

“IF 3000 MEN WERE UNANIMOUS ON ANY SUBJECT, YOU WOULD KNOW
AT ONCE THEY WERE NOT DOCTORS”: THE SLOW AND
DIFFICULT PATH TO PROFESSIONALIZATION
OF MEDICINE IN TEXAS

by

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ABSTRACT

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This thesis seeks to explain the growing dominance of allopathic medicine and the struggle of professional organizations, such as the Texas Medical Association, for the professionalization of medicine. Chapter One illustrates how nineteenth century practices, values, rivalries, and emphasis on local, rather than national concerns, continued to undermine the Texas Medical Association’s goal of professionalization of medicine in Texas. Chapter Two of this paper begins at the dawn of the twentieth century and depicts how several strategic changes by the Texas Medical Association led

to legislative victories. However, Chapter Three describes the limitations of professionalization of medicine in Texas. By the end of the Progressive era, Texas still suffered from lingering problems that prevented the Texas Medical Association from widening its influence.

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CHAPTER 1

INTRODUCTION

In 1866, nine allopathic physicians and one eclectic physician founded the Waco Medical Association. The inclusion of one eclectic physician, Dr. A. M. Clingman, within a primarily allopathic local medical society in this historical period is significant. In his *History of the Waco Medical Association*, Dr. William Orville Wilkes recorded his suspicions that the open nature of the membership requirements for the Waco Medical Association was written into the by-laws specifically for Dr. Clingman. Article I, section 1 stated that, “Any person may become a member of this Association by presenting evidence of having graduated at some regular Medical College, and is a gentleman of good moral standing.” The term “regular” refers to allopathy, the most common school of medicine. However, Article I, section 3 clarified:

Any person not being a graduate of a Medical College, but who has been in the regular practice of medicine for five years, may become a member of this Association, if elected by unanimous vote by ballot.

Therefore, according to the Waco Medical Association's constitution, a healer with no education or degree, but who agreed with the regular medical school's philosophy, could be admitted into the organization by a unanimous vote.¹

Dr. Wilkes also recorded several positive facts and memories of all of the founders. In contrast, Dr. Wilkes described Dr. Clingman as "thin and sickly, and consequently somewhat subdued and quiet, with doubtless something of an inferiority complex in that gathering, which probably took him in 'for the good of the order.'" Not surprisingly, Dr. Clingman never served as an officer for the Waco Medical Association. Dr. Wilkes' suspicion that Dr. Clingman was taken in for the sake of the society, rather than out of professional courtesy and respect towards Dr. Clingman, is probably well founded. Many local medical societies in nineteenth-century Texas had so few physicians in their community that they often allowed sectarian physicians membership.²

This practice of diluting membership on the local level is a prime example of the weakness of the Texas Medical Association in the nineteenth century. After all, neither the American Medical Association nor the Texas Medical Association would have allowed Dr. Clingman membership in their organizations. In contrast to the flexible policy of the Waco Medical Association, the Constitution and By-Laws of the Texas Medical Association was much more selective. Membership was only extended to a physician who convinced the elected body of Counsellors that "his education,

¹ William O. Wilkes, History of the Waco Medical Association with Reminiscences and Irrelevant Comments (Waco: Privately Printed, 1931), 161 and 298-9.

² Ibid.

professional and otherwise, has been such as to entitle him to that honor.” Furthermore, the by-laws stated that “All *irregular* practitioners are absolutely prohibited.”³ The term “irregular” was defined by the founders as a person who was not “a graduate of a reputable Medical College; or who offers to cure any disease by a medicine, the composition of which he keeps a secret, or vends, or advertises the same for sale.”⁴ Therefore, physicians with good reputations, but little or no formal education, could still join the Texas Medical Association so long as they were not tainted by accusations of practicing sectarian medicine.

Moreover, the Waco Medical Association exemplifies the importance of local, rather than state, medical associations in nineteenth-century Texas. As Robert H. Wiebe argued in *The Search for Order, 1877-1920*, “America during the nineteenth century was a society of island communities.” Poor communication was the main factor in the strength and autonomy of communities; however, the importance of local over state or national was also a state of mind. During the late nineteenth century, “the autonomy of the community was badly eroded,” yet, the “illusion of authority [...] endured.”⁵ Such isolation, whether actual or perceived, made it natural for physicians to rely on local medical associations which were often more effective in meeting the needs of individual physicians. After all, most local societies formed for the purpose of unifying behind minimum fee schedules, or a list of minimum prices that physicians agreed to charge their patients for services, and did within the first year of their

³ Emphasis original.

⁴ Constitution and By-Laws of the Texas Medical Association as quoted in Pat Ireland Nixon’s A History of the Texas Medical Association, 1853-1953 (Austin: University of Texas Press, 1953), 442-3.

organizations. This was true of the Waco Medical Association. In fact, it is likely that the allopathic founders of the Waco Medical Association ignored the exclusionary rules of the American Medical Association and the Texas Medical Association because they understood that the fee bill established in the Constitution and By-Laws would be undermined if a rogue eclectic physician in the community did not also agree to the resolution.⁶

This thesis seeks to place the Waco Medical Association, and physicians like Wilkes and Clingman, into their historical context in Texas and the medical world. They were certainly shaped by the transformation from “island communities,” as Wiebe described, to an interconnected world. But as Texas slowly and intermittently became more connected, debates about medicine, about gender, and about the role of the government in the lives of individuals raged on. How most medical healers came to be dominated by a unified body of physicians practicing only one kind of medicine, allopathy, was a complicated, slow, and difficult path that was largely, but not entirely, completed by the end of the Progressive era.

The formation of medical societies in Texas did not occur in isolation, but was a small part of a larger trend in the Western world. The first professional medical society was the British Medical Association, organized in 1832. The founding of the American Medical Association soon followed in 1847. While the public justification for the need to organize was to raise the standard of medicine, in reality, the formation of the

⁵ Robert H. Wiebe, The Search for Order, 1877-1920 (New York: Hill and Wang, 1967), xiii.

American Medical Association was a defensive measure “in response to the great public support for sectarian medicine, especially homeopathy.”⁷ Beginning in the 1830s, groups of physicians began to split from the traditional school of American medicine, allopathy, to form new schools of medicine, such as the eclectic or Reform school, or join the European school, homeopathy. Therefore, the “old school,” or allopathy, was the first to organize medical societies in the United States.⁸ The unflattering term “irregular doctors” was the term that “regular” doctors, or professional allopathic physicians, used to refer to graduates of sectarian schools of medicine that were not endorsed by the medical elite.

In the nineteenth century, sectarian physicians and healers joined with middle-class health reformers as part of a cultural resistance to modernization and professionalization. Historians often refer to this movement as the Popular Health Movement⁹ or the “democratization of American medicine.”¹⁰ This movement reached its height in the 1830s and 1840s, but still influenced certain segments of the population throughout the nineteenth century.¹¹ Beginning in the 1840s the medical elite came under attack from middle-class health reformers. These reformers were generally subscribers to sectarian or alternative medicine. They criticized the professional

⁶ Wilkes, History of the Waco Medical Association, 51-4, 307-311.

⁷ Harris Livermore Coulter, “Political and Social Aspects of Nineteenth-Century Medicine in the United States: The Formation of the American Medical Association and Its Struggle with the Homeopathic and Eclectic Physicians,” (Ann Arbor, Michigan: University Microfilms, Inc., 1969), 2.

⁸ John S. Haller, Kindly Medicine: Physio-Medicalism in America, 1836-1911 (Kent, Ohio: Kent State University Press, 1997), 1-10.

⁹ Regina Markell Morantz, Sympathy and Science (New York and Oxford: Oxford University Press, 1985), 30-36.

¹⁰ Haller, Kindly Medicine, 2.

¹¹ James G. Burrow, AMA: Voice of American Medicine (Baltimore: Johns Hopkins Press, 1963), 2-4.

medical establishment for the rhetoric of medical journals which made them unreadable to the general population. Health reformers emphasized that individuals, especially mothers, were responsible for their own health, the health of their families, and their community. Middle-class women used the cult of domesticity to claim the right of authority over the health of their families and community. Because of the Popular Health Movement and the democratic ideals of the early nineteenth century, many existing state laws on the regulation of medicine were overturned.¹² In fact, by 1850, “no more than three states retained any form of medical licensing legislation.”¹³

Beginning in the late nineteenth century and through the Progressive era, the competition between sectarian and allopathic physicians created a crisis in the medical community which made the desire for organization even more desperate. The crisis heightened during the 1890s during a national recession. Allopathic physicians believed that their status and income were in decline. In May of 1899, the *Journal of the American Medical Association* printed an article entitled, “Why is the Profession Poor in Purse?” This article gave an extreme example of “a doctor who was found crying because he was hungry.” Obviously, even if the story is true, there could be several explanations for this episode. Historians disagree on the income status of physicians in this era. Some historians suggest that the real problem was not starvation or genuine poverty, but rather the relative status and income of the physician in relation to other professional groups. The Gilded Age saw the rise of industrial giants.

¹² Morantz, *Sympathy and Science*, 30-36.

¹³ Martin S. Pernick, *A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-Century America* (New York: Columbia University Press, 1985), 25.

Businessmen and lawyers emerged as highly respected and wealthy professionals whom the medical profession desired to emulate in efficiency, centralization, wealth, and respect. As a result, “scientific management” often became more desirable than the advance of scientific knowledge. Physicians also became more concerned with raising their personal incomes and much less concerned with lowering the price of healthcare for their patients. Physicians became true capitalists; they understood that to improve their social standing and income, they must limit the supply of professional physicians and convince the public to accept their services exclusively. Calls for professionalization of medicine to increase the incomes of physicians filled the allopathic medical journals in the 1890s. Articles such as “Causes of the Decline of Physicians’ Income,” which appeared in the October 1897 issue of *Medical News*, became common.¹⁴

Surprisingly, given the many Texas communities with few or no doctors, Texas medical journals were also filled with concerns that the medical profession was overcrowded. *Daniel’s Texas Medical Journal* stated that with the passage of stricter legislation, the desired result would be “better doctors, and, it is hoped, fewer graduates.”¹⁵ In order to prove that even Texas was overcrowded with physicians and that allopaths were underpaid, the Secretary of the Texas Medical Association, Dr. I. C. Chase of Fort Worth, printed a report in a 1907 issue of the *Texas State Journal of Medicine* on the financial status of Texas physicians. While conducting the study, the

¹⁴ Gerald E. Markowitz and David Karl Rosner, “Doctors in Crisis: A Study of the Use of Medical Education Reform to Establish Modern Professional Elitism in Medicine,” *American Quarterly*, 25, no 1 (1973) 88-91.

secretary became “more and more impressed with the bad business condition of the State profession.” Of the 3,317 physicians surveyed (sixty-nine percent of the state’s allopathic physicians) fifty-five percent made a “bare living,” while forty-five percent “are saving something.” The secretary probably meant that fifty-five percent of physicians spent all of their income on living expenses and were unable to save for their future. According to the study, “the highest medical income reported is \$40,000; the average income is \$1873.”¹⁶

The study included the medical fee schedules for each county in the state. Based on his data, Chase also argued that average fees schedules had not risen with the average cost of living, therefore, physicians made less than they did only a decade ago. Chase blamed the diminishing incomes on the rising number of allopathic physicians as well as “the entrance of new fads, like osteopathy, christian science, mental healing, and all kinds of fakirs; the advertising of nostrums and increasing self-medication.”¹⁷

In order to improve the financial status of Texas physicians, Chase recommended that new laws be made to raise medical education standards that would “render the profession more capable of rendering more satisfactory and high-price service.” Chase also recommended that county medical societies raise the average fees in their organizations.¹⁸

¹⁵ “Higher Education,” Daniel’s Texas Medical Journal, VIII, no 5 (November 1892), 282.

¹⁶ I. C. Chase, “Secretary’s Report,” Texas State Journal of Medicine, III, no. 2 (June 1907), 62-65.

¹⁷ *Ibid.*, 62-5.

¹⁸ *Ibid.*, 62-5. It should also be noted that the secretary began this investigation in order to “protect the profession against unjust reduction of insurance fees.” The secretary had an invested interest that the report look as poor as possible; therefore, the reliability of these numbers is unclear.

In addition to Chase's study, there is much evidence to support the poor financial state of some physicians. In his book, *From Humors to Medical Science: A History of American Medicine*, historian John Duffy argues that the average physician earned "a minimum living." For example, in New Orleans in 1898, "seven-eighths of the city's 358 physicians made less than \$1,000 per year."¹⁹ However, there is also much evidence to the contrary. For instance, surviving monthly patient ledgers from Texas physician Dr. J. M. Alexander reveals that in 1907 he made a monthly income ranging from a low of \$735.50 to a high of \$1,563. Dr. Alexander made the following monthly income in 1907: February, \$1,025.50; May, \$1,563; June, \$735.50; July, \$1,809; August, \$1,289; October, \$1,093.50.²⁰ It is logical to assume that Dr. Alexander's income in 1907 (assuming that he made at least \$735 in the remaining months) was approximately \$11,250.50.²¹ Even if Dr. Alexander only made the exact income of which there are surviving records, he would fare far better than his colleagues, especially the general public. Another example of a prosperous Texas physician was Dr. J. B. Cranfill. Despite the fact that he did not receive business for the first four months of opening his practice, Dr. Cranfill made \$1,500 in cash and goods in 1879 during his first year of practice. Considering that the average income for a Texas physician around 1900 was \$1000, Dr. Cranfill's first year ended very well.²²

¹⁹ John Duffy, *From Humors to Medical Science: A History of American Medicine*, 2nd ed. (Urbana and Chicago: University of Illinois Press, 1993), 214-5.

²⁰ Unfortunately, several monthly ledgers are missing from the year 1907.

²¹ J. M. Alexander, 1907, "The Physicians' Protective Visiting List" and "Patient Ledger," Special Collections, Central Library, University of Texas at Arlington.

²² Sylvia Van Vost Ferris and Eleanor Selllers Hoppe, *Scalpels and Sabers: Nineteenth Century Medicine in Texas*, (Austin: Eakin Press, 1985), 44-7.

The theory that physicians were only poor compared to other professionals, such as businessmen and lawyers, is not the whole picture. After all, many nineteenth and early twentieth century physicians supplemented their medical practice with other sources of income. The success or failure of a physician depended on many factors: age, experience, skill, education, rapport, and location. Just as it is impossible for the historian to judge the skill of a nineteenth century physician based on his or her school of medicine, it is difficult to judge the financial status of the allopathic medical profession as a whole.

At the end of the nineteenth century, a sharp increase in competition created additional anxiety for the professional medical community. In 1880, only 15,601 worked in the United States, but by 1900 they numbered 120,000. The number of midwives, chiropractors, osteopaths, homeopaths, and other sectarians had also increased. Allopathic physicians, even in frontier Texas, became obsessed with the idea that the profession was overcrowded. In 1905, Texas had the most allopathic physicians of any southern state and, surprisingly, Texas ranked seventh nationwide in the total number of allopathic physicians, 4,826.²³

This numerical pressure alone created the need for medical education reform and state regulation became key to the attainment of professionalism. The Dean of the Medical Department of Tulane University wrote that alternative doctors and quacks were “the greatest foe to the medical profession” because they were an “obstacle to the financial success of the reputable medical practitioner.” In addition, physicians were

²³“Report of Secretary,” Texas State Journal of Medicine, I, no. 1 (July 1905), 19.

not only worried about the large presence of alternative physicians; they feared that there were too many well-trained physicians. In 1901, the *Journal of the American Medical Association* published an article which claimed that while the existing one hundred and sixty medical colleges were producing six thousand graduates a year, the growing population of the United States could only support 3,300 new doctors each year. How they determined such a low number is a mystery. Considerable evidence suggests that this conclusion was not only mysterious, but also faulty. Allopathic physicians were the only people who suffered from the perceived excess of physicians; the majority of the public could not afford an allopathic physician and were forced to seek alternatives.²⁴

As the higher income of rural physicians suggests, there was a strong link between the level of competition and the financial state of physicians. Although evidence on the incomes of physicians in this century is by no means complete, national scholars offer strong evidence that homeopaths were relatively more prosperous than their allopathic counterparts. Their economic success was a direct result of the lack of local competition between homeopaths, not the use of a higher fee schedule. In fact, “In any given community there were likely to be six or seven allopaths and a single homeopath; thus the latter got all of the homeopathic business in the community.”²⁵ In the United States there was a noted shortage of homeopaths; in 1880, a man who traveled through the Midwest wrote to a homeopathic journal and commented that

²⁴ Markowitz, “Doctors in Crisis,” 83-107.

²⁵ Coulter, “Political and Social Aspects of Nineteenth-Century Medicine in the United States,” 182-3, 194-5.

although in most towns allopaths greatly outnumbered homeopaths, however, the homeopaths did more business than several of the allopaths combined.²⁶

Evidence for the need of physicians in Texas in this era can be found in biographies and autobiographies of Texas physicians. For instance, Dr. M. C. Overton was a member of the first four-year class to graduate from the University of Louisville in 1902. He believed that he had to leave Louisville because there were too many physicians. Working at a telephone company in Louisville to pay his way through medical school, Dr. Overton often had to disconnect services for physicians who could not pay their bills. Fortunately, he had heard from a classmate, a Texas native, that physicians were needed in Texas. He mentioned that towns were far apart, so competition was scarce in these rural areas. Dr. Overton wrote to postmasters in remote Texas towns asking for information. The young medical graduate picked his place of residence from the many enthusiastic responses he had received. Whether or not a town had much competition was the main factor in his decision, and he chose Lubbock, which in 1902 was a rural community of mostly Quaker farmers. Once in Lubbock, Dr. Overton saw his first patient and received his first fee only one day after his arrival. Dr. Overton soon opened an office in the back of a local drug store, although most of his visits were house calls. When Dr. Overton arrived, there was only one other physician in town and he left soon after with no explanation. There was also rumored to be a barber who occasionally practiced blood-letting, but this did not seem to harm Dr.

