, Schofield's sister Sarah, states that Dr. Winters thinks an operation is necessary. However, there is no recorded response to this letter, only letters when Sarah Schofield continues advocating for the surgery. Whether this means that Dr. Broomall was against the procedure or did not have the authority to make the final decision is unclear. Sarah Schofield addresses the rest of the letters to the superintendent at the time, Dr. Robert Chase, who eventually recommends the operation on Nellie. These letters shed some insight into the hierarchy of power at Friends Hospital.

The lack of personal representation visible in Schofield's correspondence represents a greater trend of a deficit in patients having a say in their care. A great percentage of patients at Friends Hospital were admitted involuntarily, deemed insane, and unreputable for various reasons. When looking at procedures at the hospital, it is crucial to understand that it is often not the patients themselves who report the symptoms that necessitate the procedure. Women who

asked for help were often not taken seriously or able to admit themselves. One of the few primary sources written by a patient in the Friends Hospital records is a letter from Isadora Clearman to her mother, where she expresses her fear that she is out of control of her actions. She says, “The devil has made me understand that I am to commit appalling crimes,” and continues to call for her confinement in a straightjacket.⁶² This initial letter takes place on the seventeenth of August, when at the time she had confined herself to her bedroom to protect the others in her house. It is not until a week later that Friends Hospital admits her for care. This may not seem like long, if one does not consider the stress she would have been under going through an episode of mental illness confined in a room alone. It is her brother, not her mother or herself, that committed her to the hospital. Her episode of illness is blamed on heat exposure and the gynecologist at the time, presumed to be Dr. Broomall gave her an exam soon after she arrived at the Hospital, which was typical at the time.⁶³ If the professionals at the hospital had listened to Isadora’s pleas early on, her treatment may have been more accurate to what she needed.

While Isadora Clearman’s case elaborates on the aspect of personal representation in Nellie Schofield’s case, other cases show the extent of operations and their effect on patients. One patient, Helen C. Linsley was admitted to the hospital after a double ovariectomy. As she is in recovery from her procedure, she does not appear to necessarily “get better,” as, her mental troubles did not improve despite the ovariectomy performed. She represents a failure of the hospital’s past ideas about where mental troubles originate, as it appears she underwent a traumatic surgery where surgeons would have opened up her abdomen and removed her organs, with no justifiable outcome. Whether or not their reasons for operating, or supporting these

⁶² Case History of Isadora Clearman, Case Histories, 1893-1899, box 20, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, PA

⁶³ After Friends Hospital hires a gynecologist, most female patients have a recorded gynecological history included in their paperwork. This includes details about their menstrual cycle, marriages, birthing history, and an internal and external examination,

operations, are explicitly the same as people like Dr. Sims or the Atlee brothers, these operations result from the belief of an innate flaw present in women. With a medical consensus that having a uterus and ovaries can drive one to insanity, medical professionals were able to justify invasive sterilization procedures as being in the patient's best interest.

The case of Mary D. is comparable to the previous case. She also enters the institution after a procedure, in this case, a hysterectomy, with the cited reasoning “uterine troubles.” Her case files explain that she was “fully clear in the mind” after the procedure but has declined back into a depressive state. Her experience follows a similar trajectory as Helen Linsley’s experience.⁶⁴ They show some period of hope that the patient will improve and then a period of patient distress.

Along with experimental surgeries, there were questionable treatments that only applied to women. One that continuously shows up in Friends Hospital is their use of hydrotherapy. Friends Hospital built a hydrotherapy building in 1911 to advance the level of treatment to a more modern standard. Hydrotherapy includes different applications of water through sprays, bathes, and douches.⁶⁵ In the 21st century, female douching is largely discouraged by gynecologists who say it throws off the natural balance of bacteria in the vaginal cavity.⁶⁶ While physicians were unaware of its harms then, they were using it not to correct diseases local to the vagina but instead as a punishment therapy for female patients. Emily Booth, a patient admitted in 1896, before the erection of the dedicated building for hydrotherapy, often received a “hot

⁶⁴ Find more details about Helen C. Linsley and Mary D. In essays entitled “The Female Body, Desire, and Insanity at Friends’ Asylum” and “Case History of Helen C. Linsley”

⁶⁵ Susan E. Cayleff, *Wash and Be Healed: The Water-Cure Movement and Women’s Health* (Philadelphia, PA: Temple University Press, 1987), 2.

