

RELUCTANT PIONEERS

By

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My father was one of the children in a brood of sixteen, many of whom died in childhood. They were modest Sicilian landholders. Education consisted of a few years in the local country school. But he was what these days we would call a gifted child. Numbers were beautiful to him. He could multiply and divide four and five-digit numbers in seconds without recourse to writing. That ability was noticed by the teacher of the small village school he attended. When an inspector from Palermo came to the school, she called on my father to perform. The inspector was suitably impressed and informed my Grandfather that there were scholarships available in Palermo and his child could go to a boarding school paid for by the State. My Grandfather was indignant. His two older sons had been drafted in World War I and killed within a year. And now the government wanted to take the oldest surviving male. No way. His son could read and write, and do numbers, and that all he needed to work the land, buy supplies and sell his harvest. My father was removed from the school.

Years later he emigrated to Argentina and started a new life and a new family in a different culture. There he put his ability with numbers to good use and became a successful real estate developer. As the years went by and he became more assimilated into the local culture, he left a lot of the old Sicily behind, but not the memory of his bitter disappointment when he was denied an education. The day I was born he promised that he would make me get an education. I grew up knowing that I could get away with anything as long as my school grades were good.. Eventually I would have a profession. The details were irrelevant. I could have chosen to be an architect, a lawyer, a teacher, an economist, as long as I engaged in a profession that would allow me to earn a decent living. He showed surprisingly advanced thinking, particularly considering his

background. My more conventional mother just wanted a good husband for me, but father explained that sometimes husbands make bad investments, lose jobs, get sick or, the ultimate failure, they die. A woman had to be able to take care of herself and her children if needed. By the way, I had a younger brother who also was encouraged to study hard but the emphasis was on me. I was his first-born child and his favorite.

When I was five years old a pretty young teenager lived across the street. She was an only child, a late surprise to a couple who had been childless for many years. When she fell sick and died, the entire neighborhood mourned with the distraught parents. I heard the name of the killer: tubercular meningitis. A few years later antibiotics came out and everyone was talking about the new wonder drugs, including one that cured tuberculosis. I thought of Rosita and how that particular tragedy could be averted in the future. Medicine seemed such a noble calling. So, eventually I found myself in medical school.

About a third of the medical students in Buenos Aires were women. During the pre-clinical years my best friend and high school classmate, myself and four young men formed a little group that hung out together. We met at the library to study and afterwards would go to a bar one block from the school, aptly and unimaginatively named “The Students’ Bar” where we engaged in long discussions about life, politics, philosophy and other favorite topics of the young determined to save the world. We made dates to meet in the anatomy lab to dissect cadavers and signed up for the same lab sessions in biochemistry. After exams we celebrated by going to the movies or to the beach, depending on the weather. It was a wonderful time of camaraderie and bonding over the anxiety of our studies, helping each other to understand difficult concepts.

Gender did not matter. We were classmates, friends. Today, several of them are still among my best friends. One is a member of the Literary Society and one of my sponsors, Armando Susmano. Most are in Argentina where I am particularly close to another mutual friend.. He and his wife are like family and our daughters have participated in exchange visits to their mutual cultural enrichment.

Then I met another classmate and our relationship took a different turn. We married soon after graduation. Things were difficult for newly graduated physicians in Argentina and we decided to come to the States for a few years to do post graduate training and get some credentials that would allow us to be a better job situation when we returned. When we applied for a student visa the consulate told us that a permanent visa would give us more flexibility, we could change positions easier with a green card, and offered us a permanent visa. It seemed like a good idea, so we took it.

I remember my first years in the States as a nightmare. At the time a medical internship was the medical equivalent of the Seals boot camp, only longer and filled with more responsibilities. The hours were murderous, the duties staggering. But worst of all, I found that as a woman I was considered a curiosity, almost a freak. People asked me time and again how come such a pretty girl decided to become a doctor. To be charitable, I believe they thought they were flattering me.

Getting good professional opportunities was the real problem. When we applied for residencies after the internship, as foreign graduates we could not hope for the best programs. But since we passed all the required examinations and were licensed to practice, my husband had no problem getting a decent position. Even though I did as well, my gender was a handicap. I was repeatedly asked if I intended to get pregnant,

why did I go into medicine? Did I intend to practice after I finished my residency? I was severely limited in my choices of specialty. I was told not to dream of any surgical field. Obstetrics? Women got pregnant; men took care of them. Well then, Anesthesia, Pathology, Radiology. Basically, stay out of the public eye as much as possible; people don't trust women doctors. Eventually I found a residency in Radiology willing to take a chance on me. The fact the chairman of the Department had a reputation as an ill-mannered despot and, therefore, had few applicants, may be had something to do with my being accepted.