²⁶ Ibid.

Overton's booming business. Soon, he was the only doctor in what he estimated was a 100 to 150 mile radius.²⁷

Even with the evidence of the need for physicians in Texas, it is possible that the perception of an overcrowded medical profession may be an accurate one, in certain areas. A biography on the life of Dr. Guffie Jefferson Robinson, a Galveston medical school graduate of 1905, states that Galveston was overcrowded with physicians. In fact, Dr. Robinson recalled that professors encouraged their students to open a practice anywhere in Texas, except Galveston. He was also advised by colleagues to open a practice in Houston suburbs; Houston itself had too competitive a market for a young, inexperienced physician. Dr. Robinson's colleagues wisely advised him that once he established a reputation and patients in the suburbs, he could open an office in downtown Houston and his patients would continue to see him there. Despite the fact that several other doctors were also practicing in the area, Dr. Robinson became so successful in the suburb Houston Heights that he never made it to downtown and was happy in the suburbs.²⁸ Both Robinson's and Overton's experiences suggest that perhaps only the more desirable places to live were overcrowded, and that elsewhere even inexperienced recent graduates of medical school had no trouble setting up practice.

Amidst the occupational conflict among all types of physicians and cultural hostility towards allopathic medicine during the late nineteenth century, local medical

²⁷ Nan Overton, West, He Wore a Pink Carnation: A Biography of Dr. M. C. Overton, Pioneer Physician and Builder of Lubbock, (Lubbock: West Print, Co., 1992), 3-7, 19-27.

²⁸ Robert E. Robinson and Martha N. Robinson, Dr. Robinson: His Life and Times (1993), 78 and 81-6.

societies were founded all over Texas; some societies were connected to the Texas Medical Association, but most were not.²⁹ Historians assert that in nineteenth century America, local medical societies were always more popular than state medical societies.³⁰ The Medical and Surgical Society of Houston in 1838 was one of the first local medical associations to form in Texas. Ten years later, in 1848, a group of Galveston physicians petitioned the Legislature of the Republic of Texas to grant a charter for the Medical and Surgical Society of Galveston; however, the charter was denied. The goal of this society was to promote medical knowledge and skill and to combat “quackery” by requiring professional standards. Their code of ethics, goals, and organization were modeled after the American Medical Association.³¹ In addition, the Medical and Surgical Society of Galveston supported the effort to establish a medical library as well as a board of medical censors with the power to grant licenses to qualified physicians in Texas.³²

On January 17, 1853, the Texas Medical Association formed, but it did not live up to such a grand name for another half-century. At the second meeting the name was changed to the Medical Association of Texas, one of many name changes.³³ However, as noble as the intention of these allopathic physicians were, their next meeting was not

²⁹ Nixon, A History of the Texas Medical Association, 36-41.

³⁰ Ellen S. More, Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995 (Cambridge and London: Harvard University Press, 1999), 45.

³¹ Nixon, A History of the Texas Medical Association, 3-6.

³² Elizabeth Silverthorne, Ashbel Smith of Texas: Pioneer, Patriot, Statesman, 1805-1886 (College Station: Texas A&M University Press, 1982), 114.

held for sixteen years. There are several plausible reasons for the Texas Medical Association's sixteen year hiatus of the organization. The major disruption was the Civil War which recruited many of the organization's members as military doctors.³⁴ After all, even the American Medical Association cancelled annual meetings in 1861 and 1862 because of the Civil War.³⁵ In 1869, the Texas Medical Association reformed in Houston. Only twenty-eight physicians signed the constitution and by-laws of the new association. In reality, the Texas Medical Association was more of a local organization attempting to exert authority on a state-wide basis. The Harris County Medical Association was largely responsible for the reorganization of the Texas Medical Association. Of the twenty-four allopathic physicians who attended the first annual meeting in 1870, "(t)he great majority came from Harris and adjacent counties." In fact, fourteen members were residents of Harris County. Therefore, in order to promote the state-wide authority of the association, the city where the meetings were held changed every year, rotating among Dallas, Waco, Austin, Galveston, Marshall, Tyler, San Antonio, and Sherman.³⁶ Not until after 1900 did the Texas Medical Association extend its authority state-wide, when finally it united Texas physicians behind the common cause of medical regulatory legislation.

³³ Nixon, A History of the Texas Medical Association, 12. It was the first of many name changes. Although the name of the Texas Medical Association changed at the second meeting, for the purposes of this paper, this name will be used consistently.

³⁴ Ibid., 17.

³⁵ Ira M. Rutkow, Bleeding Blue and Gray: Civil War Surgery and the Evolution of American Medicine (New York: Random House, 2005), 257.

³⁶ Nixon, A History of the Texas Medical Association, 37-8.

The history of medicine in Texas has primarily been told by one interested party, the allopathic physicians. Pat Ireland Nixon and William Orville Wilkes were both physicians and members of Texas medical societies who were chosen by their organizations to write and publish the history of their organizations. In some cases, such as the Harris County Medical Society, the history was written by a historical committee within the organization. Therefore, most published sources on the professionalization of medicine in Texas are heavily biased accounts. Because these authors were not trained historians, they also dismissed the history of sectarian medicine altogether. These authors blindly accepted the criticism of allopathic physicians without ever questioning the validity of allopathic claims. Furthermore, these writers were unable to accurately portray the historical conditions and moods of the general public of the era, a prerequisite to understanding the public's hostility and the Texas legislature's resistance to medical legislation. However, this thesis uses the works of Nixon and Wilkes, along with other similar organizational histories, as rich primary sources of the perspectives and facts regarding allopathic medical societies in Texas. The most original aspect of this thesis relies heavily on Texas medical journals and newspapers of the era, previously untapped primary sources which reveal the debate over medical legislation in significant detail. Biographies and autobiographies of Texas physicians also provided unique insight into the history of medicine in Texas.

In writing this thesis, I discovered how similar the process of professionalization of medicine in Texas was to the process in other states. One work in particular, "Doctors in Crisis: A Study of the Use of Medical Education Reform to Establish

Modern Professional Elitism in Medicine” published in *American Quarterly* by Gerald E. Markowitz and David Karl Rosner, served as a model for this thesis. It argued that professionalization of medicine in the United States was primarily driven by the allopathic physicians’ desire for financial gain and authority. The works of Harris Livermore Coulter, Regina Markell Morantz, Joseph F. Spillane and John Harley Warner all support the claims of Markowitz and Rosner.

This thesis seeks to explain the growing dominance of allopathic medicine and the struggle of professional organizations, such as the Texas Medical Association, for the professionalization of medicine. In the late nineteenth century, the primary objective of elite, allopathic medical societies was the professionalization of medicine for the purpose of attaining financial security and social respect for the profession. Allopathic, or regular medical associations, used the raising of standards in education and medical licensing as a mechanism for elevating the incomes of private physicians by limiting the supply of professional physicians. This story comes in three parts.

During the late nineteenth century, the Waco Medical Association and other local medical societies in Texas were at the height of their power due to the impotence of the Texas Medical Association. However, after 1900, the Waco Medical Association became weaker as the Texas Medical Association asserted influence as the sole representative lobby for professional allopathic physicians in Texas. This thesis depicts the difficult transition to professional medicine in Texas. Chapter One illustrates how nineteenth century practices, values, rivalries, and emphasis on local, rather than national concerns, continued to undermine the Texas Medical Association’s goal of

professionalization of medicine in Texas. Chapter Two of this paper begins at the dawn of the twentieth century and depicts how several strategic changes by the Texas Medical Association led to legislative victories. However, Chapter Three describes the limitations of professionalization of medicine in Texas. By the end of the Progressive era, Texas still suffered from lingering problems that prevented the Texas Medical Association from widening its influence.

CHAPTER 2

THE TEXAS MEDICAL ASSOCIATION IN THE NINETEENTH CENTURY: OBSTACLES TO PROFESSIONALIZATION AND AUTHORITY

Before 1900, the Texas Medical Association (TMA) was ineffective in its struggle for professionalization of medicine in Texas. Evidence of the insignificance of the TMA can be seen in the low numbers of membership and attendance during the nineteenth century. In 1876, there were less than two-hundred members.³⁷ By 1888, the Association included approximately four-hundred members, less than ten percent of the state's allopathic physicians.³⁸ These numbers indicate that a significant difference remained between those who ran the TMA and the everyday lives of physicians in a rural state like Texas.

This chapter examines the historical conditions that contributed to the weakness of the Texas Medical Association during the nineteenth century. First of all, this chapter will examine the specific conditions in Texas that undermined the authority of the TMA. Secondly, this chapter turns to the internal division within the TMA and the competition among Texas allopathic physicians that further retarded the professionalization of medicine in Texas. Last, this chapter describes the competition from traditional healers, domestic medicine, and sectarian physicians which created an

³⁷ Nixon, *A History of the Texas Medical Association*, 67.

³⁸ "Dr. Mayfield's Article," *Daniel's Texas Medical Journal*, IV, no. 2 (August 1888), 75.

atmosphere of enmity among physicians and made all parties unwilling and unable to collaborate to pass effective medical legislation.

In the nineteenth century, conditions in Texas undermined the authority of the TMA and contributed to its ineffectiveness. One major reason for the TMA's failure to obtain medical regulation in Texas was that the majority of the public did not often distinguish between doctors with professional degrees and those without.³⁹ Since the professional physicians were so few in number, many politicians in a frontier like Texas knew of competent, but uneducated, healers in their own community and believed that banning such persons from medical practice would be a loss to the community.⁴⁰ Therefore, medical regulatory legislation was difficult to pass in nineteenth-century Texas.

Poor public perception of the allopathic profession also contributed to the lack of support for the TMA and its legislative agenda. Patients often believed that physicians were over-priced and ineffective. During the nineteenth century, even the most educated physicians had very little to offer their patients. In Texas at this point, for example, the gulf coast was still vulnerable to frequent malaria, yellow fever, and typhoid epidemics. In Houston alone, eight separate yellow fever epidemics occurred

³⁹ R. Maurice Hood, ed., Early Texas Physicians, 1830-1915 (Austin: State House Press, 1999), introduction.

⁴⁰ Evidence of politicians defending non-allopathic physicians and healers from personal experiences are found among many sources. Here is a sampling of the evidence: "Senate Proceedings: The Bill to Regulate the Practice of Medicine Passed," Dallas Morning News, 20 February 1901; "Doings in the Senate," Dallas Morning News, 7 February 1905; "Proceedings of the Senate," Dallas Morning News, 27 February 1907.

between 1839 and 1867.⁴¹ Unfortunately, the links between mosquitoes and malaria and yellow fever were unknown to doctors in this era. Pneumonia, which is caused by several different bacteria, killed thirty percent of those afflicted. Pneumonia had no known cause or effective treatment until 1945. Tuberculosis was also deadly, highly contagious, and without a cure.⁴² In the late nineteenth century, only three major medicinal treatments were available to the ordinary physicians and his/her patients: “quinine treated malaria, mercury treated syphilis, and digitalis was often effective for heart disorder.”⁴³ Even with these known medicinal cures, proper dosage and the specific diseases were still widely debated in medical journals.

Scarlet fever, measles, small pox, dengue (or breakbone fever), and diphtheria were also prevalent in Texas.⁴⁴ Of these diseases, only smallpox could be prevented through vaccination, although, the availability of vaccination was rare. The other scourges were treated with palliatives; physicians simply tried to make patients comfortable until they either recovered or died. The average Texas physician could only “splint fractures, suture wounds, perform amputations, and drain infections.” Surgeries were highly specialized, rarely attempted, and only became possible in the late nineteenth century with the introduction of anesthesia and other methods to manage pain.⁴⁵ Alcohol and opium were the main sources of painkillers until the brief

⁴¹ Harris County Medical Society, Historical Committee [A History of Organized Medicine in Harris County Texas](#) (Houston: The Society, 1948), 5.

⁴² Hood, [Early Texas Physicians](#), intro. and 1-3.

⁴³ Markowitz, “Doctors in Crisis,” 92.

⁴⁴ Martha Carolyn Mitchell, “Health and the Medical Profession in the Lower South, 1845-1860,” [The Journal of Southern History](#), vol. 10 (November 1944), 431 and 438.

⁴⁵ Martin S. Pernick, [A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-Century America](#) (New York: Columbia University Press, 1985).

introduction of cocaine.⁴⁶ From 1884 to 1895, American physicians used cocaine as a valuable tool in medicine. Common uses of cocaine by physicians included as a local anesthetic, as a treatment for alcoholism and opiate addiction, as a stimulant for body and mind, and as a treatment for the symptoms of hay fever, colds, and other sinus conditions.⁴⁷

A number of harmful and invasive practices also damaged the reputation of allopathic physicians. Until the last two decades of the nineteenth century, mercury, calomel and other detrimental substances were commonly used by allopaths. The practice of bloodletting was also common until the 1880s. No school, not even allopathic, could claim to be scientific in the sense that twenty-first century medical authorities define “science.” All schools of medicine were based on “speculative rationalism;” in other words, diseases were determined by observations of the symptoms and a treatment was concocted based on logical assumptions. For the majority of the nineteenth century, the American Medical Association (AMA) did not stress the importance of clinical experience, nor did the AMA’s standards for medical schools emphasize laboratory skills.⁴⁸

In the nineteenth century, lack of support from the public contributed to the limited success of early regulatory legislation in Texas. Early attempts at regulation and licensing of physicians were made under both Spanish and Mexican rule, but with little

⁴⁶ Hood, Early Texas Physicians, intro. and 4-5.

⁴⁷ During this period, physicians controlled the supply of cocaine and non-medical consumption of cocaine was rare. Cocaine was not used in large, indiscriminate dosages; historical evidence supports that physicians used cocaine conservatively. Joseph F. Spillane, Cocaine: From Medical Marvel to Modern Menace in the United States, 1884-1920, (Baltimore: The Johns Hopkins University Press, 2000).

impact based on the near absence of educated doctors in the area. In 1828, Stephen F. Austin's Texas colony required physicians to display their diplomas before practicing. In 1837, the Republic of Texas founded the Board of Medical Censors which included eleven educated physicians with Dr. Ashbel Smith as head of the Board. The Board was authorized to examine candidates and grant medical licenses for practice in the state of Texas at a steep fee of twenty dollars. However, the law was not very effective as it did not grant the right to punish people who practiced without a license. The only consequence of failing to register was that an unlicensed person had no right to sue his or her patients for unpaid medical bills. The law was repealed in 1847 and for the next twenty-six years the state government passed no legislation on the regulation of medicine.⁴⁹ In the first half of the nineteenth century, the repeal of existing regulatory legislation was not uncommon in the United States. During the Jacksonian era in particular, state legislatures viewed the regulation of medicine as elitist and undemocratic.⁵⁰

In the spirit of Jacksonian democracy, the newly annexed state of Texas included in the constitution an amendment that protected the rights of sectarian physicians and traditional healers. Article 16, section III of the Texas Constitution stated:

⁴⁸ Haller, *Kindly Medicine*, 6-7.

⁴⁹ Ferris, *Scalpels and Sabers*, 190-1.

⁵⁰ Richard W. Wertz and Dorothy C. Wertz, *Lying-in: A History of Childbirth in America* (New Haven and London: Yale University Press, 1989), 49.

The legislature may pass laws prescribing the qualifications of practitioners of medicine in this state, and to punish persons for malpractice, but no preference shall ever be given by law to any schools of medicine.⁵¹

Therefore, all subsequent medical regulation legislation was forced to conform; no legislation could pass that appeared to favor allopathy. Throughout the nineteenth century, Article 16 continued to retard the passage of medical legislation.

By 1873, the state was ready to try to regulate medicine again, but Texas politicians continued to support the right of sectarian physicians and other healers to practice medicine. In 1873, the Texas Legislature passed “An Article to Regulate the Practice of Medicine.” The law required all practitioners of medicine to register their degrees with the county clerk’s office or to present a certificate from a board of medical examiners. Furthermore, the clerk was required to appoint a board of medical examiners made up of accredited physicians who had the authority to grant certificates allowing legal medical practice in the state of Texas. Actions in violation of the law were punishable by fines between fifty and five-hundred dollars. Governor Edmund J. Davis refused to sign the bill, but it became law despite his opposition.⁵²

The Texas Medical Association, in existence since 1853, did not provide the leadership for the passage of the 1873 medical practice act. The TMA did not unanimously support the legislation, either; after all, the act did not apply to physicians who had practiced for at least five years or to midwives.⁵³ The reaction of the

⁵¹ “Medical Legislation,” *Dallas Morning News*, 10 January 1891.

⁵² Nixon, *A History of the Texas Medical Association*, 53-4.

⁵³ *Ibid.*

Association to this legislation is revealing. At the annual meeting, a report was given which opposed the Medical Practice Act because it allowed “ignorant and irresponsible females, without any evidence of qualification, to practice midwifery.”⁵⁴

In 1876, the law of 1873 was repealed and replaced with a law that required the board of examiners to consist of three licensed doctors who would be appointed by each district court (instead of being appointed by the county clerk’s office). Professional physicians complained that the law was still not rigorous, because neither a county clerk nor a district court had knowledge of which medical schools were accredited. Even the board of licensed doctors might not meet the high standards of the Texas Medical Association.⁵⁵

Another major historical condition that contributed to the impotence of the Texas Medical Association was the nature of nineteenth century physicians’ identity. Most physicians cared about the image of the entire profession. After all, the status of an individual physician could not be entirely divorced from the public’s perceptions of the medical profession. Organized medicine was believed to elevate the profession as a whole while at the same time strengthening the status of the individual participants who read papers, served in office, and other duties. Medical schools, journals and societies “were all vehicles through which regular values could be affirmed and regular beliefs codified and transmitted.” Yet membership in medical societies did not provide the individual physician with his or her identity or social status; this came almost

⁵⁴ *Ibid.*, 95.

