

Politicizing the Body: Women's Health and Sexism in the American West, 1860-1890

Allison Richmond

AMST 4973, Honors Thesis

Dr. David Gray

May 5, 2020

Politicizing the Body: Women's Health and Sexism in the American West, 1860-1890

In the late 1800s, William "Buffalo Bill" Cody began his famed Wild West Show, which included entertaining feats from a variety of performers, including notorious sharp shooter Annie Oakley. Oakley was often considered one of the highlights of the show, with posters advertising promoting her as the "Peerless lady wing-shot" of the West.¹ The Wild West Show was a success, gathering crowds of thousands and traveling across the country.² While the representation of the West was definitely skewed in the show, it served as a sensational depiction of what the West must be for those in the eastern US who had never traveled beyond the Mississippi River. This show, among countless other embellished tales of hostile encounters with Native Americans, dime novels, and later motion pictures created the dominant image of the imagined West, reducing people to Cowboys, Indians, and Annie Oakley's.³

While we often think of the Western Frontier as a hostile place rampant with prostitution, lawlessness, and dramatic encounters between pioneers and Native Americans, the reality of the western experience was much more complex. For women in particular, the stereotypes of the "sturdy helpmate" or the "damsel in distress" have widely dominated the popular culture surrounding the "Wild West," shaping Americans' beliefs about how women were involved in Western culture and heritage. Taking into consideration the grueling journey of traveling westward, the difficulties that many pioneers encountered for survival, as well as the strikingly different racial demographics and population density, the social climate of the West was indeed

¹ *The North Platte Semi-weekly Tribune*. North Platte, Nebraska, September 25, 1896 *Chronicling America: Historic American Newspapers*. Lib. of Congress. <<https://chroniclingamerica.loc.gov/lccn/2010270504/1896-09-25/ed-1/seq-5/>>

² *New York Times*, "Buffalo Bill's Wild West Show," New York, New York. April 3, 1901.

³ For further information on representation of the West in popular culture, see Joy S. Kasson, *Buffalo Bills Wild West: Celebrity, Memory, and Popular History* (New York: Hill and Wang, 2001).

much different than that of the eastern states. The popular Victorian notion of the “Cult of True Womanhood” was not an aspirational lifestyle for western women who were now required to farm, tend to livestock, and raise a family in an unfamiliar and often dangerous environment.

While it was true that women experienced an expanded set of gendered expectations in the West than they did in the East, this idea of a rugged westering woman has become so saturated within American culture and history that we tend to lose sight of what a woman’s experience in the West actually was. Rather than understanding a western woman’s experience that aligns with those of Calamity Jane, Annie Oakley, and Belle Starr, this paper seeks to recognize the experiences in gender *inequality* faced by women in medicine as well as women’s experiences regarding their personal health. Having traveled thousands of miles and starting a new life from scratch, the “Westering Woman” stereotype fit for many women living in the American West. However, this equality was not always present in the medical field or in matters relating to women’s health. Taking into account the opinions of male gynecologists on the “correct” ways of diagnosing and caring for childbearing women versus those of midwives, the overused diagnosis of hysteria, and the attitudes surrounding abortion, I contend that the enhanced gender equality that women experienced in the West did not necessarily influence prevailing social attitudes regarding women’s health.

For my study, I have made extensive use of newspaper articles, advertisements, and op-eds from local newspapers within communities of the American West in order to draw conclusions on public perceptions, legal implications, and medical information present in the West. While these sources were not in my initial plan for a primary source base, I found that they were a testament to the ways in which midwives were able to contribute to their communities, the legal consequences and viewpoints on abortion, as well as how medical knowledge (and

oftentimes, medical falsehoods) were spread throughout the population of the West. While these sources are most valuable to my project, they are limiting in the sense that they exclude many of the intimate personal narratives that one would find in a diary or a letter. To fill this gap, I have used excerpts from the diaries of Patty Bartlett Sessions, a Mormon midwife, quotes from male gynecologists on the rise of modern obstetrics, and testimonies from the customers of various midwives.

Historiography

Looking at the history of the American West through a gendered perspective has become increasingly popular over the past several decades. In Sandra Myres' comprehensive text *Westering Women and the Frontier Experience*, she elaborates on women's roles in the west and the enhanced gender equality that they experienced from 1800-1915.⁴ By focusing on the evolving social climate of the American West over this period of 115 years, Myers is able to tie together the intricacies of frontier women's experiences. While her study is extensive, the author's scope is limited by her exclusion of immigrant women, arguing that their experiences were further colored by language barriers and adjustment to life in a new country.⁵ To fill in this gap, scholars like Shirley Ann Wilson Moore, Dolores Hayden, and Susan Smith examine women of color in the West, and how their perspectives differed from those of white women. In *Sweet Freedom's Plains*, Moore investigates black families who moved westward in order to escape the bondage of the slavery and racism in the eastern U.S.⁶ Similarly, Hayden looks to the

⁴ Sandra L. Myres, *Westering Women and the Frontier Experience: 1800-1915* (Albuquerque, N. M.: University of New Mexico Press, 1999).

⁵ Myres, *Westering Women*, preface.