In the meantime, when the Consulate handed us our visas they did not tell us that my husband would be subject to the draft. So we were surprised when he got a letter directing him to report to a recruiting station in two weeks with three sets of underwear, a toothbrush and a shaving kit. There were three alternatives: leave the country in a hurry and become a deserter, go and serve as a private for two years, or apply for a commission. The first two were distasteful; the last offered a more reasonable alternative. He applied for and was immediately granted a commission and a deferral to finish his training. They were short of doctors. That's how, after finishing our residency we ended up in Ankara, Turkey, for two and a half years, courtesy of the United States Air Force. Since I could not practice medicine there, I took advantage of the time to produce two wonderful daughters. By then we were completely assimilated and there was no question of returning to Argentina. We came back to Chicago.

Now I was a board certified radiologist in search of a job. I also was the mother of a toddler and a newborn seeking a job. There were many local positions advertised but when I approached the contact men I was not welcomed. Some bluntly informed me that

they did not want a woman. Others repeated the litany I had endured when I was seeking a residency: What if I got pregnant again? When I told an interviewer I only wanted two children he asked: but you only have two daughters, don't you want to try for a boy? I answer: Why? Well, doesn't your husband want a son? No, we wanted two healthy children and are lucky to have two perfect daughters. He shook his head in despair. I did not get the job.

Finally, I was offered a part time job, not to accommodate me, but because the group wanted cheap help. As a part timer they could keep me on a low salary, make clear that partnership was not to be expected and take some time off themselves. Beggars are not choosers, and anyway I was happy to have more time for my family.

Needless to say, I did not find happiness in that job, but eventually in 1970 I was lucky to obtain a position at what was then Presbyterian-St. Luke's Hospital. I was happy to have such a wonderful job in a prestigious hospital. Besides, the group had a policy of dividing the income equally and I was being paid fairly.

I started the first week in January. I was the only woman in the department and in recent memory, but the attending physicians were polite and after a few weeks seemed to trust my interpretations and be happy with my work. I was beginning to relax and enjoy myself. There were a few other women in the staff. In time I met and became friends with most of them and we started getting together for lunch whenever we could. It was nice to sit in a corner of the cafeteria and exchange war stories with fellow travelers. We were under the pressure of work and family, and we all had tales of persisting small humiliations and denial of professional opportunities open to men.

Shortly after, Presbyterian-St. Luke's Hospital embarked into a new venture: the revival of the old Rush Medical School. The hospital would be the anchor and supply the clinical training for the students. The project was organized with surprising speed and efficiency and the Hospital staff members were given appointments in the newborn School.

In the meantime the women's movement was making headlines. Laws against discrimination were being enacted, and the concept that there is strength in unity was a lesson from the feminists. During one of our informal reunions, we decided to form a more structured group and call ourselves *The Faculty Women of Rush Medical School*. It would include physicians and those in other academic positions, mainly PhDs, in the social and basic sciences. Our goal was to provide mutual support and a forum to examine professional problems related to our gender so we could exchange ideas and seek reasonable solutions.

The organizers of the newborn Medical School were forming committees to conduct various academic activities such as student admissions, evaluation, faculty promotions, etc. Rosters of proposed faculty members for those committees were made and circulated to be presented for approval at a specially convened Faculty meeting in the main conference room. We looked through the lists of candidates. There wasn't a single woman. Therefore we agreed that when the call was made for nominations from the floor we would submit one woman candidate for each committee. There was a long discussion about who would get up and do it. Every one agreed that the cat needed a bell, but no one was willing to tie it on. Finally, and to this day I'm not sure how or why, I was insane enough to agree to do it. When the moment came I had a hard time controlling my impulse

to run away, but managed to get up and present our candidates to a very surprised audience. I think they voted all of us in just so we would not make waves. Now I realized that it had never entered the minds of those who made the proposed rosters to include any of the qualified women. Basically, we were invisible, not true members of the club.

So I got myself into the admissions committee. My mission was to see to it that women candidates who applied to enter the Medical School were treated equally. I have to say that it was never a problem. The Dean of Admissions was a fair man and most the other members, once they were aware that the “female question” could be an issue, were similarly open minded. There was a pool of bright, well qualified women clamoring to get in Medical School. At Rush, they were given fair consideration and accepted on their merits.

