Blackguarding: How the Conflict of the “Jeering Episode” Created Compromise for Women Physicians
The Irwin Marcus History Day Award Winner

[Editor’s Note: The following essay by Emma Tierney, then a senior at Conestoga High School, Berwyn, PA, won the first annual Irwin Marcus Award for best senior paper in Pennsylvania history (grades 9–12) at the Pennsylvania History Day Competition at Carlisle High School May 11–12, 2018. Her teacher was Cynthia Hyatt. The 2018 theme was “Conflict and Compromise,” and the Marcus Award Review Panel felt that Ms. Tierney evoked that theme very well in a paper that tells a little-known story in Pennsylvania, and world, medical history. History Day students are required to provide an annotated bibliography for primary and secondary sources, something not usually done in this journal, but is included here to give the reader an idea of the format and structure of competition papers. The text of the paper can be no longer than 2,500 words, and Ms. Tierney’s paper was 2,490 words. That number now varies a bit with editing for this issue. The paper is also on the Pennsylvania Historical Association website at: pa-history.org. The editor thanks Jeff Hawks, state coordinator for Pennsylvania History Day, for his assistance.

Ms. Tierney is now a freshman at Smith College double-majoring in History and Pre-Medicine. The Marcus Award carries a cash prize of $100, a certificate, and recognition in this journal. The Pennsylvania Historical Association wishes Emma all the best in her future endeavors.]

Abstract: The 1869 “Jeering Episode” at the Pennsylvania Hospital in Philadelphia occurred when women medical students were taunted by male students at a clinical lecture. Through public sentiment, a compromise permitted females to learn to practice medicine.
Key Words: Jeering Episode; Blackguarding; Women’s Medical College of Pennsylvania; University of Pennsylvania; women in medicine.

“One fact is now certain: women will be physicians. If they cannot get requisite knowledge through recognized, established channels, they will make them for themselves, for this is one of the professions which belongs to them, and they are bound to hold tenaciously to it.”

Thirty-nine women sat on the right side of the surgical theatre in their hoop skirts and bonnets, notebooks in hand. On the left, hundreds of young men were paying attention to the surgeon, or the fractured femur onstage, but solely focused on the women: the spectacle. As the surgeon measured the injury, his hand brushed up the sheet, exposing the man’s upper thigh. An eruption of laughter and hollering came from the left, because the tobacco they had spit at the women’s dresses and explicit comments made on their appearances were not enough. They believed the women did not belong, and they intended to make their position known.

How could the medical community find compromise over the attendance of both genders at clinical lectures after such vile conflict? Public sentiment.

Thesis

The idea that women could be physicians, practicing alongside their male counterparts, was once controversial. The establishment of the Woman’s Medical College of Pennsylvania and the attendance of female medical students at their first clinical lecture at Pennsylvania Hospital created the conflict known as the “Jeering Episode.” Attention brought to women physicians by
the publicity of this 1869 event produced an international conversation about the place of women in medical school, women’s medical colleges and women physicians which shifted public sympathies and made strides for the acceptance and education of women in the medical community.

**History of Women in Medicine**

By 1800, women had long acted as midwives and healers in American society, and many acted as physicians in remote areas. However, with industrialization came the “separate spheres” ideology, which meant women could “never manage the outward concerns of the family, or conduct a business.” With this ideology firmly implanted in society, male physicians started to challenge female midwives by arguing that those assisting in childbirth must be physicians, and saying “that we cannot instruct women as we do men in the science of medicine.” The main argument against the medical education of women dealt with the idea of female “delicacy” and the belief that it would be destroyed by “examining questions of disease and treatment.” This effectively barred women from becoming physicians.

**The Woman’s Medical College of Pennsylvania**

Founded in Philadelphia in 1850, the Woman’s Medical College of Pennsylvania (WMCP) had the goal of giving women a quality medical education. WMCP was the first institution of its kind and was given full accreditation by the Commonwealth of Pennsylvania. From the beginning, WMCP and its graduates faced pushback from the general public and the medical community. In an editorial, one woman wrote that she “shan’t submit [her] pulse to anything that wears a bonnet.” The Philadelphia County Medical Society (PCMS) resolved to
discourage and not work with women physicians due to their “physiological peculiarities” and “susceptibility to...fatigue and mental shocks.”¹⁴ Physicians even found linguistic arguments against the inclusion of women because “the title, Doctor,...carries the idea of a masculine occupation” and “it is distasteful...to apply to a lady.”¹⁵ Instead, women were called by the title “Doctress.”¹⁶