⁵⁵ Geneva Fulgham and Elizabeth Silverthorne, *Women Pioneers in Texas Medicine*, (College Station: Texas A&M University Press, 1997), 4.

exclusively from physicians' private practices and the esteem with which their patients regarded them. Professional organizations, such as the AMA and the TMA, "might have little meaning" to an "unambitious rural practitioner's everyday activity, self-perception, and place within his community."⁵⁶ Historian Robert H. Wiebe asserted that it was not until the twentieth century that people "identified themselves more by their tasks in an urban-industrial society than by their reputations in a town or a city neighborhood."⁵⁷ This culture created even more distance between the politics of medicine and the everyday practice of medicine.

While most nineteenth-century physicians cared about the public's perception of the medical profession, several factors prevented rural Texas physicians from becoming as active in the Texas Medical Association as they were in their own local medical societies. First of all, traveling in late-nineteenth-century Texas was difficult and dangerous. Texas was a western frontier society and the population was overwhelmingly rural and agrarian. Conflicts with Native Americans did not end until 1880 and conflicts along the Texas-Mexico border continued into the twentieth century.⁵⁸ Traveling was also expensive, long, and uncomfortable. For instance, Drs. D. R. Wallace and J. H. Sears attended the chartering of the Texas Medical Association in Houston in 1869. The two-day trip from Waco to Houston included a stage coach ride for one day plus a one day railroad ride.⁵⁹

⁵⁶ John Harley Warner, The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885 (Princeton: Princeton University Press, 1997), 13-16.

⁵⁷ Wiebe, The Search For Order, xiv.

⁵⁸ Hood, Early Texas Physicians, intro and 1-3.

⁵⁹ Wilkes, History of the Waco Medical Association, 57-8.

While difficulty of travel in Texas kept many physicians from attending annual TMA meetings, most physicians claimed that medical business at home kept them away from the meetings. Therefore, some physicians blamed low attendance on the structure and meeting schedule of the Association. For instance, because the annual meeting was held in a different location every year, a disproportionately high number of local physicians attended the meeting, joined the Association, and then failed to renew their membership the next year when the meeting was too far away for convenient travel. Therefore, some Texas physicians supported holding the annual meeting in a central location every year. In addition, some physicians complained that spring was a financially difficult time to hold a well-attended meeting. After all, nineteenth-century Texas was “a pastoral state.” In rural areas in Texas, the only time of year when farmers and ranchers had cash was after the fall harvest. An editorial in *Daniel’s Texas Medical Journal* explained that “in the rural districts everything is done on a basis of ‘pay in the fall.’” This system forced rural populations, as well as country physicians, to purchase most services and staples during the year on credit or with bartering. Therefore, “doctor bills being, notoriously, the last to be paid everywhere, are, in Texas, only paid in the fall—if ever.” In light of this, many physicians recommended that the annual meeting be moved closer to a time following the fall harvest season; the only season rural physicians had cash to spend on travel, books, medical instruments, and Association fees. Unfortunately, all of these legitimate complaints fell on deaf ears. During the nineteenth century, the Association did not seem to be interested in

appeasing rural physicians. Despite the problems associated with an annual spring meeting in random cities, the Association remained faithful to the tradition.⁶⁰

If historical circumstances made the regular meeting of Texas allopathic physicians difficult, other circumstances made the organization ineffective. In particular, internal division within the Texas Medical Association limited its authority. One purpose of medical societies was to reduce the competition among urban physicians from within. However, it is clear that competition among Texas allopathic physicians was quite common. Leadership in the Texas Medical Association argued that the common practice of physicians slandering their colleagues in order to gain more business would ultimately assist sectarians by lowering their collective reputations as allopaths.

Many articles published in Texas medical journals on professional ethics warned against defacing other physicians in public. Dr. C. C. Francis of Cleburne wrote an article in *Daniel's Texas Medical Journal* entitled "Medical Etiquette." Dr. Francis argued that allopathic physician should not discredit each other based on age or other prejudices because such behavior degraded the profession as a whole. He warned:

We should never let such trifles as a medical man, moving into our town, or some adjacent neighborhood, (although it may limit our practice) influence us in our friendly feelings toward him. If he merits a practice, let him have it. If not, the people must be the judge, and not the professional man's business to

⁶⁰ "A Suggestion for the Good of the Cause," Daniel's Texas Medical Journal, IV, no. 5 (November

censure.⁶¹

In order to encourage growth of the Texas Medical Association, the current president often ran articles in major Texas newspapers encouraging doctors to join and attend the annual meeting. In one such article in 1899, President J. T. Wilson argued that “(e)very regular ethical physician” in Texas should join the Texas Medical Association because “(i)t is a duty he owes to himself, to his state, and his profession.”⁶² It was always a struggle for the Texas Medical Association to inspire its members to join. The link between medical ethics, a physicians’ duty, and the Association was often made. In an article in the *Texas State Journal of Medicine* in 1905, it stated:

If a man has chosen the medical profession for the purpose of fighting disease, of helping humanity, and alleviating the suffering of mankind, organization gives him added power. Neglect of this power is an impeachment of his very motives.

The article also urged physicians to overcome “petty jealousies” among themselves and join the Association.⁶³

Despite the growing emphasis on a professional code, there is evidence to suggest that competition among allopaths was quite common and notoriously fierce. During his first few years of practice, Dr. James Gordon Bryson, a Progressive era Texas physician, was shocked at the “extreme rivalry among physicians.” In his autobiography, he wrote, “I have heard it said that you can kill a person with hate, but I

1888) 217-219.

⁶¹ “Medical Ethics,” *Daniel’s Medical Journal*, I, no. 4 (October 1885), 160-163.

⁶² “State Medical Association,” *Dallas Morning News*, 4 April 1899.

don't believe that anyone can be hated to death. If he could, the doctors would all die very young.” During Dr. Bryson's decades of practice he observed that even in small towns, physicians, and often their patients, “were bisected by a line as clear-cut and well recognized as the one between the Israelites and the Arabs in the Holy Land.”⁶⁴

Generational conflicts also contributed to the disunity among Texas physicians. Young physicians with no experience outside of medical school often had difficulty competing with veteran physicians because the public was more likely to trust experience over education. Dr. Bryson wrote:

Many young, well-equipped doctors then sat in their offices alone, or stood idly on the streets, while some old man practically devoid of training was being worked to death by a public that knew only that ‘old Doc’ was a man of experience. This is hard for a young doctor to endure, although it is not hard for him to understand, and, fortunately in a way, it is the big payoff when you are old yourself.⁶⁵

In *Dr. J. B. Cranfill's Chronicle; a Story of Life in Texas, written by himself about himself*, Dr. Cranfill described the beginning of his career at the age of twenty in 1879 in the rural Texas community of Turnersville. A stranger in the community, Dr. Cranfill did not see a patient for four months; an older, well established physician, Dr. J. D. Calaway, received most of the business. Dr. Cranfill blamed his “competitor,” Dr. Calaway, for his lack of success saying:

⁶³ “Loyalty to the Profession,” *Texas State Journal of Medicine*, I, no. 1 (July 1905), 3-4.

⁶⁴ James Gordon Bryson, *One Hundred Dollars and a Horse: The Reminiscences of a Country Doctor*, (New York: Morrow, 1965), 99.

Personally, he seemed fond of me, but professionally he spoke of me in that nonchalant, off-hand, indulgent manner that old doctors assume when they discuss the fledglings of the profession.

“Yes,” he would say, “that young man Cranfill is a right bright *boy*. If he lives to reach the years of maturity, and meantime can take advantage of a medical college education, he *may*⁶⁶ make a good physician.”

If the good man had denounced me as a horse-thief, cut-throat, pirate or highway robber, it would have been much better for my future as a physician than the faint praise with which he consigned me to professional damnation.⁶⁷

Some young physicians were clever enough to win the confidence of a community by befriending the local, trusted physicians. For instance, Dr. William Edgar Tatum began his practice in Burkeville, Texas around the turn of the century.⁶⁸ Upon arriving in town, Dr. Tatum learned that another young doctor had recently abandoned his failed medical practice because two other older physicians held a monopoly on the town’s business. One of the veteran physicians, called “Uncle Doc” by the residents of Burkeville, was influential and respected in the community. Dr. Tatum made the wise choice of befriending the eldest doctor in town by requesting the

⁶⁵ Ibid., 78.

⁶⁶ Emphasis original.

⁶⁷ J. B. Cranfill, Dr. J. B. Cranfill’s Chronicle: A Story of Life in Texas, written by himself about himself, (New York: Fleming H. Revell Company, 1916), 244.

elder physician's permission to consult with him on patients. "Uncle Doc" reportedly replied:

"By Gannis, I like the way you talk. These young doctors come here, try to take my practice, and I starve them out, and they have to leave. But you and I will get along."

Although Dr. Tatum struggled with money for the first few months, he soon had no trouble and was very busy; the well-established physician's blessing of Dr. Tatum's practice guaranteed his success.⁶⁹

One way for graduates of the Medical School at Galveston (founded 1884) to learn of profitable locations to set up practices was the notice boards at the University.⁷⁰ The boards served to inform students of "medical practices for sale." The notices were placed by many different kinds of people. Some were placed by physicians' widows or by older physicians who could no longer work the long hours of a medical practice in their town and sought relief from a younger physician. Often community leaders would write urging physicians to come with the promise that competition was many miles away.⁷¹ Medical journals of the nineteenth century and early twentieth century usually included several ads from communities soliciting physicians to take up residence and open a practice. One such ad promised physicians with an annual salary of two thousand dollars in a community perfect for "the worn-out practitioner of the malarial

⁶⁸ William Edgar Tatum and Doris Tatum Green, Saddle-bag Surgeon: a Doctor's Autobiography, (Waco: Texian Press, 1978), ix.

⁶⁹ Ibid., 55-8.

⁷⁰ Florita Indira Sheppard, "The Texas Medical Association: History, Organization and Influence," (Master of Public Affairs, University of Texas at Austin, 1980), 44.

districts.” It also guaranteed that “Opposition” would be “weak.”⁷² One advertisement was placed in *Daniel’s Texas Medical Journal* by a physician who was leaving the small town for a city. The advertisement promised an annual income of over two thousand dollars and also promised that the people of the town had “no bad debts” and that “everybody pays up, as it is in the midst of a good cattle and farming section, with educational, social, and religious advantages.” This advertisement also promised little competition as there was “Only one other physician in the county.” In fact, the physician offered to sell with the position his “drug business, office fixtures, etc., and can turn over practice and influence.”⁷³ One can only assume that by “influence,” the leaving physician would endorse the new physician among his patients -- a requirement for a successful practice.

Conflict among Texas physicians was also exacerbated by internal debates over medical legislation. On several occasions disputes emerged among the members of the TMA as to whether or not they should continue to lobby the state legislature for the regulation of medicine. Some allopaths claimed that it actually harmed the reputation of physicians to involve their noble profession in politics. These dissenters suggested that physicians “elevate the profession, asking no favor of an earthly tribunal.” These men understood that alternative healers and sectarian physicians were supported by the public. Therefore, “(i)f the people want protection from quacks, pretenders, and irregular practitioners, let them ask for it; let them invoke the aid of this Association,

⁷¹ Robinson, *Doctor Robinson: His Life and Times*, 81.

⁷² *Daniel’s Texas Medical Journal*, VIII, no. 5 (November 1892), 290.

⁷³ *Daniel’s Texas Medical Journal*, VII, no. 1 (July 1891), 41.

and it will be cheerfully accorded.”⁷⁴ In a speech in 1885, Dr. Ashbel Smith argued that regulatory legislation existed in almost half of the states, but they did little to discourage alternative physicians and healers. Dr. Smith also argued that it was the responsibility of the individual physician to elevate the profession through hard work, honesty, and a general high moral character; only then would the public trust professional allopathic physicians.⁷⁵

Dr. Ashbel Smith and like-minded physicians understood the strong link between the poor public perception of the medical profession and the absence of strong medical regulation in Texas. On occasion, editorials in medical journals warned physicians against, “Indiscretion in Legislative Affairs.” As guardians of the health of the public, physicians were particularly sensitive to criticism that their motives for medical legislation were selfish. A 1906 article in the *Texas State Journal of Medicine* reminded allopathic physicians that the Texas Legislature was “the people’s legislature, not primarily for the benefit of physicians.” Therefore, the *Journal* warned that:

Much injury was done by such thoughtless remarks as, “We have fixed our man,” or, “We have elected our man,” or, “I can handle him”—remarks that were used as excuses for legislative antagonism. Rather might we say, “The people have elected a man interested in the cause of public health.”

The article cited inappropriate incidents when “(r)epresentatives of county societies [were] approaching their legislators in a bulldozing, or at least a threatening, spirit.” The article emphasized the importance of lobbying for the interests of the profession,

⁷⁴ Nixon, *A History of the Texas Medical Association*, 125-6.

but not in such a manner as to lose much needed support among politicians and the public.

Texas physicians were very much aware of the arguments of their critics, even from the earliest days of the association. For example, on November 16, 1853, Dr. George Cupples gave his presidential address to the Texas Medical Association. According to Cupples, his opponents argued that the regulation of medicine was “anti-republican” and in violation of “free competition.” Opponents to medical regulation also claimed that “every man is free to offer his knowledge and his skill for the acceptance of his fellow-citizens as he is to offer goods for sale.” Dr. Cupples declared this argument “plausible in theory, but destructive in practice.”⁷⁶

Despite the conflict within the TMA over the proper role of physicians in politics, many Texas physicians became politicians themselves out of frustration of the slow pace of passage of medical legislation. Since doctors were among the few educated professionals in many communities, some believed it to be their duty to provide leadership. Many of the signers of the Texas constitution were also physicians. Dr. Anson Jones served in the Texas Senate and became the fourth and last President of the Republic of Texas. Dr. Ashbel Smith was appointed Minister to France and England for the Republic of Texas.⁷⁷ Occasionally, physician/politicians would write open letters to Texas medical journals outlining their platforms, which always included the passage of medical legislation. In one such letter, a candidate for Lieutenant

⁷⁵ Ibid., 118-120.

⁷⁶ Nixon, A History of the Texas Medical Association, 16.

Governor of Texas wrote that the people of Texas needed protection from harmful healers and medicines, “but the medical profession, noble and unselfish as it is, has had scant representation in the Legislature.”⁷⁸ The *Texas State Journal of Medicine* advocated in one of its articles in 1905 that it is the duty of “selected physicians” to run for office. The *Journal* argued that it is not a selfish pursuit, but rather a public service. After all, “(p)ublic health interests must be advocated on the floor by those most interested and best informed.”⁷⁹

While internal strife in the Texas Medical Association and among allopathic physicians across the state retarded professionalization in Texas, competition from domestic medicine and traditional healers also challenged the effectiveness and the authority of the TMA. Because Texas had so many frontier and non-Anglo communities, medical regulation was often counter-productive; these communities had a great need for healers, of any kind. On the frontier, the home was the hospital, and the mother, the physician. Women were primarily responsible for caring for the sick within the family and community. No cures existed for the most deadly of diseases; therefore, women relied on traditional remedies passed through generations of women. Nineteenth-century medical handbooks, such as “*Bright’s Family Practitioner, a Plain*

⁷⁷ Joseph S. Coselli and Kenneth L. Mattox, *The History of Surgery in Houston: Fifty-year Anniversary of the Houston Surgical Society*, (Austin: Eakin Press, 1998), 3-13.

⁷⁸ *Texas State Journal of Medicine*, 1, no. 10 (April 1906), 345.

⁷⁹ “Doctors in the Legislature,” *Texas State Journal of Medicine*, 1, no 6, (December 1905), 189.

System of Medical Practice for the Family,” also proved useful.⁸⁰ Every sectarian school published home health guides. In fact, historian Ronald L. Numbers states that, “For literally millions of Americans, the sectarian domestic guides served as primary care physicians.”⁸¹ Therefore, most frontier women used traditional herbal remedies from local plants for fevers, teething babies, and colds. Herbs were gathered from nature or grown in family gardens. Many mothers gave their children castor oil, a good source of protein and vitamins from the codfish. Castor oil was one of many store-bought remedies bought from local stores or traveling salesmen.⁸²

Texas law had little or no effect on these traditional frontier healers. For example, Mrs. Mary Jane Whittet, wife of a Texas cotton farmer, did not learn of the Texas law that required her to have a medical license until 1905. Since at least the 1880s, Mrs. Whittet was her community’s only healer. In 1905, Mrs. Whittet decided to become “in law what she had been in fact for many years,” by passing the state board examination and receiving her medical license.⁸³

In addition to domestic medicine, midwives were also in competition with physicians. Midwives were condemned for ignorance and women physicians were criticized for their education and both were unwelcome among the male medical elite. Until around 1810, physicians worked in cooperation with midwives to provide

⁸⁰ Martha Carolyn Mitchell, “Health and the Medical Profession in the Lower South, 1845-1860,” The Journal of Southern History, 10, no. 4 (1944), 440-1.

⁸¹ Ronald L. Numbers, “Do-It-Yourself the Sectarian Way,” Medicine Without Doctors: Home Health Care in American History, Guenter B. Risse, Ronald L. Numbers, and Judith Walzer Leavitt, (New York: Science History Publications, 1977), 68.

⁸² Rebecca Sharpless, Fertile Ground, Narrow Choices: Women on Texas Cotton Farms, 1900-1940, (Chapel Hill and London: The University of North Carolina Press, 1999), 52-53.