Were we being paranoid when we felt that monitoring the process was necessary? Not really. The concept of fairness in the admission of women was just beginning to take hold. The hard trek started by pioneer women more than a century before had entered the final stretch, and the road was now considered smoother.

The first American woman to gain admission to an American Medical School was Elizabeth Blackwell. She applied to Geneva Medical College in 1847. The faculty did not want to admit her but wanted an excuse to refuse the request of her sponsor, a prominent physician in Philadelphia. So they put the issue to a vote of the student body, sure they would reject her. The students in turn thought the proposal was ludicrous and a big joke, so to turn the table on the faculty unanimously voted to accept her. Obviously, they never expected to be taken seriously because a student’s description of the first class attended by her reads:



“A lady, on professor’s John Webster invitation entered, whom he formally introduced as Miss Elizabeth Blackwell...A hush fell upon the class, as if each member had been stricken with paralysis. A death-like stillness prevailed during the lecture, and only the newly arrived student took notes. She retired with the professor, and thereafter came in with him and sat on the platform during lectures.”

Elizabeth Blackwell graduated in January 11, 1849. However, she was barred from practice in most hospitals and went to Paris for further training. She returned to the States in 1857. After the American hospitals refused to hire her, she opened a clinic in New York, “The Infirmary for Indigent Women and Children.” During the American Civil War she trained nurses. In 1868, Elizabeth founded a Women’s Medical College where she was joined by her sister Dr. Emily Blackwell and Dr. Maria Zakrzewska, a German-born woman of Polish descent who studied medicine in Europe and came to the States in 1853 where she Attended Cleveland Medical College and later founded the New England Hospital for Women and Children, the first woman’s hospital in Boston and the first with a school for nurses. As a feminist and an abolitionist, she pioneered opening the nursing profession to black women. By the way, the hospital did not accept male physicians until 1950. It closed in 1969.

In 1850, a group of Quakers founded the Female (later Woman’s) Medical College of Pennsylvania. Among those enrolled in the first class was Ann Preston. She was a teacher who conducted all-female classes in physiology and hygiene. She had applied to four medical colleges and had been rejected outright. She stayed for post graduate study and became an instructor of physiology and hygiene in 1853. Meanwhile,

the Philadelphia Medical Society barred the women from educational clinics and medical societies. Dr. Preston organized a board of “lady managers”, wealthy women who founded a woman’s hospital where students could get clinical experience. She also established a school of nursing. In 1866 she became the first woman dean of the College. She wanted to improve the educational opportunities of her students and in 1869 managed to arrange for her students to attend the general clinics at the Philadelphia Hospital. In a letter written in 1925, she describes the occasion:

*We were allowed to enter by way of the back stairs and were greeted by the men students with hisses and paper wads, and frequently during the clinic we were treated to more of the same. The Professor of Surgery came in and bowed to the men only. More hisses...we retired the same way we had entered and, on reaching the outer door, found men students lined up on one side of the way, and we, to get out, had to take the road and walk to the street to the tune of “The Rogues March”...*

What provoked a bunch of proper Victorian gentlemen to behave like hooligans and harass a group of helpless women? Obviously, in their eyes, the fact that they had intellectual aspirations and wanted to practice medicine divested them of the right to be respected as ladies. Was there a rational for such behavior? There were many and sometimes conflicting reasons.

One was the question of decorum, modesty. To these men, women willing to dissect naked bodies and talk about unmentionable body functions, were seen as little better than those in the oldest profession. In the eyes of the young men who hassle them, they had trespassed all the rules of propriety and did not deserve to be considered ladies.

Another factor for the refusal to allow women in any profession was partly based on a strict concept of sex roles, more manifest in America than in Europe. Alexis Tocqueville observed in his book *Democracy in America*:

*America, among the world's countries, is the one where they have taken the most continual care to draw clearly separated lines of action for the two sexes, and where they have wanted them both to march at an equal pace but on ever different paths.*<sup>i</sup>

This family ingrained belief on “different but equal” was a rationale for denying educational and professional opportunities to women. There was little ground for disparagement of the intellectual ability of women, who, when allowed to, took the same science tests then the men, and, being a self selected and highly motivated group, on average did better than their male classmates. In addition, it was argued that a woman’s physical weakness and her sensitivity would interfere with her capacity to take the necessary strong measures needed to cure the patient. Those were the times of heroic medicine: bleeding, purging and puking. Not to mention brutal surgeries. It was said that the first requisite for a surgeon was “a strong stomach and a willingness to cut as an executioner.” However, there was growing public dissatisfaction with heroic medicine and the advent of anesthesia around 1850 removed the objection that women were too sensitive for the cold blooded detachment required to contemplate or participate in cruel surgeries.