Supporters of women physicians hit back hard, using logic and reason to support WMCP. In response to PCMS, Dr. Ann Preston reasoned that, as nurses, women have been “by every bed of sickness and suffering, with a power of sustained endurance,” which distinctly qualifies women to be physicians.¹⁷ WMCP professor Dr. William Cornell, said the exclusion of women in medicine “can be neither sanctioned by humanity, justified by reason, nor approved by ordinary intelligence.”¹⁸

Medical Education in the 1800s

Prior to the Civil War, a medical education consisted of two, four-month terms of instruction, focused on textbook reading and classroom lectures.¹⁹ While clinical lectures existed—the first given at Pennsylvania Hospital in 1776²⁰—they were uncommon, and students had to individually seek out a physician with whom to apprentice.²¹ However, physicians’ experiences during the Civil War prompted a push for greater training in the areas of surgery and anatomy. The first Anatomy Act of Pennsylvania in 1867 permitted the dissection of cadavers;²² the beginning of a transformation for medical schools.²³ This transformation was characterized by an increase in clinical learning, including clinical lectures, surgical visits to hospital wards, and public operating days.²⁴
Clinical lectures had long been a crucial part of a European medical education. Physicians would show the diseased patient and explain to the students how to diagnose and treat the condition. Many physicians, both in America and Europe, believed clinics to be the “best mode of gaining practical knowledge” and the “only mode of attaining practical familiarity with disease.”

The Conflict of the Jeering Episode

In Philadelphia, most clinical lectures occurred at Pennsylvania Hospital. Nineteen years after its founding, WMCP petitioned the Hospital’s Board of Managers to allow their female students to attend clinics alongside their male counterparts. Managers voted unanimously to allow the women, who attended their first lecture on Saturday, November 6, 1869. So ensued the conflict of the Jeering Episode.

Thirty-nine students from WMCP immediately faced “yells, hisses, ‘cat-er-waulings,’ mock applause, offensive remarks upon personal appearance, etc.” when they entered the lecture amphitheatre. Even after a Hospital Manager voiced his support for the women’s attendance, further harassment occurred during the lecture; men threw “missiles of paper, tin-foil, tobacco-quids, etc.,” and those closer to the women spit tobacco juice on their dresses. At one point, the patient with a fractured femur had his upper thigh momentarily exposed as the physician conducted his treatment. This brief exposure created an uproar of mockery from the male students, and would later be used as an argument against mixed gender clinics.

As the women left the hospital, “upwards of four hundred of the male students formed a double line, through which the ladies were compelled to pass, taunted with hisses and sneers, and
vulgar epithets and abuse.” The mob of men followed the ladies into the street and only dissipated for the fear of arrest when a policeman approached.

Outrage

Local Philadelphia newspapers immediately picked up the story, some detailing the events of the Jeering Episode, others offering their opinion. The initial reaction criticized the male students. The Morning Post warned that the men will disgrace physicians by “recruit[ing] the ranks of the quacks who use their bought diplomas to deceive the credulous public,” and ominously said “their afterlife is not difficult to predict.” Some called the men’s actions “brutal and cowardly.” The men were called Blackguards: a rude or unscrupulous person who uses foul or abusive language. The press concluded by simply stating, “Now [the male medical student] has made an Ass of himself.”

Compromise Regarding Mixed Clinics

With the city of Philadelphia disapproving of the “Blackguards,” the discussion of the Episode shifted to answering the question of women’s place in medicine, amounting to an international debate. In an effort to gain support, the Blackguards sparked the first argument: should mixed clinics exist? Their defense consisted of arguing that by allowing women into clinics—thus censoring the content of cases—Managers of the Hospital had broken the agreement to show all educationally beneficial cases. However, other evidence proved that mixed gender clinical lectures could occur without issue. In Zurich, Switzerland there were “sixteen women attending the medical course,” with no occurrences of the “inconveniences expected” coming to fruition. In the aftermath of the
Episode, it was reported that female medical students had been attending clinics at Bellevue Hospital in New York City for several years, during which students of both sexes “pursued their scientific fellowship undisturbed.”  

A lecturer in Chicago provided seats exclusively for female medical students because he believed the advancement of society depends upon the education of women.  

Despite these examples, many argued against mixed clinics due to “a certain class of cases,” which would require bodily exposure to properly teach. Blackguards argued that these unsuitable cases would erase the “delicate lines that separate the sexes,” and were “a questionable expedience.”  

Moderates reasoned that because WMCP’s students only intended to attend clinics on Saturdays, lectures not suited for both sexes could be scheduled for the other three clinic days, or be taught separately to each sex. They based their argument upon the belief that when discussing “the ordinary diseases of both sexes, there could be no objection to the presence of women.”  