⁸³ Fulgham, Women Pioneers in Texas Medicine, 4.

healthcare to pregnant women. Midwives were not exclusively female, although female midwives were the majority. Physicians founded a few schools for the training of midwives, but these soon fell out of favor with allopaths and often failed from lack of funds. Some doctors believed that midwives should work in partnership with them by attending normal births and only calling physicians for complicated deliveries.⁸⁴

However, the new ideals of Victorian womanhood made cooperation between midwives and male physicians nearly impossible. By the mid-nineteenth century, professional physicians sought to include midwifery as a new specialty within the male-dominated medical field: obstetrics. In fact, midwifery was the first medical specialty and the term was used at the first prestigious medical schools in the United States, including King's College, Medical College of Philadelphia, and Harvard. Unlike sectarian healers though, midwives did not organize because their devotion lay with the local women and families in their care, not "to an abstract medical science."⁸⁵ Therefore, the AMA and the TMA were not as successful at directly confronting traditional medicine, as they were in challenging sectarian medicine, because midwives were not organized into a central body.⁸⁶

Texas lawmakers and most sectarians respected the traditional role of midwives for a very practical reason: midwives were needed. After all, most Texans seemed to fear physicians. Women were especially resistant to place their lives in the hands of male physicians. Women usually preferred to be examined in their homes. If a house

⁸⁴ Wertz, *Lying-in*, 44-50.

⁸⁵ *Ibid.*

⁸⁶ Burrow, *AMA*, 4-6.

call was not possible, some men would allow their wives and daughters to be examined in private hotel rooms “under the watchful eye of the husband or suitable attendants.”⁸⁷ Midwives were often preferred to male medical physicians for cultural, economic and geographic reasons. Even in the Progressive era, male physicians were still often seen as cultural outsiders in the birthing room. For instance, Dr. James Gordon Bryson, a Progressive era Texas physician, wrote that it was difficult for one of his single, male friends to open a practice in Texas simply because he did not have a wife. People thought it was especially indecent to have a single man attend births and help sick women.⁸⁸ Another Texas physician, Dr. William Edgar Tatum, often lamented that in the majority of his obstetric cases he “had to put up with a large contingent of females.” These usually consisted of a midwife, the mother and mother-in-law of the pregnant woman, and close female friends. Dr. Tatum often referred to them as his “female gallery.” These women watched every move he made, offering advice and criticism, especially when he was a young doctor. He often “resented interference from [his] female gallery.”⁸⁹

Mexican American midwives and healers, known as curanderas, were particularly important to their community throughout history because they provided an alternative to the Anglo/Protestant physician. Many Anglo physicians did not speak Spanish, nor did they understand Catholicism or Mexican American culture. In particular, Mexican American men feared and resented white, male doctors examining

⁸⁷ Ferris, *Scalpels and Sabers*, 44.

⁸⁸ Bryson, *One Hundred Dollars and a Horse*, 80-1.

⁸⁹ Tatum, *Saddle-bag Surgeon*, 70-1.

their wives and daughters. Mexican American women often preferred curanderas for their patience and understanding. Traditional healers never felt the need to distance themselves from their patients in order to encourage respect; in fact, intimacy with one's patient was essential to the healing process. Both the Catholic faith and indigenous religion and traditions influenced the development of the curanderas. Religious rituals, massages, prayers, and herbs are all useful tools of the curanderas. There are six subgroups of traditional Mexican healers that include the *partera*, or midwife and the *yerbera*, a specialist in herbal medicine. All treatments and rituals are traditionally handed down to each new generation.⁹⁰

The importance of midwives in a frontier community cannot be underestimated. Even as late as 1920, over half of all African American and Mexican American women used midwives for birth. Cost was a major factor in their decisions. One African American woman paid doctors forty-five dollars and seventy-five dollars respectively for her first two births. For her next two children, she paid a midwife five dollars and seven dollars, respectively.⁹¹ A group of professional physicians in Austin created a list of common fees for medical services in 1893. For day visits within the city limits the cost was \$2.50; for night visits the price doubled. However, if a physician had to travel outside the city limits, then the additional cost of \$1 per mile was added to the patient's bill. If a visit involved "contagious diseases" such as "small-pox, yellow fever, cholera [or] diphtheria" then the cost rose fifty percent to two-hundred percent higher. Surgeries and deliveries were by far the most costly services a physician offered. A

⁹⁰ Fulgham, Women Pioneers in Texas Medicine, 11-13 and 20-25.

“natural delivery” cost between \$20 and \$30 for every four hours of service. Complicated births were even more expensive. The delivery of twins costs between \$35 and \$50 dollars and a caesarian section cost between \$250 and \$500 dollars. Bone-setting was also very expensive; fracture of a femur bone cost between \$40 and \$100 dollars and the fracture of any other bone cost between \$15 and \$50 dollars.⁹²

Physicians who resented the presence of midwives most often cited their ignorance and superstitions. Dr. Tatum once went on a house call at a rural, African American home in East Texas. Upon arriving, he found that the baby had been delivered and its umbilical cord cut but the placenta had not yet passed. The African American midwife had tied the severed end of the umbilical cord to the mother’s leg for fear that the remaining placenta might “crawl” back up into the woman.⁹³ There seems to be little sound medical reason for this ritual, but neither was this practice harmful. Occasionally, Texas physicians would relate cases in medical journals that were meant to bolster support for medical legislation that prohibited the practice of midwifery. Dr. J. W. Collins related how he was called to the bedside of a woman in childbirth by a midwife. However, by the time he arrived, the midwife informed him that he was not needed, but asked him to stay “in case all did not go well.” After fifteen minutes, the physician was finally granted permission to examine the woman and he found the midwife had mistaken the protruding infant’s shoulder for the crowning of the head. The infant, trapped in the birth canal, died of asphyxiation as the midwife ignorantly

⁹¹ Sharpless, *Fertile Ground, Narrow Choices*, 44-5.

⁹² *Texas Sanitarian*, II (1893), 34-6. As quoted in Nixon, *A History of the Texas Medical Association*, 178.

waited. After extracting the dead infant from the birth canal, the physician was able to safely deliver the other twin. He warned:

I will here remark that I have known more than one precious life lost by the incompetency and ignorance of the attendant, and *I do think legal steps*⁹⁴ ought to be taken to prevent these ignoramuses from officiating in the lying-in chambers, thus protecting the health and the lives of our mothers.⁹⁵

Yet, if the history of Texas midwives was as well recorded during this period as that of Texas physicians, some midwives might also have written stories of the incompetence of well-educated physicians in the birthing room.

Some physicians were grateful for the presence of midwives, especially if the women were more experienced than the physicians. Dr. J. Gordon Bryson was born in 1884 and began his medical practice in Texas in 1911. During his first year of practice, he met a Mexican midwife practicing in Texas. He arrived at a home just as the midwife was delivering the baby. Dr. Bryson was shocked that this midwife ignored his presence completely. Yet, he was amazed to discover that everything she was doing was just as he had been taught in medical school. He was also impressed by the “touch of the ritualistic” which he noticed in her and later noticed in a black midwife and other midwives he observed throughout his career. Dr. Bryson learned from his mother that his own grandmother was a midwife and had delivered him using the same methods as these women from different cultures. In his autobiography, he wrote:

⁹³ Tatum, Saddle-bag Surgeon, 67 and 70-1.

⁹⁴ Emphasis original.

There was the Mexican who perhaps received her instruction from the Indians; the Negro who learned her do's and don't's in slavery, and my own forebear, who was a frontier woman without any training or teaching except what she got from some other frontier woman even less schooled.

Such midwives had no formal education, in fact, they probably were illiterate. Yet Dr. Bryson was still impressed more than sixty years later that “every act they did was directed against physiological breakdown or a bacterial invasion.”⁹⁶ In that same year, Dr. Bryson had the opportunity to deliver twin boys from a Mexican woman in Texas. He later recalled, “This was my first case of twin delivery, but by following the technique as taught by the midwives I was an accomplished obstetrician, and was later referred to by the Mexican people as ‘*el especialista*’.”⁹⁷

Most nineteenth-century traditional healers (and later sectarian healers) strongly believed in the “healing powers of nature.” In general, they respected women's role in the healing process and favored the “popular diffusion of professional knowledge” for the benefit of society.⁹⁸ One such group of sectarian healers was the botanics. They were a diverse collection of healers that remained independent from formal schools or professional organizations. Botanic healers included Native American healers, curanderas, midwives, and other forms of folk or domestic medicine. They embraced the spirit of the Age of Discovery believing that “God provided every region of the

⁹⁵ W. J. Collins, M. D., “A Midwife's Diagnosis. (The Doctor Not Needed.)” Daniel's Texas Medical Journal, 319.

⁹⁶ Bryson, One Hundred Dollars and a Horse, 11-15.

⁹⁷ Ibid., 88-90.

⁹⁸ Morantz, Sympathy and Science., 30-36.

world with its own medicines.” Therefore, much of American botanics relied on New World herbs.⁹⁹

Around two dozen schools organized throughout the nineteenth century and strengthened the resistance against allopathic medicine and their agenda for the strict regulation of medicine.¹⁰⁰ Thomsonian botanists formed the first organized and patented botanical based challenge against allopathic physicians. The sectarian school of Thomsonian botanists was based on the teachings of Samuel Thomson (1769-1843) of Alstead, New Hampshire. Thomson was an uneducated farmer who learned botanical medicine from a local female healer. He eventually gave up farming to pursue his gift as a healer. Thomson emphasized botanical remedies instead of mineral-based drugs. Thomson’s herbal remedies spread throughout the United States “with a fervor that paralleled the growth and popularity of religious sectarianism in the early nineteenth century.” Both allopathic and Thomsonian healers believed in the same basic principles of healing. For instance, both believed that healing occurred through the regulation of the bodies’ secretions. Therefore, sweating, purging, and sometimes bleeding were common methods of healing. Yet Thomsonians objected to some common allopathic treatments, such as the use of excessive bloodletting “and the harmful use of calomel, tartar emetic, arsenic, and other harsh mineral drugs.”¹⁰¹

Although Thomsonians shared some medical practices with allopathy, they also emerged from a common objection to the elitism of allopaths. In communities across

⁹⁹ Haller, *Kindly Medicine*, 11-13.

¹⁰⁰ *Ibid.*, 21.

¹⁰¹ *Ibid.*, 13-18.

the country Thomsonians allied themselves with other social and political reform movements, such as Jacksonianism, which stood against elitism and monopolies in all aspects of society. For instance, William Lloyd Garrison supported botanical medicine. Many prominent old-school physicians also spoke out in support of the virtues of the new school of medicine. Men and women alike were attracted to the democratic nature of the Thomsonians because anyone could treat themselves with Thomson's six step process and patented herbal remedies. In fact, the movement opposed the establishment of medical schools and professional societies for any school of medicine. Despite the commercial success of Thomson, most regular physicians dismissed him as ignorant and harmful. Yet, in Ohio, it is estimated that over half of the population by the 1830s used his herbal remedies.¹⁰² Thomson actively sought to create a world without physicians. Historians argue that Thomson desired the "common man to throw off the oppressive yoke of priests, lawyers, and physicians and assume his rightful place in a truly democratic society." The American people turned to Thomson's remedies for several reasons: because of the compatibility of cultural philosophy, to save money, the convenience of home treatments, and out of necessity as there were too few regular physicians. Women especially appreciated Thomsonians because it saved them from potentially embarrassing situations with male physicians. However, some Thomsonians disagreed with their founder on the role of physicians. Some reasoned that botanical "home manuals were not to replace the physician but to supplement his efforts."¹⁰³

¹⁰² Ibid.

¹⁰³ Numbers, "Do-It-Yourself the Sectarian Way," Medicine Without Doctors, 55-7.

Like Thomsonian botanists, eclecticism emerged in the United States because of an “atmosphere of public hostility to orthodox medicine.”¹⁰⁴ Eclecticism was an offshoot from the Thomsonian botanists and, “as their name implies, they borrowed ideas from everybody.”¹⁰⁵ Founded by Wooster Beach in 1830, eclecticism, like Thomsonianism, was popular among the lower class in the Midwest and the South. Beach founded Worthington College in Ohio, the first botanical degree-granting school in the United States.¹⁰⁶ Unlike Samuel Thomson, Wooster Beach believed that domestic medicine should supplement educated physicians, not replace them.¹⁰⁷ One important issue that separated the eclectics from the medical elite was their opposition to the use of “opium, morphine, and alcoholic spirits in medical practice.” The eclectics did allow exceptions to this policy in certain circumstances, but they recognized that the abuse of these substances caused harm to the public.¹⁰⁸ Eclectics also strongly opposed the extreme purging methods of both allopaths and botanics. Yet, like the botanics, eclectics were more respectful of women’s role in healing and domestic medicine in general. Eclectics believed that deliveries should be exclusively attended by midwives or women physicians.¹⁰⁹

¹⁰⁴ Coulter, “Political and Social Aspects of Nineteenth-Century Medicine in the United States,” 146.

¹⁰⁵ Douglas Baldwin and Nancy J. MacNeill MacBeth, “Physicians, Quacks, and Opium Eaters: The Professionalization of Medicine in the 19th Century,” The Island Magazine, 26, (1989), 14-15.

¹⁰⁶ Haller, Kindly Medicine, 19.

¹⁰⁷ Numbers, “Do-It-Yourself the Sectarian Way,” 57.

¹⁰⁸ “The Eclectic Doctors: Their Position in Regard to Opium, Morphine, and Alcoholic Spirits,” Dallas Morning News, 12 May 1887.

¹⁰⁹ Wertz, Lying-in, 49-52.

Eclectics also founded their own societies such as the American Eclectic Medical Association, which began in 1848.¹¹⁰ Unfortunately, most eclectics were plagued by internal disagreements both in their medical schools and professional organizations. Its own members occasionally undermined their school by publicly denouncing eclectic methods before leaving.¹¹¹

Although there were internal problems with the American Eclectic Medical Association, in Texas, the existence of the Texas Eclectic Medical Association, formed in 1884, created obstacles for the TMA by organizing eclectic opposition to the allopathic agenda in Texas. By 1896, the society claimed that two hundred eclectic doctors were practicing in Texas.¹¹² The Constitution and By-Laws of the Texas Eclectic Medical Association reveals that, like the American Medical Association, Texas eclectic physicians organized in self-defense. Unlike the allopaths, represented by the Texas Medical Association, the eclectics did not include the reform of medical legislation as a professional goal. Instead, they sought to protect their right to practice in the state of Texas.¹¹³ The Texas Eclectic Medical Association often referenced Article 16, section III of the Texas Constitution which stated that “no preference shall ever be given by law to any schools of medicine.”¹¹⁴ The Texas Eclectic Medical Association also had annual meetings where the latest medical papers were presented and discussed. At their second annual convention in 1885, the eclectic physicians spoke

¹¹⁰ Burrow, AMA, 2-4.

¹¹¹ Haller, Kindly Medicine, 19-21.

¹¹² “Medical Men,” Dallas Morning News, 14 October 1896.

¹¹³ Constitution and By-Laws of the Texas Eclectic Medical Association (Honey Grove, Texas: Texas Citizen Steam Press, 1891).

out against the Texas Medical Association and their attempts “to legislate other systems of practice out of existence.” The eclectics claimed that they would not oppose any legislation that was intended to improve healthcare for the public; however, they recognized that the Texas Medical Association’s attempts to establish a board of health was more about keeping the eclectics out of the medical practice than regulating health.¹¹⁵

Although they were still considered “irregular” physicians, homeopaths were more readily accepted by the medical elite and were also popular alternatives for the wealthy.¹¹⁶ After all, homeopathy was founded by a German allopathic physician, Samuel Hahnemann. During the nineteenth century the most respected medical schools were all founded in Europe. The clergy were the first prominent people in American society to support the homeopaths. Soon after the clergy “were followed by the intellectual, social, and business leaders of the community.” Author Harris Coulter remarked that, “At mid-century the allopaths had the impression that the whole of the educated class of society was deserting them in favor of the new medical doctrine.”¹¹⁷ Homeopathic schools advocated “fresh air, bed rest, proper diet, washing, and public sanitation long before they were popular among regular physicians.”¹¹⁸ Homeopaths also used similar drugs to those of the allopathic school; however, they prescribed only

¹¹⁴ “Medical Legislation,” Dallas Morning News, 10 January 1891.

¹¹⁵ “Eclectic Esculpians: Meeting of the Association in Waco – Officers Elected,” Dallas Morning News, 11 November 1885.

¹¹⁶ Baldwin, “Physicians, Quacks, and Opium Eaters,” 15.

¹¹⁷ Coulter, “Political and Social Aspects of Nineteenth-Century Medicine in the United States,” 164.

¹¹⁸ Wertz, Lying-in, 52.

very small amounts.¹¹⁹ Homeopathy found support among “the mothers of America” who preferred their treatment for childhood diseases which were less invasive and traumatic for the child than allopathic or Thomsonian techniques that used purging or bloodletting. There is even evidence of parents employing an allopathic physician for themselves and a homeopath specifically for their children. Even some allopathic physicians hired homeopaths for the treatment of their own families. In an attempt to win back young patients, beginning in the 1850s and 1860s, the allopaths emulated the homeopaths and began sugar-coating their own pills.¹²⁰ Despite the efforts of the allopaths to win back women and children, in the late-nineteenth century, two-thirds of homeopathic patients were women. Homeopaths also created domestic guides to health that often included a medicine kit that were very popular among women. Yet, as Hahnemann was an educated physician himself, homeopathy rejected Samuel Thomson’s belief that every man was his own physician.¹²¹ Homeopathic and other sectarian schools were particularly attractive to women because most of the schools accepted them as students. Many female medical colleges, such as the New York Medical College for Women, were homeopathic schools.¹²² Homeopathy had its own professional medical organizations; the International Hahnemannian Association founded in 1880 and the Southern Homeopathic Association founded in 1885, were among them.¹²³

¹¹⁹ Morantz, Sympathy and Science, 31.

¹²⁰ Coulter, “Political and Social Aspects of Nineteenth-Century Medicine in the United States,” 170-1.

¹²¹ Numbers, “Do-It-Yourself the Sectarian Way,” Medicine Without Doctors, 58-9.