⁶ Shirley Ann Wilson Moore, *Sweet Freedom's Plains: African Americans on the Overland Trails, 1841-1869* (Norman, OK: University of Oklahoma Press., 2016).

activities of former slave turned businesswoman and midwife Biddy Mason, and what her success says about both gender and racial relations in the West.⁷ Like Hayden, Susan Smith ties together medical and gender historiography by examining Japanese midwives in the Western U.S., arguing that the profession of midwifery made adjustment to life in a new country easier by providing these women with a job that they were familiar with.⁸

More research has been done on medical science in the American West recently as well. In Volney Steele's foundational text on medicine of the Frontier, he addresses matters that cover multiple bases in medical science, from folk medicine to primitive surgical procedures performed by Western doctors. His text also includes information about female practitioners, nurses, and midwives, and how budding medical discoveries affected their practices in the West.⁹ This book raised questions about how women were viewed by dominant medical institutions, in which G.J. Barker Benfield's *Horrors of the Half-Known Life* became an instrumental piece of my research.¹⁰ His book explains the attitudes of doctors toward midwives, but since his work is more comprehensive and less specific than this Thesis, he does not address how this marginalization was significant in the social climate of the West. Another piece of writing that was foundational to my project was *Intimate Matters* by John D'Emilio and Estelle Freedman. This text covered many issues of gender, such as sexuality, health, and other social issues throughout the history of the United States.¹¹ While their scope is much broader than mine, they provided useful information on the history of women's health and its public perceptions that I

⁷ Dolores Hayden, "Biddy Masons Los Angeles 1856-1891," *California History* 68, no. 3 (January 1989): pp. 86-99.

⁸ Susan Lynn. Smith, *Japanese American Midwives: Culture, Community, and Health Politics, 1880-1950* (Urbana: Univ. of Illinois Press, 2005).

⁹ Volney Steele, *Bleed, Blister, and Purge: a History of Medicine on the American Frontier* (Missoula, Mont: Mountain Press Pub., 2006)

¹⁰ G.J. Barker-Benfield, *The Horrors of the Half-Known Life: Male Attitudes toward Women and Sexuality in Nineteenth Century America* (Routledge: 2016).

¹¹ John D'Emilio and Estelle Freedman, *Intimate Matters: A History of Sexuality in America* (Chicago, University of Chicago Press, 1997).

cite throughout the rest of this paper. While these works were all extensively useful to my Thesis, I found that there were spaces where I was left wondering how the ideas promoted by medicine presented themselves within smaller spaces in the American West. As such, my project is unique in creating a space in the scholarship of the American West. I intend to open up the opportunity to address the dynamic between the gendered attitudes of the smaller communities in the West versus those perpetuated by the knowledge of dominant medical institutions in the East that pervaded Western society as a whole.

The Resilience of Midwives

Beginning largely in the 1840s with the founding of the first women's hospital by Dr. James Marion Sims, gynecology was a budding field that men with formal training began to enter. Dr. Sims' hospital, located near Montgomery, Alabama, operated through the highly skilled and likely unpaid work of several enslaved black nurses.¹² In addition to his exploitation of enslaved black women in their labor, Dr. Sims also conducted non-consensual experiments on enslaved black women's bodies in order to "correct" a variety of reproductive disorders, often having financial agreements with slave owners who would allow him to practice upon these women.¹³ Although his practices are horrifying to read of, Sims is still known today as the "Father of American Gynecology." While not all male gynecologists practiced on women without consent, the exclusivity and legitimacy surrounding the field rapidly grew, proving detrimental to the practices of women without access to institutional medical training. Although midwifery was long considered the standard profession for assisting pregnant mothers,

¹² Deirdre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of Gynecology* (Athens: University of Georgia Press: 2017), 1.

¹³ Cooper Owens, *Medical Bondage*, 15.

gynecologists often discounted the practices of midwives, arguing that they were unclean, poorly trained, and assisted with the immorality widely associated with abortion.¹⁴

Demographically, midwives have greatly varied across cultures. Historically, a majority of midwives have been women, but their ages and ethnicities are impossible to generalize. However, most midwives living in the United States lacked formal education, as they were barred from medical institutions. Although they often did not have access to institutional knowledge, many midwives had extensive skill in their trade through apprenticeships and practice, and they were often highly regarded figures in their communities, particularly among other women who used their services.¹⁵ However, along with the advent of medical technology like forceps and rudimentary painkillers, men educated by dominant medical institutions began to view midwives as inadequate for the duty of childbirth, contributing to women's continued oppression and objectification within healthcare.¹⁶

Western territory represents a fascinating ground for the debates surrounding women's healthcare, particularly with regard to the field of midwifery. Since many homesteaders and pioneers traveling westward were poor, the cost of employing a formally trained medical doctor to deliver a baby or provide home pregnancy care was inhibitory.¹⁷ In fact, many doctors in the West found limited opportunities to practice any form of medicine, resulting in the necessity of working multiple careers.¹⁸ As such, this opened the door for the practice of midwifery to flourish in the mid-nineteenth century West. Since many often lacked formal training, their services were cheaper, in addition to the fact that women may have felt more comfortable with

¹⁴ For further reading on gynecologists' attitudes toward midwifery, see G.J. Barker-Benfield, *The Horrors of the Half-Known Life: Male Attitudes toward Women and Sexuality in Nineteenth Century America* (Routledge: 2016).

¹⁵ David Dary, *Frontier Medicine: from the Atlantic to the Pacific, 1492-1941* (New York: Vintage Books, 2009), 228.

¹⁶ Steele, *Bleed, Blister, and Purge: a History of Medicine on the American Frontier*, 245.