⁶⁶ “Douching | Office on Women’s Health,” accessed July 24, 2024, <https://www.womenshealth.gov/a-z-topics/douching>.

astrigent vaginal douche” because of her frequent masturbation habit.⁶⁷ Similarly to the other female-specific treatments, there was no progress towards recovery.

The aforementioned women were admitted to Friends Hospital during a period of instability, not specific to the hospital itself, but in the entire field of medicine and gynecology. As people look into the history of gynecology as it first began to develop, it is hard to look past the names of the men in the field. These women were not volunteering to take part in experimentation, they were admitted to the hospital because of a perceived unsoundness in their mind. This gave them limited credibility and little say in their care. However, they had a critical role in the development of the field, often without their consent. While it is important to acknowledge their contributions, one must remember that these individual women had lives before and after their time at the hospital. It is not just the breakthrough patients, where physicians finally figured out a less harmful method of treatment, but also the patients they failed. These women should be remembered not as a necessary sacrifice for the greater good, but as people who deserved care that took their well-being and desires into account and did not receive what they deserved.

The earlier discussion of female physicians leads to an interesting intersection in time where female physicians appear to be in charge of female patients. The extent to which this is true is challenging due to the difficulty of tracing authority through incomplete records and correspondence. As visible in Nellie Schofield's case, there is communication between family members and staff about patient care, where family members express their emotions and opinions to various authorities in the hospital. The doctor who eventually performs the operation on Nellie is a man, despite initial correspondence with female physicians in the hospital. It is

⁶⁷ Case History of Emily Booth, Case Histories, 1893-1899, box 20, folder 4, Friends Hospital Records, Quaker and Special Collections, Haverford College, Haverford, PA

unclear if this is always the case, this may signal that the hospital is only projecting an image of including their female physicians in decisions. There are additional challenges to understanding patient stories. Many patients come from different hospitals or eventually transfer elsewhere. So, while there are records from Friends Hospital, information on patients is limited once by their time at Friends Hospital, by undocumented in-person communication, and by what Friends Hospital chooses to keep records of. While they displayed doubt about treatment or female authority in the hospital, by calling it “an experiment”, the reality of this is blurred by gaps in records. However, it is true that in these cases, female voices, both on the patient and staff side, seem to never have a major influence on the decisions made.

VIII. Conclusion

With the changing politics and social climate in the 19th century, came a country-wide transformation in its views regarding women. This essay hones in on the ecosystem at Friends Hospital in the 1870s and onwards towards the turn of the 20th century, which appeared to be at the forefront of allowing women opportunities in education, employment, and care. Through examining the hospital’s interaction with outside influences, it becomes more visible what Friend’s Hospital absorbed into its philosophy and what it disregarded. As a Quaker institution, they altered their interpretation of beliefs about equality and treatment throughout time, as they began to hire female staff for female patients in the 1890s. As a hospital, they often utilized the advancement and developing knowledge of medicine, especially in the gynecology field. As these two components of change interacted, they created a place of experimentation, where they pushed traditional values through the Quaker identity i.e. employing women, but were still following the trends of the era i.e. focusing on gynecology.

While Friends Hospital holds a high legacy of being the first private hospital in the United States, its faults should not be ignored. Through their records, it is apparent there was no longstanding consensus about women's capabilities as providers. There was a belief in women's supposed subservience due to their anatomy; a persistent belief that crosses religious borders and time. Through a critical lens, one can differentiate between what Quakers say about women's rights, and what Quakers do, which sometimes contrasts their advertised beliefs. Focusing on women at Friends Hospital expands its legacy to include the revolutionary women like Anna Broomall and Catherine Macfarlane who worked there and puts a spotlight on where they did not abide by their principles of moral treatment. Overall, reformatory change does not happen in institutions without flaws and missteps, acknowledging them is not substitutive, it adds to the accuracy and nuance of its history.

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