¹²² Wertz, Lying –in, 52-4.

¹²³ Burrow, AMA, 2-4.

In the 1840s, hydropaths were another popular school of sectarian medicine that migrated to the United States from Europe. In the beginning, many allopathic physicians embraced the water therapy and incorporated it into their allopathic training.¹²⁴ Yet, pure hydropaths or hydrotherapists shunned any form of surgery, drugs, or “heroic interventions.” They chose instead to use water of various temperatures both internally and externally to heal the body of certain ailments.¹²⁵ Hydrotherapists were also one of the first groups to protest the restrictive nature of women’s clothing as detrimental to female health. This fact is not surprising considering that one-fifth of all hydropaths were women.¹²⁶ Like the botanics, Thomsonians, and eclecticists, the hydropaths valued the role of women in medicine.

Osteopathy was also an attractive profession for women. The Texas Osteopathic Association was small in number; only fifteen members attended the annual meeting in Fort Worth in May of 1905, “many of whom were ladies.”¹²⁷ Former allopath Andrew Taylor Still founded the first osteopathic school, the American School of Osteopathy, in 1882 in Kirksville, Missouri.¹²⁸ Texas osteopathic physician Phil Russell described in his memoir how he and many in his family were all so-called “quack” doctors. Russell admitted, “We were proud in the early days that we were ‘quack’ doctors because at the time we were so labeled by all the politicians of medicine who were dispensing the M.D. degree.” His mother, Maude Graham Russell,

¹²⁴ Numbers, “Do-It-Yourself the Sectarian Way,” Medicine Without Doctors, 62-3.

¹²⁵ Wertz, Lying-in, 49-52.

¹²⁶ Ferris, Scalpels and Sabers, 35.

¹²⁷ “The Texas Osteopathic Association,” Texas State Journal of Medicine, I, no. 1 (July 1905), 24.

¹²⁸ Ann Arnold, A History of the Fort Worth Medical Community, (Arlington: Landa Press, 2002), 63.

was inspired to become a physician by a gifted osteopathic male doctor who worked in their small Texas community. In 1902, Maude Russell left her two sons and husband to attend the two-year osteopathic school in Kirksville, Missouri. Upon returning, her marriage was broken, yet, she still raised and supported her children through her medical practice as an osteopath.¹²⁹

In addition to osteopaths, physio-medicals were also a sectarian group represented in Texas. In June of 1883, a group of Dallas physio-medical physicians met to establish a professional state organization and to adopt the platform of the American Association of Physio-Medical Physicians and Surgeons.¹³⁰ It is unclear how many physio-medical physicians practiced in Texas, but the fact that they were organized indicates that they still were a group of opposition to allopathy.

In the 1880s, several “mental healers” emerged out of New England. The most popular of these sectarian movements was Mary Barker Eddy’s Christian Science. Christian Science was similar to other sectarian schools in that Eddy published training books, built the Massachusetts Metaphysical College, established the *Journal of Christian Science*, and founded a National Christian Science Association to purify her movement from competing mental healer ideologies and defend it against critics. Not surprisingly for a sectarian movement, practicing female healers in the Christian Science movement outnumbered men five to one. Women were also attracted to Eddy’s practice of referring to God in both male and female terms. Practicing Christian Scientists could receive degrees from one of Eddy’s schools, although many claimed

¹²⁹ Phil R. Russel, The Quack Doctor, (Fort Worth: Branch Smith, 1974), 1.

the title “doctor” and began full-time practice after studying the Bible and Eddy’s many books. In general, Christian Scientists generously advertised their services and charged the same fee as regular physicians. By 1906, there were 55,000 members of the Christian Scientists; 72% were women.¹³¹

No group received such scorn from the Texas Medical Association as the Christian Scientists. Article in the *Texas State Journal of Medicine (TSJM)* often chronicled the “criminal inhumanity of Eddyism” with documented cases of patients who died under the treatment (or neglect, as many physicians and educated people might view it) of Christian Science healers.¹³² One case involved the removal of the infected eye of a child. The attending physician contended that if the case had been brought to him sooner, instead of waiting for God to heal the child, the child’s eye could have been saved. The mother of the child was a Christian Scientist who initially refused to allow a physician to attend her daughter. The woman “attributed the failure of ‘Christian Science’ treatment to the wickedness of the neighborhood and its counter-acting malicious influence.”¹³³ Other articles in the *TSJM* attacked the personal life of Mary Barker Eddy, the founder and spiritual leader of Christian Science. One article portrayed Eddy as a greedy, ignorant, spiritualist whose “boasted generosity seems to be a myth” since she had never given to charity “save to enhance her comfort, to extend

¹³⁰ Haller, *Kindly Medicine*, 145.

¹³¹ Rennie B. Schoepflin, “Christian Science Healing in America,” *Other Healers*, Norman Gevitz, ed., (Baltimore and London: Johns Hopkins University Press, 1988), 192-204.

¹³² “Eddyism” is a derogatory term often used to describe the followers of Mary Barker Eddy, Christian Scientists.

¹³³ “Texas Victims of Christian Science,” *Texas State Journal of Medicine* I, no 4 (October 1905), 121-3.

her power, or add to her glory.”¹³⁴ Occasionally, Texas physicians’ fears of Eddy were ridiculous. The *TSJM* accused Eddy of witchcraft since Christian Scientists believe that the human mind is “capable of producing any form of sickness, the most horrible deaths and complete domestic, social, or business disaster to others.” The herald of the Texas Medical Association, the *TSJM*, denounced Christian Science as “a devilry and mediæval witchcraft in the name of Christ.”¹³⁵

Texas also had its own State Electro-Therapeutic Association until the group dissolved in 1885. Interestingly, at the annual meeting of the Texas Medical Association a section on electro-therapeutics was established within the association after it was brought to the attention of the delegates that the Electro-Therapeutic Association failed.¹³⁶ Obviously, the Texas Medical Association thought that some methods of the Electro-Therapeutics were worthy of adoption by the medical elite. This incident gives further credence to the theory that the Texas Medical Association was more concerned with establishing a monopoly on healthcare than ensuring public access to medical doctors and healers.

Before 1900, the TMA’s refusal to cooperate with eclectics and homeopaths continued to retard progress for passing medical legislation. The American Medical Association (AMA) urged its members not to associate with those outside of the regular medical profession. By 1847, all local medical societies who wished to be granted

¹³⁴ “Mrs. Eddy’s Commercial Enterprises,” Texas State Journal of Medicine I, no 4 (October 1905), 124.

¹³⁵ “‘Christian Science’ Witchcraft,” Texas State Journal of Medicine I, no 4 (October 1905), 124-5.

¹³⁶ Nixon, A History of the Texas Medical Association, 121.

representation in the AMA were forced to exclude all homeopaths and eclecticists from their ranks.¹³⁷ For example, in 1882, the AMA barred representatives from the New York State Medical Society because of their acceptance of homeopathic healers.¹³⁸ Even the AMA code of ethics, adopted by the TMA and most local allopathic medical societies in Texas, prohibited consultation with sectarian physicians.¹³⁹ Allopathic schools refused to allow admission to graduates of sectarian schools, would often revoke the diplomas of alumni who practiced sectarian techniques (or were suspected of doing so), and even expelled medical students who associated with sectarians or had ever even apprenticed under a sectarian. A family member who was a practicing sectarian could also be the basis of expulsion or denial of admission.¹⁴⁰

Yet, most historians argue that “despite the policy of segregation, in actuality regular and sectarian practitioners were much less rigidly separated.” Many American homeopaths were converts who were originally allopathic physicians. Not all physicians excluded sectarian methods from their practice, either.¹⁴¹

Evidence of the same dilution of schools of medicine can be found in nineteenth century Texas, as well. In the nineteenth century and well into the Progressive era, allopathic physicians often chose to earn money through less desirable and creditable means. For instance, nineteenth-century Texas physician Dr. J. B. Cranfill began his career with what he considered a great amount of debt. With sixteen dollars on loan

¹³⁷ Coulter, “Political and Social Aspects of Nineteenth-Century Medicine in the United States,” 336.

¹³⁸ Burrow, *AMA*, 4-6.

¹³⁹ Duffy, *From Humors to Medical Science*, 222.

¹⁴⁰ Warner, *The Therapeutic Perspective*, 179-181.

¹⁴¹ *Ibid.*

from his mother, Dr. Cranfill purchased his medical tools, medicines, and a “medical saddlebag” to begin his profession. He and his wife rented “a little two-room weather-boarded house” for three dollars a month. After three months of living in Turnersville, Texas, with no business and nine dollars deeper in debt, Dr. Cranfill offered his services to a nearby community as a phrenologist. Business there was “successful in every way.”¹⁴² As phrenology is the “study of the shape and protuberances of the skull, based on the now discredited belief that they reveal character and mental capacity,” Dr. Cranfill was evidently ignoring the AMA dictum.¹⁴³

On occasion, even homeopaths chose to supplement their incomes with financial schemes popular among quacks. For instance, *Daniel’s Texas Medical Journal* eagerly reported the opening of the Keely-Institute, a “whiskey cure” establishment, by the former President of the Homeopathic Medical Society and Austin resident Dr. T. H. Bragg. Many of his fellow homeopaths publicly denounced Dr. Bragg and his institution. One homeopath is reported to have told the *Journal* that “Bragg went in to make money, and as he is doing very little practice, homeopathic or any other kind, the whiskey cure will occupy his attention in the future.” Fellow Texas homeopaths also accused Braggs of degrading the profession and damaging their chances for State recognition and other goals of Texas homeopaths. The individual actions of physicians, whether homeopaths or allopaths, were closely monitored by their

¹⁴² Cranfill, *Dr. J. B. Cranfill’s Chronicle*, 243-250.

¹⁴³ www.dictionary.com

associations; the actions of one rogue physician could damage the reputation of the entire profession.¹⁴⁴

Texas allopaths perceived this incident as confirmation of their belief in the inferiority of the homeopathic school of medicine and the moral depravity of its followers. The editor of *Daniel's Texas Medical Journal* gleefully concluded that “When thieves fall out, honest men get their deserts.”¹⁴⁵ The editor was thrilled that the reputation of their competitors, the homeopaths, had been damaged by the scandal. In the same issue, the *Journal* warned that the Texas Medical association must find the courage:

to make a summary example of the wolf in sheep's clothing who, robed with the dignity of membership in our associations, and wearing, perhaps, the mantle of official honor, stoops secretly to the devices of the quack.¹⁴⁶

Unfortunately for the Texas Medical Association, Texas allopathic physicians were not free from the taint of the quack, either. In 1914, Dr. Charles Dixon's book, *The Menace: An Exposition of Quackery, Nostrum, Exploitation, and Reminiscences of a Country Doctor*, was published. Dixon lamented that certified Texas physicians still lent their names and reputations to fake cures for financial gain. Beyond damaging the reputation of allopathic physicians and undermining the authority of the TMA, Dr. Dixon was concerned that such unprofessional behavior preyed upon poor families who

¹⁴⁴ “Homeopathy With A Whisky-Cure Annex—A Row in the Camp,” *Daniel's Texas Medical Journal*, VII, no. 10 (April 1892), 369-370.

¹⁴⁵ *Ibid.*

¹⁴⁶ “A Higher Professional Standard,” *Daniel's Texas Medical Journal*, VII, no. 10 (April 1892), 365-7.

bought falsely advertised medication, and remained ill, while simply increasing their poverty.¹⁴⁷

The feud between sectarians and allopaths was partially to blame for the failures of the Texas Medical Association in the nineteenth century, since the feud itself had such a negative effect on public opinion. The public was troubled by disputes within the medical community over the science and practice of medicine. After all, a single authoritative body in which the public could place their trust did not exist; professional allopathic medical societies were an attempt to provide a centralized authority.¹⁴⁸ Evidence of how the conflict between the schools of medicine undermined the credibility of the medical profession can easily be found in Texas newspapers and medical journals of the era. In 1887, *The Dallas Morning News* reported that the regular and eclectic physicians in the area were “stirred against each other” and the Honey Grove city newspaper “filled each issue with bitter denunciations and the biggest words in the medical dictionary.”¹⁴⁹ Even as late as 1907, *The Dallas Morning News* reported that Texas Senator Alexander “enumerated the jealousies existing between the medicos, stating that they would not consult with each other even if the patient was sick unto death.”¹⁵⁰ Inflammatory statements from allopathic physicians lowered public esteem for professional physicians. According to Texas physician Dr. Francis, the public was free to choose their own physician, as long as they chose from the regular

¹⁴⁷ Charles D. Dixon, *The Menace: An Exposition of Quackery, Nostrum, Exploitation, and Reminiscences of a Country Doctor*, (San Antonio: 1914), 9-11.

¹⁴⁸ Mitchell, “Health and the Medical Profession in the Lower South,” 440-441.

¹⁴⁹ “The Two City Surveys,” *Dallas Morning News*, 4 September 1887.

¹⁵⁰ “Proceedings of Senate,” *Dallas Morning News*, 27 February 1907.

school. He stated that “Quacks and charlatans should receive no mercy or recognition at the hand of the profession.” Dr. Francis wrote that homeopathy and the regulars were “as distinct as night and day,” therefore it was “useless to attempt to make *something* recognize *nothing* as a science worthy of the confidence of an intelligent people.”¹⁵¹

In the late nineteenth century, the animosity between sectarian and allopathic physicians became the most serious obstacle to the passage of medical legislation. The Pope Bill of 1891, also known as the one-board bill, proposed seven allopathic physicians, one eclectic physician, and one homeopathic physician be appointed to a united medical examining board.¹⁵² In protest of the Pope Bill, Dr. I. C. West of the Texas Homeopathic Medical Association wrote several open letters that were published in the *Dallas Morning News*. He stated that the Pope Bill should be declared unconstitutional because it violated Article 16 of the Texas Constitution which forbade the state government to favor any school of medicine over another. In addition, Dr. West went on the offensive and blamed the allopathic school for the absence of effective medical legislation in Texas. Dr. West challenged lawmakers to pass a bill that promoted the “general good, and which shows no preference to any one school of medicine, and it will become law.” Dr. West argued that legislation should instead exclude only those “men practicing medicine in Texas on bogus diplomas, on forged certificates from examining boards, and on diplomas of men who are dead.” As a practicing homeopathic physician, Dr. West claimed firsthand knowledge of all of these

¹⁵¹ “Medical Ethics,” *Daniel’s Medical Journal*, 1, no. 4 (October 1885), 160-163.

¹⁵² “Brown Gives the Lie,” *Dallas Morning News*, 21 March 1891.

scandals.¹⁵³ In another open letter, Dr. West used the arguments similar to those followers of the anti-elitist Popular Health Movement and stated that “people are the interested parties” and they should decide for themselves which kind of doctor they wish to employ. Dr. West also proposed that the law should call for twenty-one physicians on the board; the board would include seven doctors each from the three main schools of medicine, allopath, eclectic and homeopath.¹⁵⁴

Less than three months later, Senator Burney proposed a similar compromise to the Pope bill allowing the board of medical examiners to have equal representation. The amendment was adopted by a vote of seventeen to nine. However, a motion was made by the enraged Senator Pope to postpone the matter indefinitely. Subsequently, the bill died in the state senate on March 20th 1891, after the controversy over the equal representation amendment.¹⁵⁵ In 1891, allopathic physicians were not yet willing to share the power to license Texas physicians with sectarian physicians and the state was not yet willing to regulate medicine. The Texas Medical Association failed primarily because it refused to reach out to sectarians and compromise with them for sectarian support.

Four years later, Texas was still no closer to passing medical legislation due to lack of support from the public and allopathic resistance to cooperate with sectarians to form medical legislation and to apportion equal authority in medical licensing. In 1895,

¹⁵³ “Medical Legislation: The Pope Bill Opposed Because Restrictive in Effect,” Dallas Morning News, 10 January 1891.

¹⁵⁴ “Medical Legislation: Some Suggestions for Legislations—Medical Reform the People’s Business,” Dallas Morning News, 18 January 1891.

¹⁵⁵ “Brown Gives the Lie,” Dallas Morning News, 21 March 1891.

a debate began when a committee within the Texas Medical Association recommended that the association include homeopaths and eclecticists in a proposed law in order to ensure its passage. This was not the first time that the various schools had joined in support of a medical regulation bill. Yet, many professional physicians feared that “uninformed persons may construe this into an endorsement of the homeopaths and eclecticists.” Therefore, the Texas Medical Association resolved only to recognize them legally, as the Texas Constitution required, but to “stand by the code of the American Medical Association” to “expel any doctor [...] who will lower the dignity of the regular medicine” by associating with sectarian physicians.¹⁵⁶

The Texas Eclectic Medical Association perceived this as “evidence of [the Texas Medical Association’s] moral, intellectual, and professional depravity.”¹⁵⁷ The Texas Homeopathic Medical Association was also outraged by this public denunciation of their school of learning. In response, they temporarily refused to “accept official communication” from the Texas Medical Association and issued a statement saying that they had been “insultingly misrepresented.” In addition, they declared that “the homeopathic school of medicine has in every way as good colleges and institutions of instruction as the allopaths.”¹⁵⁸ This episode reveals the hostilities among the physicians of the era as the most serious obstacle to the passage of medical legislation in Texas.

¹⁵⁶ “Doctors of Texas: Closing Day of the Texas State Medical Association Meeting at Fort Worth,” Dallas Morning News, 2 May 1896.

¹⁵⁷ “The Medical Men: Thirteenth Annual Meeting of the Texas Eclectic Medical Association,” Dallas Morning News, 14 October 1896.

¹⁵⁸ “Homeopathic State Convention,” Dallas Morning News, 13 June 1896.