¹⁷ Dary, *Frontier Medicine*, 176.

¹⁸ Dary, *Frontier Medicine*, 176.

another woman administering intimate care. Midwives often advertised their services in newspapers and publications, with some even marketing a private room available for treatment rather than offering home visits.¹⁹ Advertisements in newspapers also functioned as a midwife's opportunity to highlight her experience in the field, with a Mrs. Delia Cuddy boasting of "a diploma from Chicago and twenty years' experience."²⁰ While the advertisement's use of the term "diploma" could have a rather broad definition, midwives often worked as general nurses as well, which was a career that they could have formal training for, depending on their financial circumstances. However, like Delia Cuddy, most of the midwives simply advertised their years' worth of experience, leading readers to believe that that was an aspect of midwifery that patients found to be of interest.

While the field of midwifery seemed to be growing exponentially in the West, men in the medical field in the Eastern United States continuously attempted to curtail its successes throughout the nation. Beginning largely in the late 1800s, gynecologists and obstetricians like A.B. Emmons and J.L. Huntington argued midwives were not properly qualified to perform the medical duties associated with childbirth, often using racist rhetoric aimed at immigrant women who worked as midwives.²¹ Some physicians, such as H.J. Garrigues, even referred to midwives as "inveterate quacks," of course not taking into consideration women's lack of access to proper medical education.²² In addition to criticisms like this, many doctors also feared that the presence of midwives would exacerbate the amount of abortions happening within the United States, as convicted abortionists were often referred to as "midwives" in court cases, even if they were not

¹⁹ *Weekly Trinity Journal*. Weaverville, California, October 6, 1860. *Chronicling America: Historic American Newspapers*. Lib. of Congress.

²⁰ *Los Angeles Daily Herald*. Los Angeles, California, May 6, 1876. *Chronicling America: Historic American Newspapers*. Lib. of Congress.

²¹ Barker-Benfield, *Horrors of the Half-Known Life*, 65.

²² Judy Barrett. Litoff, *American Midwives, 1860 to the Present* (Westport, CT: Greenwood Press, 1978) 23.

necessarily midwives at all.²³ Complaints like these urged the government to create legislation with the goal of midwifery regulation and licensing. In these types of laws, midwives were often required to have a certain amount of experience to practice independently as well as formal licensing by the various states in which they resided.²⁴ These regulations caught on in the Eastern United States especially, with the number of childbirths assisted by midwives dropping by almost fifty percent within the first ten years of its enactment.²⁵

Like many other laws, these regulations naturally took a bit longer to fully apply in the West due to the partial lack of law enforcement concerning this type of legislation. However, midwifery in the Western states was still often unacknowledged as an official career in census records and official government documents, illustrating that it was not necessarily encouraged by general society.²⁶ While these complaints from the dominant medical institutions applied to midwives across the nation, individual communities often perceived midwives differently. Midwives often served a central role within small communities in the West, as they were often revered for their skill in multiple types of medicine aside from obstetrics, giving them the ability to treat the entire family.²⁷ Not only this, but many midwives developed close connections with their patients, especially in smaller communities. Patty Bartlett Sessions, a Mormon woman often considered to be the “mother of Midwifery” in the west, writes in her diary about preparing meals for her patients who were ill, or training new mothers on how to properly nurse their infants and sanitize bottles.²⁸ This example, along with countless other instances of midwives

²³ James C. Mohr, *Abortion in America: The Origins and Evolution of National Policy, 1800-1900* (Oxford: Oxford University Press, 1979), 11.

²⁴ Barker-Benfield, *Horrors*, 66.

²⁵ Barker-Benfield, *Horrors*, 66.

²⁶ Barker-Benfield, *Horrors*, 66.

²⁷ Dary, *Frontier Medicine*, 176.

²⁸ Patty Bartlett Sessions and Donna Toland Smart, *Mormon Midwife: the 1846-1888 Diaries of Patty Bartlett Sessions* (Logan, UT: Utah State University Press, 1997), 213.

advertising their services and reporting for the assistance of their ill neighbors, illustrates that despite the heavy criticism they received from male-dominated medical institutions, midwives would not easily give up their livelihoods.

Midwives of Color

While white midwives in the American West definitely faced struggles in legitimizing their practices to the medical institutions, midwives of color had somewhat different experiences based on race and class. Since babies were constantly being born and the American west hosted migrants of many nationalities, the trade of midwifery looked promising for women of color seeking work in small frontier communities. Bridget “Biddy” Mason, a former slave turned pioneer and businesswoman, was one of these women who found the necessary niche for her skillset. Born in Georgia on a plantation owned by Mormon slaveholder Robert Smith, Bridget Mason had practiced her craft extensively while she was enslaved. While the United States was fraught with racism during the nineteenth century, especially before Emancipation, black women served in skilled medical positions quite often.