Still most women could not get admission to the regular medical schools, those affiliated with prestigious Universities. Harvard tried to open its doors and in 1850 accepted one woman and three Negro students. The student body rioted and neither the woman nor the Negroes could attend. Harvard admitted the first woman to its Medical

School in 1945. Today the sum of non-Caucasians and women at Harvard outnumber the white males. Those wise students in 1850 feared that tragedy and tried to avert it. But I don't think they imagined that things could go so far that some day "they" would have the nerve to run for president.

But those eighteenth century women had more modest ambitions. They only wanted to practice medicine and when they could not get into the more established academic schools, they managed to study in one of the many proprietary schools set up for profit and therefore more willing to take women. Actually medical education in those times was, to say the least, a very loose proposition. There was no consistent licensing legislation, and it was easy after attending any of the alternative institution to call oneself "doctor" and establish a medical practice. This is not to say that most women were content with an inferior education. For the most part, as in the examples I gave, they attended whatever classes they were admitted to in the better schools and apprenticed themselves to good practitioners. Those who could afford it often went to Europe for their education, and the male establishment was not exactly a model of scientific rigor. In fact, there were plenty of charlatans of both sexes practicing esoteric types of medicine, from homeopathy to hydrotherapy. Women doctors as a group tended to be more conventional and be interested in promoting hygiene and proper diets. Most gravitated towards the field of obstetrics and women and children's health.

Who were these women? As with any other revolutionaries they were not a homogeneous group. They shared some traits, but were wide apart on others. Obviously they all were courageous, determined and highly motivated. Most had the support of a progressive family, sometimes a father who was a physician himself, sometimes a

husband. Almost all believed in and tried to promote other societal causes. Before the Civil War many were involved in the abolitionist movement. Later they fought racial discrimination, poverty, exploitation of children and women forced to work under unhealthy and inhumane conditions. They advocated improved sanitation in the cities and cleanliness in the hospitals. They were pioneers in teaching and promoting birth control. Many became enthusiastic supporters of voting rights for women and of the feminist movement; others were too busy to be bothered. They did not want to be pioneers. They just wanted to serve society, expand their horizons, and acquire economical independence. They wanted the opportunity to be all that they could be.

Even into the twentieth century there was a lot of the resistance to admit women into the medical community. The emotions and prejudices often ignored the facts, particularly the significant contributions of many women to the profession. Lack of societal support made conflict between a professional life and family (still very significant today) a threat to the women's emotional well-being. But women continued to push their way into the practice of medicine.

There were times when the tide slowed a bit, particularly the 1940s. In the years after the Second World War, the resistance to allow women into the professions increased. Several factors were involved, not the least a temporary exacerbation of the strong feeling that the sexes had different roles in society, as observed by Tocqueville. Women were not considered inferior, just different, and they should not do the same things men did. Its fascinating watching early TV sitcoms. The women vacuumed impeccable living rooms wearing tight skirts and high heels. Husbands returned from their jobs and were offered martinis with a smile while perfectly groomed children

looked on in adoration, and that was the ideal. But, most important, Medicine became a prestigious and very profitable profession. There was a shortage of medical schools and men fought to get in. They did not need competing women, so instead, women were content with a doctor as a trophy husband.

Then came the sixties and the roof caved in. The children who had been raised by the most dedicated stay at home mothers became the most rebellious generation of adolescents in memory. Hair became an issue, particularly for men with young sons who defied their father's conventional standards. Better and more accessible methods of birth control ushered the sexual revolution, and young women voiced their intention to live more interesting lives than their mothers. In the middle of the turmoil, the women in high heels, now middle aged and facing empty nests and successful but often unfaithful or just boring husbands stopped the vacuum cleaners and asked: Is this what I went to Vassar for? Feminism grew on that fertile soil. Again there were many interpretations, many opinions about what societal changes were necessary and how to go about it. But when the dust settled a bit (it's still flying) there was no doubt that the young women were not about to follow in their mother's footsteps. They knew why they were going to Vassar (now a co-ed school). They were getting a good educational background before choosing a professional school. Trophy husbands were still desirable but not the only personal need.