Thus, in the last decade of the nineteenth century, the TMA was still no closer to the regulation of medicine in the state than when the founders of the TMA advocated such a strategy in 1853. Localism, the apathy of the public, competition between schools of medicine, and discord among allopathic physicians continued to impede the efforts for regulation and professionalization of medicine. Yet, as the new century dawned, allopathic physicians and the TMA found a way to unify a diversity of physicians behind the cause.

CHAPTER 3

TRIUMPH OF THE TEXAS MEDICAL ASSOCIATION IN THE PROGRESSIVE ERA: THE FIGHT FOR MEDICAL LEGISLATION

Before 1900, the American Medical Association (AMA) often failed to be nationally significant because it lacked a substantial “substructure of local medical groups” to enforce its measures. Beginning in the 1890s, however, the AMA “rushed into local organizations, modernized them, and infused them with a fresh militant spirit.” As a result, membership which “had been 8,400 in 1900, leaped to over 70,000 by 1910.” By 1920, sixty percent of American physicians were members of the AMA.¹⁵⁹

Thus, at the annual meeting of the Texas Medical Association (TMA) in 1900, the TMA received its first official communication from the AMA informing the TMA of its new efforts at reorganization.¹⁶⁰ In 1900, the TMA estimated that of the twenty-four active local medical associations in Texas, only fourteen were even loosely affiliated with the TMA. The Association reported that the “causes of failure were indifference, professional jealousy, and local prejudice.” In fact, by this point the TMA had become so weak and ineffective as a state association that the three hundred and fifty member strong North Texas Medical Association was a “near rival” for

¹⁵⁹ Wiebe, The Search for Order, 114-5.

¹⁶⁰ Nixon, A History of the Texas Medical Association, 222.

authority.¹⁶¹ After three years of debate over the adoption of the AMA's reorganization plan, the Texas Medical Association finally chose to reorganize in the spirit of Progressive centralization and efficiency.¹⁶² The new constitution of the Texas Medical Association drafted in 1903 reflected this new purpose. It stated that the TMA's purpose was:

to federate and bring into one compact organization the entire medical profession of the State of Texas, and to unite with similar associations in other States to form the American Medical Association.¹⁶³

The 1903 adoption of the AMA's reorganization plan also created new rules. One of these rules stated that members of county medical societies automatically became members of the TMA.¹⁶⁴ The positive results of the structural changes of the TMA and AMA can be seen in the rising level of membership. In 1899, the TMA had only 297 members.¹⁶⁵ By 1904, TMA membership had grown to include 2,145 Texas physicians.¹⁶⁶ Until 1904, the Texas physicians were notoriously poor at financially supporting their state organization. Therefore it was a significant sign of support from Texas physicians that the "cash balance of the Association rose from \$414.56 in 1899 to \$4,795.57 in 1904."¹⁶⁷

¹⁶¹ Ibid., 213-7.

¹⁶² Sheppard, "The Texas Medical Association," 14.

¹⁶³ Nixon, A History of the Texas Medical Association, 235.

¹⁶⁴ Sheppard, "The Texas Medical Association," 28.

¹⁶⁵ Nixon, A History of the Texas Medical Association, 207.

¹⁶⁶ Juanita Elizondo, "Medicine, Power, and Politics: A Case Study of the Texas Medical Association," (M.A. Thesis, University of Texas at Austin, 1976), 18.

¹⁶⁷ Sheppard, "The Texas Medical Association," 17.

These economic statistics, which suggest the growing unity of the states' physicians behind the TMA, were matched by a new political enthusiasm to pass medical legislation. By the turn of the century, the story of Texas medicine is the story of the TMA's triumph in bringing professional arguments and sensibilities to bear on problems long characterized by localism and personal values. Thus during the Progressive Era, due to the centralization efforts of the TMA and other new strategies the TMA began to succeed in lobbying for medical regulation. At the turn of the century, public health bills were often proposed and debated in the Texas legislature. The debates over medical bills became so regular and tiresome to lawmakers that it led one state representative to comment, "It has gotten so the doctors, like the poor, are always with us."¹⁶⁸ After the turn of the century, physicians' rhetoric and goals began to widen to include concerns for public health. The physicians' fifty year struggle for the professionalization of medicine became incorporated into the Progressive Movement.

Evidence of the TMA's new strategy comes in physicians' links to other reform minded publications and individuals. Physicians now joined with the forces of the middle class led by journalists in *The Ladies' Home Journal* and *Collier's Weekly* to demand protective public health legislation from state and national legislatures. The *Texas State Journal of Medicine* encouraged physicians to read articles of interest in the *Ladies' Home Journal*, especially those written by its editor, Edward Bok.¹⁶⁹ In addition to endorsing Bok's publications, the *TSJM* encouraged physicians to also have

¹⁶⁸ "Fast and Furious," Dallas Morning News, 5 February 1905.

subscriptions to *Collier's Weekly* and *Everybody's Magazine*. It urged support of all of these progressive publications because of their “great campaign against quacks and nostrums.”¹⁷⁰ The *Texas State Journal of Medicine* regularly reported on the progress of medical legislation and public health legislation throughout the nation. The *Journal* regularly included the voting records of congressmen focusing on their resistance and support to such legislation as the Pure Food and Drug Act, the one-board bill, and the Anatomical Bill. Before the Progressive era, the fight for public health was limited to the work of individual physicians, not medical societies, as they had little influence with the public.¹⁷¹ The *Texas State Journal of Medicine* often encouraged its members to stay active in their organizations by investigating the sanitation of their communities’ slaughter houses, dairies, schools, and other public facilities. It also encouraged them to create publication committees to “give the public a series of good articles on sanitation, the care of infants, the necessity of pure milk and the danger of flies and mosquitoes.” For example, one article recommended that: “Reports on such practical work at your next society meeting will impress not only the society, but the public with the practical value of medical organization.”¹⁷²

Under the leadership of the American Medical Association, conservative medical reforms of state medical societies, such as the Texas Medical Association, became increasingly successful at widening their influence. In 1901, the Texas Legislature repealed all former laws on the regulation of medicine and passed a bill that

¹⁶⁹ “The Profession and the Nostrum,” *Texas State Journal of Medicine*, II, no. 12 (April 1907), 321.

¹⁷⁰ “Our Duty to Collier’s Weekly,” *Texas State Journal of Medicine*, I, no 6 (December 1905), 189.

¹⁷¹ Duffy, *From Humors to Medical Science*, 226.

created a three-branch division of medical practice with a separate board of examiners for each: allopathic, eclectic, and homeopathic.¹⁷³ However, this bill was not without controversy. Allopaths believed the law was fundamentally flawed as it allowed any person who failed to pass the examination of one board to attempt to pass at the other two.¹⁷⁴ This loophole not only created inefficiency, it may have also compromised the credibility of a board that passed a person after he or she had failed to pass the medical licensing of a more stringent board.

The debate preceding the passage of the 1901 bill centered on a proposed amendment by Senator Dibrel to protect from regulation “those who cure not by the use of medicines, but by faith.” Dibrel claimed that Christian Science methods refrained from harming patients with medicines while allowing the power of prayer to heal them. He then related how his mother “had a rising on her face” that physicians had diagnosed as cancer. After praying for the removal of the growth every night for years, a male Christian Scientist came to his parents’ house “and with a prayer, asked for removal of the swelling, which did leave, without administering medicine internally or externally.” Senator Dibrel then related another personal example of Christian Science healing due to prayers and massage treatments. In response to this speech, at least one Senator, Stafford, reconsidered his support of the original bill. Angered, Senator Patterson argued against changing the original bill in order to protect against “water-brained spiritualists.” Although Senator Patterson did not mention names, it is clear to whom he

¹⁷² “A Secretary’s Lament,” Texas State Journal of Medicine, II, no. 5 (September 1906), 127.

¹⁷³ Fulgham, Women Pioneers in Texas Medicine, 4.

¹⁷⁴ Ferris, Scalpels and Sabers, 192.

was referring: Senator Dibrel and the Christian Scientists. Fortunately for the Christian Scientists, the 1901 medical law considered Christian Scientists, osteopaths, and other drug-less healers exempted from the law.¹⁷⁵

An equally heated debate developed over a proposed amendment to exempt midwifery from regulation under the act. Representative Walker, the author of the bill, strongly opposed this proposed amendment and claimed it was an attempt by the opposition to kill the bill.¹⁷⁶ A compromise emerged, and when the 1901 bill passed on 13 February 1901, the act exempted “midwives who do not intend to practice midwifery as a profession.” This amendment ensured that only midwives who were paid for their services had to be regulated under the act. The writers of the amendment promised that it protected “women who go to the relief of neighbors when it is impossible to procure a doctor.” Although lawmakers were at least acknowledging that distance was an issue in frontier medicine, lawmakers neglected to recognize that the expense of professional physicians was even more of a barrier to patients than distance.

A copy of the new law was printed in the *Dallas Morning News*. Under section eight, only paid midwives had to apply for a license from the state medical board of their choice and midwives only had to pay five dollars instead of the fifteen dollar standard fee. Some lawmakers obviously valued their services enough to protect them from high fees that could have unofficially excluded them from becoming licensed healers. Yet, it is doubtful that midwives would have been negatively affected if

¹⁷⁵ “Senate Proceedings: The Bill To Regulate the Practice of Medicine Passed,” Dallas Morning News, 20 February 1901.

¹⁷⁶ “Keeps Its Shape,” Dallas Morning News, 12 February 1901.

midwifery had become outlawed. It is unknown what percentage of midwives even applied for a license from the state medical board. Surprisingly, the new law was filled with open gender language. For example, section three says the three “boards shall each consist of men.” Yet, section six of the law refers applicants for licensing as “he or she.” The clause “him or her” is primarily used throughout the document.¹⁷⁷ This inclusion could either be an acknowledgement that midwives are also applicants; this would explain why “he or she” is not used to describe members of the board itself. Yet, it is also possible that acceptance of women in medical practice by the eclectics and Christian Scientist may have influenced lawmakers to acknowledge the existence of female physicians.

The final form of the Medical Regulation Bill of 1901 was signed by Governor Joseph Sayers and went into effect in 1903. Many physicians within the Texas Medical Association saw this bill as a step in the right direction; yet, this bill was a defeat for allopathic physicians who called for efficiency and exclusivity within medicine in Texas. Lawmakers defended the right of midwives and frontier mothers and wives to practice medicine for the well-being of their families and community. In addition to the amendment to exempt un-paid midwives, another amendment protected “persons who do not use medicine in the art of healing (this exemption being intended to take care of

¹⁷⁷ “Making of Doctors: Provisions of Law to Regulate Practice of Medicine Just Signed by Governor,” Dallas Morning News, 24 February 1901.

the osteopathists).”¹⁷⁸ Considering the fierce opposition to the bill, it is unlikely that the bill would have passed the House without the inclusion of these important exemptions.

Satisfaction with the 1901 law which created three separate boards of medical examiners did not last for long; debate over medical regulation continued. In 1905, Senator Hangar created a bill to create a fourth board of medical censors for the osteopaths. Senator Looney also created a bill; it united the various medical boards into one medical board whose members would “consist of five allopaths and one each from the homeopaths, eclectic, osteopathy and physio-medical” schools. Sectarian physicians opposed any bill that allowed the allopaths a majority of seats on the Board of Medical Censors. Decisions on both these bills were postponed as debate continued for the next two years.¹⁷⁹ It is clear that the TMA continued to fail to pass efficient and comprehensive medical legislation because they were not willing to cooperate with sectarians. Therefore, another change in strategy was needed.

In the years following the passage of the 1901 three-board bill, allopathic animosity toward sectarian medicine publicly lessened as evidenced by the conciliatory tone of the newly established *Texas State Journal of Medicine* (1905) and an increase in dialogue between the various medical organizations. The more inflammatory and exclusive allopathic journal, *Daniel’s Texas Medical Journal* had been finally discontinued in 1893. In 1905, an article appeared in the *Texas State Journal of Medicine* which celebrated the defeat of the osteopathic bill to create a separate medical

¹⁷⁸ “Passed the House: Measure to Regulate the Practice of Medicine Goes Through After Protracted Debate,” Dallas Morning News, 12 February 1901.

¹⁷⁹ “Doings in Senate,” Dallas Morning News, 7 February 1905.

board. Yet, the article reprimanded Texas Congressmen for using outdated information about the poor condition of osteopathic schools in the debates. In addition the article argued that many sectarian schools of medicine had their virtues, but were simply not as comprehensive as the allopathic school. While far from high praise or even endorsement of sectarian medicine, the article did state:

If disease be mental, Christian Science is logical; if due to disturbance of vital spirit, Vitopathy or Homeopathy are reasonable; if due to the pressure of bones on nerves, the manipulation of Osteopathy are deducible.

However, the article concludes that any future legislation should require osteopaths to “be examined in regular medicine.”¹⁸⁰ Although the article dissected what allopaths viewed as fundamental flaws of osteopaths, it was an improvement over the nineteenth century allopathic tendency to dismiss all rival healers as quacks. In 1906, further attempts to mend bridges with sectarian leaders were made; complimentary subscriptions to the *Texas State Journal of Medicine*, the official publication of the Texas Medical Association, were sent to the officers of the various state sectarian medical societies. In addition, the legislative committee of the Texas Medical Association attended each association’s annual meeting in an attempt to secure their support for the one-board bill as mutually beneficial to all parties. An article in the *Texas State Journal of Medicine* stated that the cooperation between the Texas allopath and sectarian physicians was beneficial and the Texas Medical Association had

¹⁸⁰ “The Essence of Osteopathy—A False Pathology,” *Texas State Journal of Medicine*, I, no. 1 (July 1905), 1-2.

“demonstrated the best professional feeling.”¹⁸¹ In fact, there is a marked absence of derogatory comments concerning sectarian medicine in the *Texas State Journal of Medicine*, which began publication in 1905.

In October of 1906, the Texas Homeopathic Medical Association and the State Eclectic Medical Association held a meeting together “to better formulate their legislative policy.” Despite attempts to convince the eclectic and homeopaths of the merits of the one-board bill, the organizations re-confirmed their support of the three-board system.¹⁸² Later in 1906, it was also made clear that the homeopaths of Texas had not forgotten their previous ill treatment from an incident at a meeting of the State Homeopathic Medical Association. At this meeting, copies circulated of an old *Fort Worth Gazette* article about the Texas Medical Association’s policy of expelling any members who consulted with homeopaths or eclectics.¹⁸³ Evidently, sectarian physicians in Texas were still suspicious of the motives of the TMA. Perhaps they suspected that the changes in attitude from the TMA were more strategic than a true professional acceptance of the eclectic and homeopaths.

Not surprisingly, the Texas Medical Association dismissed the sectarians’ cold rebuffs as an attempt to “create dissension.” The *TSJM* argued that there were no reasons why the eclectic and homeopaths should oppose the one-board bill. After all, an article in the *Texas State Journal of Medicine* listed ten “grave defects” of the three-board law; it did not mention the existence of sectarian medicine.

¹⁸¹ “Efforts to Cooperate with the Minor School,” *Texas State Journal of Medicine*, vol. II no. 7 (November 1906), 171.

¹⁸² “News,” *Texas State Journal of Medicine*, II, no. 6 (October 1906), 164.

The Texas Medical Association accused the eclectics of the same charge that had been launched at the Association for decades: that the eclectics and homeopaths opposed the one board bill in order “to discriminate in favor of their schools.”¹⁸⁴

In another attempt to reconcile differences between the three major schools of medicine, the *Texas State Journal of Medicine* included in the first page of their January 1907 issue an article entitled “Schools of Medicine.” This article claimed that while many people believed that “the various schools of medicine are eternally and essentially different,” in fact, “each school is but a body of practitioners emphasizing some few principles.” While this is far from praise, as it emphasized that only the allopathic education was well-rounded, the article did point out that nearly all schools of medicine study from the same core list of books. However, the article proudly stated that most of these books were written by allopathic physicians. The article concluded that:

These facts demonstrate the fairness and practicality of the one board bill; men who study the same courses, from the same books, to do the same work, may fairly be expected to come up to the same standard.¹⁸⁵

As this article suggests, standardization and efficiency became more important to allopathic physicians in the twentieth-century than petty rivalries. The TMA was willing to soften its criticism of sectarian medicine in order to gain their support for more efficient medical licensing legislation.

¹⁸³ “The Result of Efforts at Co-operation,” *Texas State Medical Journal*, II, no. 7 (November 1906), 169

¹⁸⁴ “The Result of Efforts at Co-operation,” *Texas State Journal of Medicine*, vol. II no. 7 (November 1906), 169.

Even with the *Texas State Medical Journals'* less exclusionary new rhetoric, the homeopathic and eclectic state medical societies remained opposed to the one-board bill. An announcement that the eclectic and homeopathic societies issued a joint statement to all Texas representatives of their opposition appeared in the same January issue as the article above. The sectarians believed that the one-board bill would be a violation of the Texas constitution and that minor problems with the current law could be remedied with amendments. The allopaths sent their own pamphlets to the Texas Legislature, as well.¹⁸⁶ Meanwhile, opposition to the one-board bill was also building among other sectarian groups. The sectarian groups, such as the osteopaths and the physio-medicals, continued to push legislation already in motion to establish their own board of medical examiners. However, the physio-medicals agreed to support the one board bill if the board consisted of ten members with no school holding the majority of seats.¹⁸⁷

In 1907, Senator Looney and the TMA were still on the defensive; they had to assure lawmakers and sectarian physicians that a united medical board would not favor the allopaths.¹⁸⁸ Therefore, in a reversal of the 1905 proposed bill which gave the allopaths a five to four majority of seats, Senator Looney's bill now called for eleven members on the medical board with no school holding a majority of seats.¹⁸⁹ The Texas Medical Association was finally willing to sacrifice allopathic control of the board as

¹⁸⁵ "Schools of Medicine," *Texas State Journal of Medicine*, vol. II no. 9 (January 1907), 225.

¹⁸⁶ *Texas State Journal of Medicine*, vol. II, no. 9 (January 1907), 225-6.