In the Old South, enslaved women would often serve as midwives and nurses to both other slaves as well as to the white mistresses of the plantation.²⁹ The white wives of slave holders were rarely apprehensive toward the presence of black women during labor and delivery, often even speaking highly of the assistance that they offered. For many women who were comforted by their domestic servants or wet nurses, such as Ella Clanton Thomas, the quintessential black “mammy” stereotype was particularly present, with Thomas noting that her

²⁹ Sally G. McMillen, *Motherhood in the Old South: Pregnancy, Childbirth, and Infant Rearing* (Baton Rouge: Louisiana State University Press, 1997), 67.

slave's presence "inspired me with a great deal of confidence."³⁰ For women like Ella Clanton Thomas, both the pain of childbirth as well as the emotional connection that some slave owners had to the enslaved women played a part in why white women felt comfortable with black midwives, despite the climate of racism surrounding this relationship.³¹

This type of relationship applied to Bridget Mason as well. Traveling with her Robert Smith to Salt Lake City from 1848-1851, Mason served in the valuable role as midwife to the three women in the party who were pregnant and gave birth en route.³² After her travels with her Smith, Mason successfully sued for her freedom in 1856 and moved to Los Angeles to work as a nurse for Dr. John Strother Griffin.³³ As well as her employment with Dr. Griffin, Mason also ran a successful practice as a midwife in Los Angeles, catering to women of all social classes. Mason was famous around Los Angeles for her impeccable service, earning her the title "Aunt" or "Grandma" with her beloved clients.³⁴ While white midwives would have been likely to charge three or four dollars per birth, black women like Bridget often demanded considerably lower wages. She was likely often paid in other goods besides cash, such as vegetables, bread, or chickens.³⁵

While Bridget's story in midwifery was one of success, women like her were rare in the American West. While the west may have been relatively more ethnically diverse than the East, the number of African Americans, particularly African American women, was still quite small in comparison to white women.³⁶ Although midwives in the general sense were still subject to the

³⁰ Ella Clanton Thomas diary entry, November 17, 1858, cited in McMillen, *Motherhood in the Old South*, 67.

³¹ McMillen, *Motherhood in the Old South*, 67.

³² Shirley Ann Wilson Moore, *Sweet Freedoms Plains: African Americans on the Overland Trails, 1841-1869* (Norman, OK: University of Oklahoma Press., 2016), 149.

³³ Wilson Moore, *Sweet Freedom's Plains*, 149.

³⁴ Dolores Hayden, "Biddy Mason's Los Angeles, 1856-1891," *California History* 68 (1989): 93.

³⁵ Hayden, "Biddy Mason's Los Angeles," 93.

³⁶ Hayden, "Biddy Mason's Los Angeles," 94.

sexism and classism of medical institutions attempting to delegitimize their work, midwifery provided black women like Mason with the unique opportunity to escape the bondage of slavery and become entrepreneurs. By putting her medical knowledge to use, Mason carved a path that for black women in medical practices.

In addition to the triumphs of women like Mason, women of other nationalities also participated in the practice of midwifery. For instance, Japanese-American women also took their own part in the medical field. Before understanding the roles of Japanese midwives in the American West, it is crucial to note that the race relations between white Americans and Japanese-Americans was quite different than the relations between whites and African-Americans. In the case of black midwives, it is interesting to see how women like Mason were often welcomed into the homes of various social classes, exhibiting the close familial connections between mother and midwife. Racism against Asian-Americans also pervaded the society of the West, and violence against Chinese and Japanese people was quite common. In turn, this created a necessary niche market for Japanese, Chinese, and other midwives of color to come into the picture and provide an essential service for non-white women and mothers.

In the late nineteenth and early twentieth centuries when Japanese immigration was at its peak, midwifery was becoming increasingly marginalized and perceived as a backward medical practice associated with poor and non-white women.³⁷ Since medical institutions were strongly advising women to hire doctors to assist with their births, the women who were able to afford this service were often white and upper class, leaving anyone else to be stigmatized. Although midwives were institutionally marginalized, their practices were highly regarded and vital within the smaller communities that they served. For Japanese midwife Kimi Yamaguchi, her medical

³⁷ Smith, *Japanese American Midwives*, 41.

practice served as a key part of her identity. Immigrating to America in 1906 and pursuing work on a farm, Kimi had been trained as a *sanba* (midwife) in Japan and decided to put her skills to use as a side job.³⁸ Living in rural California in a sparsely populated community, Kimi primarily catered to family and friends, mostly receiving little to no payment for her services.³⁹ Kimi barely spoke any language other than Japanese, but she was able to effectively administer care to her clients despite the frequent language barrier, working for women of all nationalities.⁴⁰ Despite her main source of income being the farm labor, Kimi took great pride in her work as a midwife, often boasting of her perfect record in successfully delivering healthy babies from all of her clients. Despite the institutional oppression of the midwifery practice, Kimi's story represents an example of midwifery as a vital service to an appreciative community.

While the newcomers in the American West all seemed to interact with each other through midwifery and the relationships that it established, this picture still leaves out one of the most populous groups in the American West—Indigenous women. For Native Americans, proper midwifery training meant something different than it did for other nationalities. While whites, African-Americans, and Japanese-Americans were often expected to have formal training in order to administer to expecting mothers, Native Americans continued to practice the traditional medicine that they had extensive knowledge of for centuries. According to many sources, although this medicine was not legitimized by dominant medical theory, it was highly successful. Since most Native American midwives catered to other Indigenous women, traditional medical practice was the favored form of delivery. In diaries and letters from Army officers who interacted with the Pueblo tribe in the 1880s, many of the men comment on quick and easy

³⁸ Smith, *Japanese American Midwives*, 58.

³⁹ Smith, *Japanese American Midwives*, 58.