So the number of women applying and gaining admission to medical school soared at the time I described at the beginning of this talk. The old guard made feeble attempts to stop the tide, but they were easily overrun and medicine was not the only front. Women invaded other professional fields, and did very well in most. My

daughters benefited from the wealth of opportunities open to them. They attended superb colleges, which had not taken women until shortly before their times. They explored different paths and neither had a vocation for medicine. One pursued graduate international studies and served successfully in the State Department. But after an extended family leave decided to change paths and now is a recognized expert in the diagnosis and treatment of children with autistic spectrum disorders, a healing profession. The second pursued a degree in music and wanted to be an opera singer (a career open to women when castrati became unfashionable) but after a few years in that difficult field, got a Masters in Finance. I'm not too clear about what she does, but she has a fancy title in a large international firm and seems to make good money. Somebody had to take after grandfather. Most importantly, besides their academic achievements they have made me the proud grandmother of three granddaughters.

In 2007, for the first time, the number of women in medical school was on a par to the number of men. I'm happy about that but it pains me to see that young women today take their freedom to choose a profession for granted. My contemporaries and I were always conscious of the fact that our little obstacles were molehills compared to what women had to overcome a century before. We felt deeply indebted to those who did not want to be pioneers, did not want to fight sexual battles. They wanted to be doctors. They wanted to practice a noble profession. And they put up with humiliations and insults. They fought with an incredible courage and determination. They opened the door for all of us.

I don't think I would have had their courage. I'm grateful to them because, after my family, medicine has been the great love of my life. It has given me a sense of

service and it has made me feel a useful member of the community. I entered it because I thought it was a noble profession. Unfortunately, the limitations imposed on me by sexual prejudice pushed me into a specialty in which I had little contact with patients. I was still making a valuable contribution to their medical care but there was no personal interaction. For many years I was unhappy about that. But one of the wonderful things in medicine is that progress and change are constant. The technological advances in my field have been spectacular. When I tell my young colleagues about exploratory laparotomies, surgeons opening up a patient's abdomen to find out the cause of a serious and undiagnosed condition, they look at me like I am describing something from medieval times, not a quarter of century ago. Computerized and magnetic resonance scanners allow us to see inside a patient better than a surgeon could explore visually. In addition, imaging-guided interventions are widely used to complete the work-up and in some cases, the treatment of many conditions. This has taken Radiologists from being only diagnosticians to participants in management and treatment.

So, when breast imaging started coming of age, I enthusiastically dedicated myself to the new field. Dealing with patients in my daily practice, counseling them, doing biopsies, localizing tumors for surgery has put me back into the battlefield instead of being a member of a supporting unit. The specialties involved in the Breast Center work as a team. Recently during one of our multispecialty conferences attended by radiologists, surgeons, oncologists and pathologists, I counted the attendance. There were sixteen of us, twelve were women. We all participated in mapping up the best treatment for the patients under discussion. We have a common mission and there are no



turf battles. I am doing what I dreamed of when I entered Medicine because I thought it was a noble profession, and indeed it is.

In the book *“In Her Own Words – Oral Histories of Women Physicians”* Dr. Katherine Sturgis,<sup>ii</sup> a 1935 graduate from The Woman’s Medical College of Pennsylvania ends her interview with these words:

“I don’t kid myself that my career has made any major contribution to medicine, but as far as I personally am concerned, I loved every minute of what I’ve done. I only wish that I had had more years in the field I love so much.”

But time must have a stop. More than fifty years after I made my decision to enter medicine I will retire in a few months. I look forward to the freedom to spend more time with my family and indulge in many other interests that were subordinated to my work throughout the years. But I also feel the pain of leaving the profession that has been such an integral part of much of my life. Some lines of my favorite song from “A Chorus Line” often come to my mind. It is sung by an aging dancer who knows this is her last audition:

Kiss today goodbye  
The sweetness and the sorrow  
Look my eyes are dry  
The gift was ours to borrow  
As I travel on  
Love is what I’ll remember  
Kiss today goodbye  
And point towards tomorrow  
We did what we had to do  
Won’t forget, can’t regret  
What I did for love

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<sup>i</sup> Democracy in America: Alexis de Toquerville. Harvey Mansfield and Delba Winthrop translation. The University of Chicago Press. Page 574

<sup>ii</sup> In Her Own Words: Oral Histories of Women Physicians: Edited by Regina Markell Morantz, Cynthia Stodola Pomerleau, and Caron Hansen Fenichel. Page 72