¹⁸⁷ "The Physio-Medicals and Osteopaths," *Texas State Journal of Medicine*, vol. II no. 10 (February 1907), 263.

¹⁸⁸ "State Medical Board," *Dallas Morning News*, 1 February 1907.

well as its previous exclusionary policy in order to create a more effective and efficient medical licensing board. Perhaps, the TMA realized that sectarians would only give up the power of autonomous boards if their profession was protected by an egalitarian medical board. For the first time in Texas history, the legislative committees of the allopaths, homeopaths, eclectics, physio-medicals and osteopaths agreed in writing to support the Senator Looney's one board bill.¹⁹⁰

However, the bill did not pass without controversy. While the question of equal representation was established early in the process, most debate centered on the controversy of drug-less healers. In the medical law of 1901, drug-less healers, such as magnetic healers and Christian Scientists, were exempt from regulation under Texas law.¹⁹¹ Including drug-less healers in the new law would effectively make the practice of such healers illegal as it would be nearly impossible for them to pass the exams of the Texas medical board. Therefore, a philosophical debate emerged between the advocates of the new Progressive era call for regulation and efficiency and the protectors of the older calls for freedom of the people of the Jacksonian Era and late-nineteenth century Populism.

The debate began when Senator Cunningham proposed an amendment to exempt magnetic healers from the bill on the basis that they were drugless healers and, therefore, could do no harm. He expressed his personal, positive experiences with

¹⁸⁹ "Favors One Board," Dallas Morning News, 27 February 1907.

¹⁹⁰ Ibid.

¹⁹¹ "Making of Doctors: Provisions of Law to Regulate Practice of Medicine Just Signed by Governor," Dallas Morning News, 24 February 1901.

magnetic healers and his confidence in their abilities. In response, Senator Looney declared both magnetic healers and faith healers to be ignorant “Voodoo Doctors.” He feared that the exemption of drugless doctors would encourage charlatans. Senator Cunningham continued to plead their case stating that the regulation of medicine was not the will of the people of Texas, but rather the will of only one interested class of people: the allopaths. Looney argued that when epidemics and other health crisis arose, “the people turn to the men of science for protection and not to the ‘isms.’” Looney also argued that his bill “was not witchcraft or ‘voodoo’ bill of the dark ages, but a twentieth-century measure to regulate the practice of medicine and to increase the standard and efficiency thereof.” Senator Griggs rebuked Looney saying that this was a “prohibition” bill and not a regulatory bill because it prohibited the freedom of the American people to choose their method of healing, whether it be with scientific medicine or prayer. Both Senators Grigg and Alexander argued that the bill without an amendment for the exemption of drugless healers and faith healers “would interfere with civil and religious liberty.” As a last, desperate attempt to protect the rights of Christian Science healers, Senator Alexander proposed an amendment that would exempt Christian Scientists providing that they did not practice midwifery, the treatment of contagious diseases, or surgery. Senator Alexander did not claim to be a practicing Christian Scientist; however, he believed in religious freedom. He reminded his audience that most of the advances in medicine in the past century were dismissed as “quackery” when first introduced; therefore, the Christian Scientists should be allowed to practice their religious beliefs, which informed their medical methods, and

receive payments for services rendered. Senator Alexander then read from various textbooks by allopathic physicians that stated that a patient on his or her death bed should be allowed to choose their method of care and who should administer it. Senator Looney denied that his bill infringed on religious rights and furthermore, he “wanted to know who had the right to mix purely religious matter with an entirely scientific matter.” Despite the argument of the supporters of faith healers, the proposed exemption was defeated in a 15 to 9 vote.¹⁹²

Not surprisingly, given the vehement support of drugless healers among members of the Texas legislature and the public, the final vote for the Looney Bill passed by an even closer margin: fourteen to thirteen after Lieutenant Governor Davidson broke the tie with his supporting vote. He was reported to have said: “Gentlemen, I cast my vote with the greatest pleasure I ever cast in my life.”¹⁹³ Senator Looney’s Bill passed in 1907 to establish a single board of medical censors that included all schools of medicine with none holding a majority of seats.¹⁹⁴ Therefore, Senator Looney effectively used the efficiency rhetoric of the Progressive Era to pass stricter legislation for the regulation of medicine in Texas. Although the new legislation was more rigorous than the former laws, ironically, for the first time in Texas history, the allopaths did not have complete control of a medical board.¹⁹⁵

¹⁹² “Proceedings of Senate,” Dallas Morning News, 27 February 1907.

¹⁹³ “The Medical Practice Act in the Senate,” Texas State Journal of Medicine, vol. II no. 11 (March 1907), 288.

¹⁹⁴ “Proceedings of Senate,” Dallas Morning News, 27 February 1907.

¹⁹⁵ “State Capital News: New Medical Board,” Dallas Morning News, 8 September 1907.

Not all sectarian physicians were pleased with the new law; some still feared the public would become hostile to sectarian physicians under the one-board law. After all, as the *Texas State Journal of Medicine* once wisely pointed out, “(i)f 3000 men were unanimous on any subject, you would know at once they were not doctors.”¹⁹⁶ In one Texas eclectic medical journal, the *Medical Arena*, the eclectics vented their frustrations and fears with the new one-board law. The editors asked in an angry editorial: “When our Governor will pander to the machinations of Allopathy and lend his office for political chicanery, what can we expect but defeat and unjust discrimination?” The article urged eclectics to earn a Texas medical license before the new law went into effect as it was their “last opportunity.” The article also stated that Texas needed a “large number” of physicians and it urged physicians to “(g)et your Eclectic friends to come to Texas.”¹⁹⁷

Despite objections by Texas eclectics following the important passage of the one-board bill, during the Progressive era, many of the other legislative goals of the TMA were realized. The Anatomical Bill was first presented around 1905, and finally became law in the Spring of 1907. The bill provided “for the distribution of the pauper dead, such as must otherwise be buried at the public expense, to the various medical colleges of the State.” Given the new importance of hands on training in anatomy in Progressive-era medical schools, this legislation was essential in aiding their cause to improve the education of physicians. The medical profession defended the legislation

¹⁹⁶ *Texas State Journal of Medicine*, vol. I, no. 10(April 1906), 314.

¹⁹⁷ “Eclectics Objecting to the New Law,” *Texas State Journal of Medicine*, vol. III no. 2 (June 1907), 83.

by arguing that the bill would protect cemeteries from body snatching.¹⁹⁸ Resentment continued, however. Senators Chambers and Terrell were the leaders of the opposition arguing that physicians wished to “obtain a monopoly of the traffic in human bodies as a source of personal revenue.” The *Texas State Journal of Medicine* also reported that the Senators “asserted that the doctors were trying to run the State, and that between them and the corporations the people could get no show at all.”¹⁹⁹

The passage of the Anatomical Bill was a victory of Progressive era philosophy over Victorian. It is also another example of the how the Progressive movement and the movement for professionalization, under the leadership of the Texas Medical Association, successfully combined the need for public health legislation and medical legislation. The institutional changes within the Texas Medical Association strengthened their effectiveness in Texas and laid the necessary foundations for the preponderance of power which the Texas Medical Association and the American Medical Association hold over medical legislation today. But, the story does not end there. In the short-term, they only achieved a limited victory. The next chapter of this thesis discusses the limitations of the Texas Medical Association’s influence in the Progressive era and the unsatisfactory results of the new medical legislation.

¹⁹⁸ “Our Legislative Duty,” *Texas State Journal of Medicine*, vol. II no. 10 (February 1907), 261.

¹⁹⁹ “The Anatomical Bill is Now A Law,” *Texas State Journal of Medicine*, vol. II no. 12 (April 1907), 320.

CHAPTER 4

INCOMPLETE TRANSITION TO PROFESSIONALIZATION OF MEDICINE IN TEXAS

By the end of the Progressive era, the transition to professional medicine in Texas was still incomplete. Although it is the intention of this work to be chronological, organized, and efficient, the professionalization of medicine was not. In fact, the process of the professionalization of Texas physicians was often unorganized and unproductive, as a brief glimpse at the period of the Texas Medical Association's greatest triumphs makes clear.

First of all, the primary goal of the Texas Medical Association, licensing of physicians, had disappointing results. Despite the successful passage of the Medical Practice Act of 1907, medical licensing was still rather ineffective in Texas. In 1914, Dr. Charles Dixon's book, *The Menace: An Exposition of Quackery, Nostrum, Exploitation, and Reminiscences of a Country Doctor*, was published. It is a local history of the crusade against quacks by the Bexar County Medical Society. The book claimed that even by 1914, it was up to the individual initiatives of local medical societies to bring attention to the authorities of quacks in their cities. Dixon stated: "Generally speaking, the only time that these ghouls are interfered with is when the federal authorities take action for some infraction of the postal laws." Members of the Bexar County Medical Society wrote warning letters to those they suspected or knew were practicing without a license. If the offender did not respond to the letter, a

detective was sent to the office to gather evidence against them. Criminal charges of violating the Practice Act would then be brought against the suspects.²⁰⁰

In the first half of the nineteenth century, regular physicians were recognized by others in their profession by their ability to practice, not their level of education. Knowledge was valued and preferred, however, it was not required for a professional identity. Historians argue that until the late nineteenth century, actions and experience made a person a physician, not knowledge or a degree. It was an allopathic physician's actions that also distinguished him from a sectarian practitioner. Knowledge of anatomy and other basic sciences was not viewed by the public or the profession of medicine as necessary to be a good physician. Physicians could even be illiterate, but still legitimate. Wisdom, experience and high moral character were desired above scientific knowledge. After all, morality not only affected public opinion of a physician, but it was believed to determine his ability as a healer. Historian John Warner states that "moral influence was both a source and an expression of the physician's healing power and was regarded as an active force that daily made a difference in the sickroom." Therefore, a breach of integrity in any aspect of a physician's life was viewed as a threat to his or her "professional identity and imperiled his therapeutic effectiveness." A study of nineteenth century professional medical literature reveals values required in a physician: "responsibility, duty, judgment, piety, intellectual achievement, patience, industry, Christian faith, and citizenship—in other

²⁰⁰ Dixon, The Menace, 1-9.

words, an inventory of those qualities esteemed in contemporary American society.”²⁰¹

Dr. J. B. Cranfill, a Texas allopathic physician who began his practice in 1879, stated in his memoirs:

I made it a rule in my practice to pray for help from a Higher Source, and have always believed in those physicians who are men of prayer. Infidel doctors have never appealed to me.²⁰²

Yet, this study reveals that even during the Progressive Era in Texas, physicians were still judged by nineteenth century standards; in other words, the public valued experience and morality over professionalism and education. Therefore, while the Texas Medical Association and the American Medical Association increasingly judged physicians by the level of their education, the American people--including Texans--used their own standard of judgments. As discussed briefly in Chapter One, young physicians with no experience outside of medical school often had difficulty competing with older, more experienced, but less-educated, physicians. After all, even if a physician had graduated from a four-year university, he or she would not have much experience. Progressive era Texas physician Dr. Bryson admitted, “When I left college, ready to attend sick babies, I had never even seen a sick baby.” Looking back at his first few unsuccessful months as a young physician in 1911, Dr. Bryson later wrote:

it is not difficult to understand how uneasy and anxious I felt in starting on my career as a doctor with the haunting realization that I was authorized to step into

²⁰¹ Warner, The Therapeutic Perspective, 13-16.

²⁰² Cranfill, Dr. J. B. Cranfill's Chronicles, 249.

the sickroom and tend the sick, but was doing so with no practical experience to guide me.²⁰³

Dr. Bryson's inexperience had a negative effect on his practice, especially his patients.

In his autobiography, Dr. Bryson related one of his first mistakes as a physician:

When I was called to a woman in labor about ten days after graduation, it was the fourth such case I had had the slightest contact with. A classmate and I were sent out to deliver a Negro woman down in the slums. The case was a primipara,²⁰⁴ and consequently it was slow. We went out to get a cup of coffee, and the baby was born while we were gone.²⁰⁵

As uneasy as Dr. Bryson continued to feel after this mistake, one can understand the hesitancy of the people in Pearsall, Texas, to hire such a naïve and inexperienced physician. During the several months he lived there, Dr. Bryson was unable to see a single patient and he soon fell behind in his rent. Even growing a beard to appear older did not convince the people of Pearsall to trust him as their physician. Eventually, Dr. Bryson was forced to move to Bastrop, Texas where he had heard that there was less competition. It was not until Dr. Bryson proved his worth to the town by making a medical miracle on a charity case, that he finally found his place in Bastrop. He was able to save a Mexican man from a gunshot wound to the abdomen even though it was his first surgery. His experience as a medical student at Galveston was limited to dissecting cadavers and dogs and occasionally observing real surgeries. Dr. Bryson

²⁰³ Bryson, One Hundred Dollars and a Horse, 75.

²⁰⁴ *Primipara* is a woman's first delivery.

²⁰⁵ Bryson, One Hundred Dollars and a Horse, 74-5.

understood that he was taking a risk by attempting to save the man; no one expected him to live, so no blame could be placed on the young physician. He was struck with fear and indecision because if he tried to save the man and failed, “It could be bad—some person could make a careless remark, such as ‘That young squirt of a doctor cut that Mexican open and killed him.’” Dr. Bryson’s future career was at stake. Fortunately, due to his skill (and good fortune), the man fully recovered and Dr. Bryson’s reputation in the community was saved.²⁰⁶

With the public’s emphasis of experience over education it is not surprising that the vast majority of physicians practicing in the late nineteenth century, or even the early twentieth century, had less than four years of medical school. It did not even become the norm for good schools until after the release of the Flexner report in 1910.²⁰⁷ Considering this, it is not surprising that even the board of medical censors occasionally gave licenses to people with no education. In his autobiography, Dr. Bryson wrote that during his lifetime he knew several men who were called doctor, licensed, and had never been to medical school; yet, he admits they “became good doctors in a limited sort of way.” He also wrote that “many of these men with three terms of six months each became accomplished practitioners of medicine.”²⁰⁸ As for

²⁰⁶ Bryson, One Hundred Dollars and a Horse, 80-95.

²⁰⁷ In 1910, Abraham Flexner, with cooperation and support from the AMA and the Carnegie Foundation, published *Medical Education in the United States and Canada* (1910). The Flexner report was a “muckraking expose” of the poor conditions of medical schools in the United States and Canada. Ronald L. Numbers, “Physicians, Community, and the Qualified Ascent of the American Medical Profession,” Major Problems in the History of American Medicine and Public Health, John Harley Warner and Janet A. Tighe, eds., (Boston and New York: Houghton Mifflin, 2001), 300-1.

²⁰⁸ Bryson, One Hundred Dollars and a Horse, 76-7.

Dr. Bryson, he never graduated from high school but was accepted into medical school by making good grades at a small college and then transferring in.²⁰⁹

On the long and difficult path to professionalization in the late nineteenth century and the early twentieth century, many Texas physicians felt a conflict of purpose. While the TMA moved toward professionalization of medicine, Texas physicians still clung to old values. During this transitional era, Texas physicians attempted to satisfy the calls of the TMA for efficiency while also remaining loyal to nineteenth century values and sense of identity.

This conflict between new and old values often manifested itself in the debate over professional fee lists established by most medical societies. Minimum-fee schedules could prevent competitive price wars among professional physicians.²¹⁰ Minimum-fee schedules may also have been established so that patients would not feel they were being cheated if a bill was larger than they expected. However, if a husband realized his wife was struggling in childbirth, it is absurd to think that he could anticipate the complications and calculate exactly how much it would cost to call the local physician for help. Yet, most local medical societies formed minimum-fee schedules within the first year of their organizations; this was true of the Medical and Surgical Society of Houston which formed in 1838. Two years later, the Society adopted a higher fee schedule. The Society's explanation for the raising of fees was published in the *Morning Star* newspaper of Houston. It explained that the new fees were:

²⁰⁹ Ibid., 60.

“regulated by fees customary in other countries. In New Orleans and other cities of the Union and of Europe, five dollars is the ordinary fee for a visit: and surely a physician who ventures into the frontier country, and exposes himself to the dangers of southern climate, should be entitled to at least equal enumeration for his services.”²¹¹

Therefore, because these doctors were on the frontier they thought that they deserved as much or more money as doctors in more populated and wealthy areas of the world.

During this transitional era, there was much debate over the enforcement of minimum-fee schedules and the formation of delinquent patient lists. The Texas Medical Association encouraged the creation of minimum-fee schedules and delinquent lists, or a list circulated by physicians of patients in a community with outstanding medical bills. An article in the *Texas State Journal of Medicine* in 1907 conveyed the merit of a delinquent list which “forewarns” physicians of such patients. It urged physicians to “educate” these patients to financially support well-educated, community physicians. However, it argued that to deny medical treatment to delinquent patients was “unwise” and “smacks of inhumanity.”²¹²

Many local medical societies instituted penalties for violation of the fee lists. For example, the Waco Medical Association, formed in April 1868, created a fee bill in its own Constitution and By-Laws. Article III, section 4 stated that any member who

²¹⁰ Baldwin, “Physicians, Quacks, and Opium Eaters,” 17.

²¹¹ Harris County Medical Society, Historical Committee, A History of Organized Medicine in Harris County, Texas, 3.

²¹² “Physicians’ Delinquent Lists,” Texas State Journal of Medicine, II, no. 7 (November 1906), 172.

violated the fee bill would face expulsion from the organization.²¹³ In December of 1876, a resolution was adopted by the members of the Waco Medical Association that created a list of delinquent patients. Members of the Association were forbidden to offer services to the individuals until the bills were paid. Physician, writer, and member of the Waco Medical Association since 1888, Dr. William Orville Wilkes recalled that the rule was enforced only a couple of times during his lifetime. He explained, “There has never been any real effort to enforce such actions, and, in the nature of things, and doctors being as they are, there never will be.” Perhaps Dr. Wilkes believed that physicians had a higher calling than fee schedules and association rules.²¹⁴ Yet, occasionally, cases would appear in the newspapers and medical journals of physicians who sued their patients for unpaid bills. Whether the patient was unable to pay or whether these were simply disputes over the skill of the doctor or pricing is unclear.