⁴⁰ Smith, *Japanese American Midwives*, 58.

process that labor and delivery were within the Pueblo society, even asserting that the Native American practices in childbirth are preferable to those of dominant western medicine.⁴¹ Many indigenous tribes had different perceptions of pain during childbirth in that they did not expect childbirth to be painful or difficult, but rather a normal life function.⁴² Many Plains tribes would build a hut specifically for labor and delivery, and the expecting mother would be accompanied by other women who would assist her during the birth.⁴³ Different tribes often recommended different birthing positions, but much of the time the woman would deliver while kneeling or squatting, never on her back.⁴⁴

Unlike the rest of the American West, childbirth and midwifery in Native American tradition was seen as a significant cultural practice rather than a source of income or necessarily personal fulfillment. However, the stories of Bridget Mason and Kimi Yamaguchi illustrate that despite the institutional marginalization of midwifery, individual midwives were highly regarded in their communities and took great pride in their practices. Furthermore, medical practice allowed these women to create lives and personal fulfillment in a climate that may have otherwise been hostile toward them.

Hysteria and Misogyny

In February of 1805, the famed explorers Meriwether Lewis and William Clark arrived at a village of the Mandan tribe in present day North Dakota, where they intended to stay for the remainder of the winter. Since the two had backgrounds in basic medical training, the inhabitants

⁴¹ Sherry L. Smith, "Beyond Princess and Squaw: Army Officers' Perceptions of Indian Women," in *The Women's West*, ed. Susan Armitage and Elizabeth Jameson, 63-75 (Norman: University of Oklahoma Press, 1987), 67.

⁴² Steele, *Bleed, Blister, and Purge*, 31.

⁴³ Steele, *Bleed, Blister, and Purge*, 32.

⁴⁴ Elaine G. Breslaw, *Lotions, Potions, Pills, and Magic Health Care in Early America* (New York: New York Univ. Press, 2014), 115.

of the village sought treatment from the explorers for a variety of medical issues, ranging from broken bones to eye infections. In about half of the cases that the Indigenes brought to them, Lewis and Clark noted that some women exhibited symptoms of hysteria, which was a term used to describe (mostly) women suffering from various afflictions, from depressive disorders to physical deformities in the reproductive organs. As a treatment for the disorder, Lewis and Clark would often give patients laudanum, a strong opioid painkiller used widely throughout the 19th century.⁴⁵

While historians may never know the actual symptoms that these Mandan women were experiencing, the anecdote allows readers to see how commonplace the diagnosis of hysteria actually was, with thousands of cases being diagnosed, and an equal number of remedies prescribed and advertised. Often used by male doctors as a tool to make women seem frail and vulnerable, the sheer amount of hysteria diagnoses of the nineteenth century reflect the gender discrimination that women faced based on their perceived mental and physical ailments. Playing into the narrative of the “Cult of True Womanhood,” Victorian society perceived women as vulnerable, pious, and easily mentally disturbed.⁴⁶ As such, this ideology crept into the medical institutions of the time, most (if not all) of which were headed by white men. Oftentimes, medical literature targeted single or childless women as being most likely to develop this disorder, as lack of a maternal instinct or even biological dysfunction of reproductive organs served as the grounds for a psychiatric diagnosis.⁴⁷ The diagnosis of hysteria sought to naturalize

⁴⁵ Volney Steele, *Bleed, Blister, and Purge*, 56.

⁴⁶ D’Emilio and Freedman, *Intimate Matters*, 174.

⁴⁷ Laura Briggs, “The Race of Hysteria: ‘Overcivilization’ and the ‘Savage’ in Late Nineteenth-Century Obstetrics and Gynecology,” *American Quarterly* 52, no. 2 (2000): pp. 246-273, <https://doi.org/10.1353/aq.2000.0013>, 247.

the notion that women were incompetent and unfit to participate in public life, which perpetuated the idea that they were inherently inferior to men.⁴⁸

As an extension of enforcing and policing the gender hierarchy, the hysteria diagnoses also sought to reinforce ideas about race and white supremacy. While physicians often used the term “hysteria” to describe a lack of sexual or reproductive activity in middle and upper class white women, they also used it to refer to the “hypersexual” nature and excessive reproductive capacity of immigrants and women of color. With the common association of openly expressed sexuality with savagery, it was the white woman’s duty to navigate between two extremes— asexual and hypersexual—in order to avoid the hysterical label.⁴⁹ Of course, this was a fine line that women had to tread upon, as the female body often served as an intense point of anxiety for male doctors. Many practitioners commented on the peculiar dominance that a woman’s body seemed to have over her mental capacities, which led to the belief that women were always on the verge of hysterical tendencies.⁵⁰ This fear of a woman’s body joined with anxiety about female sexuality provided a key opportunity for the Cult of True Womanhood to become commonplace within American society. By creating the image of a religious, mannerly, and submissive woman, men could maintain the gender hierarchy, even in the field of medicine.

While hysteria was a nationwide phenomenon, it was surprisingly prevalent in the American West. While the West did foster an increase in female independence and boosts to gender equality to an extent, the fear of hysteria in the newly acquired territories complicates and challenges the notion of the West as a haven of women’s advancement. When examining newspaper articles from the time, advertisements for anti-hysteria drugs were exceedingly

⁴⁸ Briggs, “The Race of Hysteria,” 247.

⁴⁹ Briggs, “The Race of Hysteria,” 250.