The level of enforcement of minimum-fee schedules and the purpose of delinquent lists varied with each medical society and over time. As late as 1907, the Bexar County Medical Society argued that a fee schedule was too harsh; therefore, the Society created a minimum-fee schedule with the understanding that if a physician charged a patient less than the usual fee “he either considers himself to be worth less than the standard, or considers his patient a worthy object of charity.” The contract was agreed upon by even the eclectic and homeopathic physicians practicing in Bexar County. The minimum-fee schedule was then published in the local newspapers to

²¹³ Constitution and By-Laws of the Waco Medical Association, (Texas Baptist Herald, 1866).

²¹⁴ Wilkes, History of the Waco Medical Association, 77.

inform the patients of what is considered “a fair charge for services in Bexar County.”²¹⁵

However, charity seemed to be fairly common; in fact, many physicians believed it was their duty to heal the sick whether they could pay or not. Dr. Cranfill’s first patient was from a poor family whose wife and mother was dying. Dr. Cranfill was only called after Dr. Calaway refused to come to the aid of the woman because he knew that she was dying and that the family “was not good pay.” Yet, it was this act of kindness, a young doctor making a woman as comfortable as possible on her deathbed, which began Dr. Cranfill’s career in the eyes of the public.²¹⁶ Another example can be found from a Dr. James Addison Abney who related that his nineteenth-century practice only collected between fifty and seventy-five percent of his fees. The remaining outstanding fees were understood to be charity cases.²¹⁷ Dr. William Joseph Calhoun Lawrence practiced in Anderson County, Texas, beginning in the 1870s until his death in 1884. Dr. Lawrence was rarely paid in cash; he was usually compensated in barter. Reconstruction had left Texas as an “economic disaster” well into the 1870s. Lawrence often wrote in his medical ledger the goods he received through barter and their cash equivalent. Many patients ran up high bills and never paid at all.²¹⁸ Dr. Bryson, a

²¹⁵ Texas State Journal of Medicine, III no. 3 (July 1907), 97.

²¹⁶ Cranfill, Dr. J. B. Cranfill’s Chronicles, 247-9.

²¹⁷ Ferris, Scalpels and Sabers, 47-8.

²¹⁸ Egon Richard Tausch, The Secret Ledger of an Early Texas Doctor: Dr. William Joseph Calhoun Lawrence and the ‘base, mean, low-down, ‘trifeling,’ lying, lazy, hog-thieving, indolent, dogon’, chisel-fisted, cheating, worthless, insignificant, ‘contemptable’ wife-abusing, wife-deserting, wife-neglecting, diabolical, cowardly, dastardly, loafing, sponging, filthy scamps, poltroons, scoundrels, puppies, rascals, bad ones, dead-heads, fools, bastards, reprobates, sons of bitches, ‘bouncing baby boys without any papa’” and others of our noble Texas ancestors, (Austin: Eakin Press, 2000), 2 and 18-20.

Texas physician who began his career in the Progressive era, proudly reported in his autobiography that he never refused his services to patients who could not pay.²¹⁹

Even within the Texas Medical Association, physicians were hesitant to demand higher pay for their services for purely financial reasons. In fact, they continued to defend selfishly motivated actions with the rhetoric that they were defending the public's health, even to the point of absurdity. For instance, in 1906, the Texas allopaths began a price war with insurance companies in Texas. Many insurance companies began to replace the traditional five dollar rate to physicians who gave physical examinations to potential life insurance holders with a graded fee schedule. Many physicians complained directly to the insurance companies. A reply letter printed in the *Texas State Journal of Medicine* in 1906 was written by the Medical Director of Mutual Life (who was also a medical doctor). Ironically, he stated that he was "sure that a great deal would be said about the 'poor medical profession' having to suffer." Obviously, as a physician employed in New York, he maintained that the financial status of physicians was not worthy of complaint.²²⁰ Yet, even in this instance, the profession saw themselves as advocates for the public. An editorial in the *Texas State Journal of Medicine* warns that "Cheap fees only attract men who are struggling for business, usually the very young, the uneducated or the unsuccessful." Therefore, the editorial argues, such desperate men would jeopardize the independent nature of the exam as

²¹⁹ Bryson, *One Hundred Dollars and a Horse*, 115.

²²⁰ "Communications: Argument of the Mutual Life for Low Examining Fees," *Texas State Journal of Medicine*, 1 no. 10 (April 1906), 345-6.

they are “more susceptible to agents’ pressure.” In addition, the editorial writer also felt the need to defend the actions of the TMA was not “trade unionism.”²²¹

One of the implicit goals of professionalization of medicine in this era was the restructuring of entry into medical education so that medical schools would be more exclusively white and male. In 1910, Abraham Flexner, with cooperation and support from the AMA and the Carnegie Foundation, published *Medical Education in the United States and Canada* (1910). The Flexner report was a “muckraking exposé” of the poor conditions of medical schools in the United States and Canada. The Flexner Report gave each medical school a score based on their curriculum, the availability of laboratories and equipment and the requirements for admission. The majority of medical schools failed to meet the high standard set by Flexner and the AMA. As a result, over the next decade many medical schools that scored poorly on Flexner’s scale declined and eventually shut down. The report supported what the AMA and the TMA had been trying to convince the public for decades: that there was “an overproduction of unqualified physicians” in the United States.²²² By 1920, medical schools required a bachelor’s degree, a prerequisite that “automatically excluded over 90 percent of the population from medical education.” Therefore, as medical training became more scientific, expensive, and lengthy, the people who qualified for medical school came almost exclusively from the upper or upper middle classes. Schools for blacks and

²²¹ Texas State Journal of Medicine, II no. 5 (September 1906), 125.

²²² Numbers, “Physicians, Community, and the Qualified Ascent of the American Medical Profession,” Major Problems in the History of American Medicine and Public Health, John Harley Warner and Janet A. Tighe, eds., 300-1.

women were slowly robbed of their constituencies after the publishing of the Flexner report. In part as a result of this new elitism among medical schools, by the 1920s, the alliance between health reformers and the profession deteriorated as physicians once again became elitist and conservative.²²³

In the nineteenth century and through the Progressive era, women in medicine posed both an economic and cultural threat to the male medical profession. Some historians believe that female physicians were more readily accepted on the frontier because of the lack of educated physicians.²²⁴ However, this view of the need for physicians is not reflected in Texas medical journals of the era. In fact, rather than encouraging greater numbers of physicians, the TMA still attempted to limit graduates of medical schools in Texas.

The first generation of female physicians graduated from sectarian medical schools. They were condemned for attending “inferior” schools, yet they were often not allowed into the allopathic schools. The male medical profession perceived women, even female allopathic physicians, as unworthy competition. Women’s medical colleges and hospitals were exclusively phenomena of New England in the late nineteenth century. Although women were not officially denied admittance to the Medical Branch of the University of Texas, they were strongly discouraged by informal measures. For example, Dr. Bryson met his future wife when she was a brilliant medical student who had the highest grade in her sophomore class at the Medical

²²³ Duffy, *From Humors to Medical Science*, 212-3.

²²⁴ Volney Steele, *Bleed, Blister and Purge: A History of Medicine on the American Frontier*, (Missoula: Mountain Press Publishing, 2005), 204.

School at Galveston. However, he assumed, correctly in this case, that a career woman would not be interested in marriage. He wrote, “The fact that she was a serious medical student caused me to believe that she had definitely made up her mind to be a spinster.” Yet the new Mrs. Bryson valued traditional marriage over her career, and after the young couple married she chose to give up her place as the top student in her class. Ironically, Dr. Bryson failed his junior year of medical school and was forced to take several courses over. Mrs. Bryson helped her husband as a nurse in his practice.²²⁵

Most influential figures in medicine also attempted to discourage women from attending medical school. President of the University of Texas, Dr. Leslie Waggener, made his opinion of female physicians clear to the Texas Woman’s Press. In 1896 in the last public address of his educational career, Dr. Waggener indicated that women physicians set a bad example for the rest of their sex and that the “work of a doctor or surgeon is not work for a woman.” Unfortunately, Dr. Waggener passed away just before Marie Delalondre Dietzel became the first woman to graduate from the medical school in Galveston in 1897.²²⁶ Dr. Florence E. Collins became the first woman to join the Texas State Medical Association in 1888. Her admittance was not without minor controversy as unlike male members, she had to be voted in. Dr. Collins also served as the secretary and treasurer of the Travis County Medical Association.²²⁷ By 1881, seventeen state medical societies included women among their members; in general, they served the same purposes as the male medical societies. Apparently, women were

²²⁵ Bryson, One Hundred Dollars and a Horse, 60-2, 94-5.

²²⁶ Leslie Waggener, “Women’s Rights,” Alcalde, (February 1916), as quoted in Fulgham, Women Pioneers in Texas Medicine, xxvi.

more likely to be marginalized by the male medical societies than excluded.²²⁸ Women were denied membership into the American Medical Association until 1915.²²⁹

In theory, most women physicians resisted the negative aspects of professionalism because they believed that women should and did practice medicine differently than men. However, historians have discovered that, in general, women accepted the practices of their male colleagues. In particular, women physicians believed they were much more capable in treating women and children than male physicians. Yet, just like their male colleagues, no consensus existed among women physicians on many medical treatments and issues. Even childbirth was approached by women physicians in the same way as their male colleagues; female physicians were just as likely to use forceps and other interventionist measures as male doctors.²³⁰ The main difference between male and female physicians was the measure of respect they received from the public and the medical community.

Many social historians now believe that professional doctors “helped both to define and to enforce” the Cult of True Womanhood as a justification to bar women from medical education.²³¹ Professional medicine required characteristics that were at odds with Victorian womanhood: individualism, scientific objectivity, intelligence, and ambition. Yet, male physicians were forced to compromise some of these male characteristics in order to make professional doctors appear more gentle, and thus

²²⁷ Fulgham, Women Pioneers in Texas Medicine, 71.

²²⁸ More, Restoring the Balance, 45.

²²⁹ Steele, Bleed, Blister and Purge, 203.

²³⁰ Regina Markell Morantz and Sue Zschoche, “Professionalism, Feminism, and Gender Roles: A Comparative Study of Nineteenth-Century Medical Therapeutics,” The Journal of American History 67, no.3, 1980, 568-580.

appeal to middle and upper-class women. Therefore, the medical elite feared that the presence of women in medicine would feminize the profession even further. In addition, the rhetoric of the era makes it clear that the first requirement for a physician was a strong character. Although women were believed to be morally superior to men in the Victorian Age, women were not assumed to have the ability to separate their feelings with rationality. Therefore, women were too sympathetic for the medical profession.²³²

In addition to their delicate sensibilities, women were believed to be intellectually inferior. In fact, higher education was believed to be damaging to women's health. In 1847, Dr. Charles Meigs of Jefferson Medical College in Philadelphia gave an interesting "scientific" lecture to his all male gynecology class. In this lecture, Dr. Meigs pointed out that women were not capable of profound contributions to society. In fact, he said that a woman "has a head almost too small for intellect and just big enough for love."²³³ These ideas also prevailed in Texas, despite the shortage of physicians in small communities. For instance, Dr. W. J. Burt presented a paper in 1883 entitled, "Decadence of the Family and Forced Abortion as a Cause of Disease in Females." He condemned contemporary American society for "free-thinking, frivolousness, fashion, Frenchy ideas and customs, nervousness, weakness, and sterility of the American women." Dr. Burt claimed that "Too much brain work and too little body work, is one of the crying evils of the present system of female

²³¹ Wertz, Lying-in, 58.

²³² Morantz, Sympathy and Science, 53-54.

education.” As a result of the “high pressure system of education” American women became “pale-faced and flat-chested girls.”²³⁴

During the first decade of the twentieth century the number of medical schools and medical graduates decreased significantly. Education reform had the greatest effect on non-regular colleges, such as homeopathic and eclectic schools. Women physicians and their schools were also negatively affected by medical reform. Ten female medical colleges existed at the end of the nineteenth century; by 1910, the number had been reduced to three. Women consisted of 4.3% of all medical degrees from 1880 to 1904. However, by 1912, the number of women graduates decreased to 3.2%. Many scholars blame the awkward position of women in coeducational medical schools for the decline of women in medical schools.²³⁵

In addition to women, African American physicians were also damaged by the education reforms of the medical elite. African American physicians were not often welcome in professional medical societies; therefore, many formed their own medical societies. For instance, the Lone Star State Medical, Dental, and Pharmaceutical Society was formed by African Americans in Galveston in 1886. The state organization began small; there were only fourteen charter members from all over the state. Yet it eventually became the second oldest surviving African American medical association in the United States.²³⁶

²³³ Charles D. Meigs, Females and Their Diseases: A Series of Letters to His Class (Philadelphia, 1848), as quoted in Wertz, Lying-in, 58.

²³⁴ Nixon, A History of the Texas Medical Association, 106-7.

²³⁵ Markowitz, “Doctors in Crisis,” 96-8.

²³⁶ J. A. Chatman, The Lone Star State Medical, Dental and Pharmaceutical [Association] History, 1959, 8.

The memoirs of Texas physicians indicate that it may have been difficult for some ethnic communities, in particular African Americans, to procure Caucasian physicians. Progressive era physician Dr. Bryson chose to move to Bastrop, Texas, because he had heard from another physician that there was little competition in the area, since physicians did not want to live in that community. The physician told Dr. Bryson that he refused to live there because “three out of every five people were Negroes.”²³⁷

Therefore one reason why midwives and other traditional healers may have been so important to minority communities was because they had to learn to be self-sufficient either out of choice, as in the case of some Mexican Americans, or out of necessity, like the African American community in Bastrop, Texas. The allopathic effort to reduce the number of physicians which created fewer numbers of African American physicians hurt not only bright potential medical students, but also the African American communities that they could have served. Some historians argue that one of the reasons for raising the standard of education of physicians was to prevent those from the lower classes, such as African Americans, from becoming physicians. After all, most physicians in this era only had a couple of years of high school education. Many did not have that. The majority of those with university educations before medical school and for medical school were from the upper and middle classes.

²³⁷ Bryson, One Hundred Dollars and a Horse, 82-3.

The sectarian schools, which took less time and cost less, were filled primarily with students from the lower classes.²³⁸

By the end of the Progressive era, medical reform in education and state regulation successfully created fewer and larger medical schools that produced fewer doctors during a time of explosive population growth in the United States.²³⁹ Yet, this did little to change the state of medical care in Texas immediately. As this thesis proves, the primary goals of the Texas Medical Association, the licensing of physicians and the raising of standards of medical education, were not as effective during the Progressive era as the TMA had hoped. Both public sentiment, which valued experience and morality over professionalism and education, and Texas physicians, who created a compromise between twentieth-century professionalism and nineteenth-century values and sense of identity, often thwarted the efforts of the Texas Medical Association.

This thesis clearly shows the variety of attitudes and experiences among Texas physicians, and yet certain key themes stand out: the Texas Medical Association's struggle to overcome the many obstacles to authority and professionalization in the nineteenth century, the TMA's fight for medical legislation which manifested itself into a struggle between nineteenth-century Jacksonianism and twentieth-century Progressivism, and the disappointing results of medical legislation in the Progressive era.

²³⁸ Duffy, From Humors to Medical Science, 212-3.

One aspect of this thesis which may prove to be the most valuable addition to the historiography of medicine in Texas is the description of the feud between Texas allopathic physicians, sectarian physicians, and politicians over medical legislation. No other existing source describes the debate over medical legislation in such detail. The primary sources for these sections of this thesis were derived from the Texas medical journals and newspapers of the era. This debate is important because it reveals how contingent the ultimate victory of allopaths was on a number of factors that were more political than scientific. Immersing ourselves in the sources of the day reminds us that allopathy was but one path at the turn of the century, and despite its scientific advantages, it was not even the most popular in many Texas communities or among all legislators. Yet the debates and legislation of this era started “regular medicine” on its path to dominance.

There are many opportunities for further research on Texas physicians in the late nineteenth century and early twentieth century. Although this thesis strived to present the experiences and views of non-allopathic Texas physicians, due to lack of surviving sources, limited access to some documents, and time constraints, I was unable to adequately describe the experiences of sectarian physicians, midwives, and alternative healers in Texas. A thorough study on sectarian physicians and their medical societies in Texas would do much to clarify historical understanding of medicine in Texas. A study on the experiences of African American physicians and the communities they served would also be a valuable addition to the historiography of Texas medicine.

²³⁹ Markowitz, “Doctors in Crisis,” 96-98.

Gender and race clearly restricted access of these healers to public acclaim and the public record, and their full story remains to be told.

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BIOGRAPHICAL INFORMATION

Calli Johnson Vaquera is a 2004 graduate of Furman University of Greenville, South Carolina where she earned a Bachelor of Arts in History with a concentration in Women's Studies. Vaquera's senior project at Furman University was a paper entitled, *Sitting Down in Order to Stand Up: The Role of African-American Women in the Civil Rights Movement in Greenville, South Carolina*. The historical work was based primarily on oral history interviews, conducted by Vaquera, of former female Civil Rights activists. In the Spring of 2004 Vaquera was awarded with the Daughter's of the American Revolution Prize in American History. The award is given annually to the best senior American history student at Furman University. In December of 2006 Vaquera graduated from the University of Texas at Arlington with a Master of Arts in United States History. A seminar paper that served as the basis for this work won the Edgar "Ponch" Rabun Award in Phi Alpha Theta's Barksdale Essay Competition at the University of Texas at Arlington in 2006. In the future, Vaquera plans to continue her education by earning a Doctor of Philosophy in United States History focusing on the social aspects of medical history.