⁵⁰ Barker-Benfield, *Horrors of the Half-Known Life*, 83.

common, appearing in thousands of editorials. As an advertisement for “Dr. Miles’s Nervine,” a medication claiming to be a treatment for hysteria, one woman in an 1892 Los Angeles newspaper gave a short testimony of her quick healing after taking the medicine, recounting that, “I am pleased to say that after years of intense suffering with nervous diseases, I tried Dr. Miles’s restorative Nervine, and in two weeks gained eight pounds in weight.”⁵¹ From this excerpt, one can glean that body image and body weight also played an integral role in the diagnosis of hysteria, as this particular woman boasted that she was becoming heavier. This preoccupation with body image has been recurrent throughout women’s history, but the idea that hysteria often caused women to lose excessive weight contributed to the “frail woman” stereotype that was prevalent throughout the Victorian era, which contradicts the common image of the “sturdy helpmate,” or a rugged, westering, female pioneer.⁵² This further emphasizes the lack of advancement that women in the West often faced, and contributes to a broader conversation of how both the medical community and society at large viewed women’s bodies and mental capabilities.

Among the sea of pharmaceutical ads lies a public notice raising awareness about hysteria and its treatment. In the notice from an 1882 Kansas Newspaper, the author argues that “Females are more subject to [hysteria] than males—in proportion of about twenty to one—because the nervous element more strongly preponderates in their constitution.”⁵³ Once again, the comments posited by sources like this newspaper and the many others that address hysteria illustrate both the lack of understanding about mental health and women’s anatomy, as well as

⁵¹ *Los Angeles Herald*. Los Angeles, California, April 24, 1892. *Chronicling America: Historic American Newspapers*. Lib. of Congress. <<https://chroniclingamerica.loc.gov/lccn/sn84025968/1892-04-24/ed-1/seq-10/>>

⁵² Sandra L. Myers, *Westering Women and the Frontier Experience, 1800-1915* (Albuquerque: University of New Mexico Press, 1999), 2.

⁵³ *Dodge City Times*. Dodge City, Kansas, November 2, 1882. *Chronicling America: Historic American Newspapers*. Lib. of Congress. <<https://chroniclingamerica.loc.gov/lccn/sn84029838/1882-11-02/ed-1/seq-6/>>

the commonplace perpetuation of this viewpoint. Furthermore, these newspaper articles and advertisements functioned to disseminate common knowledge and ideas about matters of health, resulting in a continuous cycle of women's oppression.

One issue that gender studies historians have continually wrestled with is that of abortion. Midwives, doctors, and nurses have long both attempted and accomplished abortion procedures, but the implications behind the abortions themselves feed into the broader discussion surrounding gender equality. While the United States generally frowned upon abortion during the nineteenth century, each state had statutes of its own pertaining to the legality and consequences of the act. Despite claims that assert women had more bodily autonomy and freedom of choice in the West, this did not necessarily always extend to issues of abortion. In Montana, for instance, the law considered abortion illegal until much later in the twentieth century.⁵⁴ Similar laws and restrictions were in place in other Western states as well. Newspaper articles and entries from the time provide an interesting look at the frequency of attempted abortions. Since surgical procedures were often dangerous and unsanitary, problems resulting from abortion could be extremely serious. Many of the women who attempted this procedure, such as Melvina Winks, died presumably as result of infection or hemorrhaging.⁵⁵

While people often were disgusted at the thought of abortion specifically for the high mortality rate, policing morality was also a central goal in the legal policies surrounding it. In an op-ed piece from an 1874 Oregon newspaper, one community member asserted that "The best way to deal with [abortion] cases, as all gross offenses against domestic morality, is with the

⁵⁴ Todd Savitt, "Abortion in the Old West," *Montana; the Magazine of Western History* 57 (2007): 5.

⁵⁵ *Los Angeles Herald*, Los Angeles, California. June 25, 1874. *Chronicling America: Historic American Newspapers*. Lib. of Congress. <https://chroniclingamerica.loc.gov/lccn/sn84038806/1874-06-25/ed-1/seq-3/>

shotgun.”⁵⁶ This rhetoric translated into that used by the American Medical Association starting in 1847. Doctors within this association exploited the issue of abortion as an attempt to bring more doctors into the organization, rallying to prosecute midwives and homeopaths (mostly women) who they accused of performing these procedures.⁵⁷ While midwives were often involved in abortion cases, much of the time these types of trials convicted the male doctors accused of performing the abortions. Interestingly, some of these trials took a sympathetic approach to the woman receiving the operation. For instance, a case from Utah came about in 1893 that scolded a man for persuading his wife to terminate her pregnancy. Taking a rather patronizing stance toward the woman involved in the case, the judge concluded that “When a woman is in that delicate and critical condition, the husband who induces her to have an abortion performed on her, or advises it or consents to it, is more to be censured than the woman.”⁵⁸ Contrasting the common stereotype of the “rugged westering woman,” this case illustrates that men continued to view women as delicate, fragile, and easily manipulated.

This stereotyping of the physical resiliency of women’s minds and bodies contributes to a larger argument on how women in the West were supposedly “more equal” to their male counterparts. The Utah case, as well as thousands of other trials that convicted doctors of performing abortions while acquitting the women procuring them, rely on the rhetoric of the “gentle” and “vulnerable” woman. An 1889 case in California even convicted a man for “seducing and attempting to produce an abortion” on a young woman.⁵⁹ These kinds of cases

⁵⁶ *State Rights Democrat*, Albany, Oregon. June 28, 1895. *Chronicling America: Historic American Newspapers*. Lib. of Congress. <https://chroniclingamerica.loc.gov/lccn/sn84022644/1895-06-28/ed-1/seq-1/>

⁵⁷ “Abortion in the Old West,” 5.

⁵⁸ *The Salt Lake Herald*, Salt Lake City, Utah. December 31, 1893. *Chronicling America: Historic American Newspapers*. Lib. of Congress. <<https://chroniclingamerica.loc.gov/lccn/sn85058130/1893-12-31/ed-1/seq-6/>>

⁵⁹ *Los Angeles Daily Herald*. Los Angeles, California. August 6, 1889. *Chronicling America: Historic American Newspapers*. Lib. of Congress. <<https://chroniclingamerica.loc.gov/lccn/sn85042460/1889-08-06/ed-1/seq-1/>>

illuminate the quintessential nineteenth century quest to protect young women's sexualities. The "Cult of True Womanhood" also played an integral role in this attitude toward women, which stipulated certain norms for girls in the nineteenth century, chief among them being piety and vulnerability, aiming to curtail sexual expression.⁶⁰ Examining the instances that excused women's actions due to their inherent impressionability highlights the ways in which sexist discourse pervaded many aspects of a woman's life, particularly in questions surrounding the body.

While abortion was often a gruesome procedure during the nineteenth century and the cases in which people were prosecuted were abundant, these examples that I have drawn attention to only address those abortions in which women died or became severely ill. Mary Murphy, for instance, asserts that there were presumably hundreds of abortions that were not accounted for specifically due to their success.⁶¹ While it is difficult for historians to discern exactly who was performed the most abortions and whose practices were the most successful, the increasing visibility that abortion experienced in media, as well as the public sentiment that resulted from that, has broader implications for gender studies. Many women who had had abortions claimed that they experienced regret and shame afterwards, with one woman claiming that abortion rendered her "an object of loathing" to herself.⁶² Unfortunately, the women who procured successful abortions oftentimes did not leave records of their motivations for seeking the procedure, so it is difficult to know the demographics for those receiving abortions. However, historians do know that the negative climate surrounding pregnancy termination extended to women's rights activists as well. Many feminist groups during the nineteenth century

⁶⁰ John D'Emilio and Estelle Freedman, *Intimate Matters: A History of Sexuality in America* (Chicago, University of Chicago Press, 1997), 174.

⁶¹ Mary Murphy, "The Private Lives of Public Women: Prostitution in Butte, Montana, 1878-1917," ed. Susan Armitage and Elizabeth Jameson, 193-206 (Norman: University of Oklahoma Press, 1987), 198.

⁶² Quote from an anonymous woman in 1840, appearing in *Intimate Matters*, 64.

spoke out against abortion and other birth control methods, arguing that it encouraged men's sexuality and violence.⁶³ Taken with the argument of morality, these types of perceptions show that women's bodies continued to be locales of control and policing even in the more "progressive" West.

Conclusion

Contemporary history has unfortunately sometimes overlooked the efforts of women in the West, particularly their roles in the medical field. The enlightening primary sources that this Thesis has attended to emphasizes women's active status in their communities. Although these women served instrumental roles in their small social spaces, the sources demonstrate that while the social terrain of the West empowered women in certain respects, the medical field continued to discriminate against female practitioners as well as female patients. Of particular interest has been the prevailing social attitudes surrounding midwifery, which presents a fascinating dynamic between how these professional women were valued by individual women within their communities, but not so highly valued by society at large. Further demonstrating this discrimination against midwives was the conservative attitudes surrounding abortion, in which midwives were often blamed for the instances in which women died of infection or hemorrhaging, which would serve to perpetuate the notion that midwives were poorly trained and ill-fit to work in the medical field. In turn, this created an environment in which male doctors were able to effectively convince women that university-trained (and expensive) physicians were ideal obstetricians and gynecologists. For many female practitioners, this was not the first instance of men overstepping their boundaries into the field of women's health. The development

⁶³ D'Emilio and Freedman, *Intimate Matters*, 64.

of gynecology itself by Dr. James Marion Sims proved to be a heinous act of exploitation of women, especially women of color. Extending this violence and discrimination against women was the diagnosis of hysteria, a disorder that was used to explain away many serious medical issues that women experienced. The newspapers examined in this Thesis provide a rich and illuminating narrative to the background of why women became involved in midwifery, their experiences on the job, and the public perceptions on women's health.

All of these instances underscore the real oppression that women still had yet to overcome in the West. While the Buffalo Bill-style outlaws, sharp shooters, and Conestoga-wagon riding pioneer women dominated the visual representation, women like Bridget Mason, Patty Bartlett-Sessions, and Kimi Yamaguchi might serve as accurate portrayals of what true "westerling women" would have looked like. Despite racial or gender-based obstacles, these women were able to overcome their limitations and find their way in an unfamiliar place. Unfortunately, this does not discount the real oppression that women continued to face in the American West.

Bibliography

- Barker-Benfield, G. J. *Horrors of the Half-Known Life: Male Attitudes toward Women and Sexuality in 19th. Century America*. Routledge, 2016.
- Breslaw, Elaine G., and Ebrary, Inc. *Lotions, Potions, Pills, and Magic: Health Care in Early America*. New York: New York University Press, 2012.
- Briggs, Laura. "The Race of Hysteria: 'Overcivilization' and the 'Savage' in Late Nineteenth-Century Obstetrics and Gynecology." *American Quarterly* 52, no. 2 (2000): 246–73.
<https://doi.org/10.1353/aq.2000.0013>.
- "Buffalo Bill's Wild West Show." *New York Times* (1857-1922) (New York, N.Y.), 1901.
- Cooper Owens, Deirdre Benia. *Medical Bondage: Race, Gender, and the Origins of American Gynecology*. Athens: University of Georgia Press, 2017.
- Dary, David. *Frontier Medicine: from the Atlantic to the Pacific, 1492-1941*. New York: Vintage Books, 2009.
- D'Emilio, John, and Estelle B. Freedman. *Intimate Matters: A History of Sexuality in America*. 2nd ed. Chicago: University of Chicago Press, 1997.
- Dodge City Times*. Dodge City, Kansas, November 2, 1882. *Chronicling America: Historic American Newspapers*. Lib. of Congress.
<https://chroniclingamerica.loc.gov/lccn/sn84029838/1882-11-02/ed-1/seq-6/>
- Hayden, Dolores. "Biddy Masons Los Angeles 1856-1891." *California History* 68, no. 3 (January 1989): 86–99.
- Kasson, Joy S. *Buffalo Bill's Wild West : Celebrity, Memory, and Popular History*. 1st ed. New York: Hill and Wang, 2000.

Litoff, Judy Barrett. *American Midwives, 1860 to the Present*. Westport, CT: Greenwood Press, 1978.

Los Angeles Herald, Los Angeles, California. June 25, 1874. *Chronicling America: Historic American Newspapers*. Lib. of Congress.

<https://chroniclingamerica.loc.gov/lccn/sn84038806/1874-06-25/ed-1/seq-3/>

Los Angeles Daily Herald. Los Angeles, California, 06 May, 1876. *Chronicling America: Historic American Newspapers*. Lib. of Congress.

<https://chroniclingamerica.loc.gov/lccn/sn84038806/1876-05-06/ed-1/seq-3/>

Los Angeles Daily Herald. Los Angeles, California. August 6, 1889. *Chronicling America: Historic American Newspapers*. Lib. of Congress.

<https://chroniclingamerica.loc.gov/lccn/sn85042460/1889-08-06/ed-1/seq-1/>

Los Angeles Herald. Los Angeles, California, April 24, 1892. *Chronicling America: Historic American Newspapers*. Lib. of Congress.

<https://chroniclingamerica.loc.gov/lccn/sn84025968/1892-04-24/ed-1/seq-10/>

McMillen, Sally G. *Motherhood in the Old South: Pregnancy, Childbirth, and Infant Rearing*. Baton Rouge: Louisiana State University Press, 1997.

Mohr, James C. *Abortion in America: The Origins and Evolution of National Policy, 1800-1900*. Oxford: Oxford University Press, 1979.

Moore, Shirley Ann Wilson. *Sweet Freedoms Plains: African Americans on the Overland Trails, 1841-1869*. Norman, OK: University of Oklahoma Press, 2016.

Murphy, Mary. "The Private Lives of Public Women: Prostitution in Butte, Montana, 1878-1917." In *The Women's West*. Edited by Susan Armitage and Elizabeth Jameson. Oklahoma: University of Oklahoma Press, 1987.

Myres, Sandra L. *Westering Women and the Frontier Experience: 1800-1915*. Albuquerque, N. M.: University of New Mexico Press, 1999.

The North Platte semi-weekly tribune. (North Platte, Neb.), 25 Sept. 1896. *Chronicling America: Historic American Newspapers*. Lib. of Congress.

<https://chroniclingamerica.loc.gov/lccn/2010270504/1896-09-25/ed-1/seq-5/>

The Salt Lake Herald, Salt Lake City, Utah. December 31, 1893. *Chronicling America: Historic American Newspapers*. Lib. of Congress.

<https://chroniclingamerica.loc.gov/lccn/sn85058130/1893-12-31/ed-1/seq-6/>

Savitt, Todd L. "Abortion in the Old West: The Trials of Dr. Edwin S. Kellogg of Helena, Montana." *Montana: The Magazine of Western History* 57, no. 3 (2007): 3-94.

Sessions, Patty Bartlett, and Donna Toland Smart. *Mormon Midwife: the 1846-1888 Diaries of Patty Bartlett Sessions*. Logan, UT: Utah State University Press, 1997.

Smith, Sherry L. "Beyond Princess and Squaw: Army Officers' Perceptions of Indian Women." In *The Women's West*. Edited by Susan Armitage and Elizabeth Jameson. Oklahoma: University of Oklahoma Press, 1987.

Smith, Susan Lynn. *Japanese American Midwives: Culture, Community, and Health Politics, 1880-1950*. Urbana: Univ. of Illinois Press, 2005.

State Rights Democrat, Albany, Oregon. June 28, 1895. *Chronicling America: Historic American Newspapers*. Lib. of Congress.

<https://chroniclingamerica.loc.gov/lccn/sn84022644/1895-06-28/ed-1/seq-1/>

Steele, Volney. *Bleed, Blister, and Purge: a History of Medicine on the American Frontier*. Missoula, Montana: Mountain Press Pub., 2006.

Weekly Trinity Journal. Weaverville, California, 06 Oct. 1860. *Chronicling America: Historic American Newspapers*. Lib. of Congress.

<<https://chroniclingamerica.loc.gov/lccn/sn85025202/1860-12-08/ed-1/seq-4/>>