A mob mentality derailed the idea of moderation among the Philadelphia medical community. Students of the University of Pennsylvania and Jefferson Medical Colleges pledged to boycott clinics at Pennsylvania Hospital until the Hospital Managers withdrew their support of women attending clinical lectures (In the absence of the Blackguards, almost forty women and 150 men were able to attend a mixed clinic with no issues due to gender, only one week after the Episode.). The Penn students soon gained support from their dean, R. E. Rogers, who believed that cases in which “modesty...makes it impossible to fully present to a mixed audience” occurred too often to support the notion of mixed lectures. Two weeks after the Episode, Blackguards gained support from thirteen of Philadelphia’s preeminent hospitals,
medical colleges and physician societies, who all signed a document stating “their deliberate conviction is adverse to conducting clinical instruction in the presence of both sexes.”

The Board of Managers of the Pennsylvania Hospital were put in the position of creating compromise between these diametrically opposed ideologies. Three options presented themselves: exclusion, separation, or indiscriminate admission. To make their decision, Managers conferred with medical and surgical staff of the Hospital, attended clinics, spoke to physicians and WMCP to understand how clinics operated and how those involved viewed the effects of women attending. Contributors to the Hospital scheduled a meeting for Managers to vote on the mixed clinics issue. On May 1, 1870, Managers and the public shared their opinions and findings. However, both groups were conflicted, and while most were willing to compromise, some believed women should have no involvement in the medical profession. At the conclusion, compromise reigned supreme, and Managers adopted a resolution establishing separate clinical lectures for the female students of WMCP.

Compromise Regarding Women’s Place in Medicine

While the argument over mixed clinics occurred, so did an international conversation about the place of women in medicine. Women’s medical colleges—and, thus, women physicians—were still considered inferior to the traditionally male colleges which held more prestige. The conservative medical establishment was faced with an informed public sympathetic to a woman’s right to study medicine after the Jeering Episode.

Philadelphia was the first place for the pro-female public sentiment to occur, praising the students of WMCP for focusing on their studies amongst the “coarseness and vulgarity” of the Episode. Women physicians did not angrily fight back against the Blackguards, instead they
“combated the prejudices of society, not by loud-mouthed assertions of their rights, but by steadily attending to their business and proving that in the actual practice of their profession they are qualified for all they attempt.” By proving their devotion to medicine with continuing attendance of clinical lectures, the public rallied around the women’s right to study and practice. Letters to the editor in various newspapers asked, “Has she not as much right to learn the anatomical and physiological organization of her own species as man?” and proclaimed that “Science shall be free and scientific attainment shall be common to all,” as well as “sex is no longer an indispensable qualification for some classes of work.”

The American public, however, compromised on women’s rights by enacting a “separate but equal” view of how men and women should study and practice medicine. Reconstruction-era America witnessed only the beginnings of feminism and most people still held onto gender prejudices derived from the “separate spheres” ideology, exemplified by the gendered arguments of some advocating for women physician’s rights: “If men are equal to the necessities of men, so are women to the necessities of women,” “...[medical] studies [are] best fitted for rendering them wise mothers and able advisers to the delicate and unfortunate,” “...annihilation of female diseases can only be brought about by women themselves,” and “wherever it is proper to introduce women as patients, there also is...for women to appear as physicians and students.” Women as physicians was still a controversial idea, so separation of the genders within the profession made the notion more palatable for those still holding “medieval prejudices.”

Finally, the outcry of support for women physicians became a national topic, and even reached European medical institutions. The *New England Medical Gazette* ran an article which stated that “medicine will move forward in gigantic strides” if women are accepted into the
field.\textsuperscript{82} In Chicago, a professor appealed for women physicians because “the right to knowledge is as sacred as conscience, for which so much blood has been shed.”\textsuperscript{83} In Paris, a reporter covered the discrimination and harassment the few women at European co-educational medical schools faced, and voiced support for allowing more women to enter and study at the top medical schools of Europe and America.\textsuperscript{84}

**Lasting Effects of the Compromise**

The Jeering Episode elevated the opinion of women physicians in the public eye,\textsuperscript{85} and the momentum continued within the medical profession. Eighteen months after the Episode, a male professor at WMCP was recognized as a delegate to the American Medical Association (AMA) conference for the first time, after they had been excluded as a protest against women in medicine.\textsuperscript{86} At the same AMA conference attendees heavily debated over several days the issue of male physicians conferring with women physicians, but, deadlocked, the AMA voted to defer the issue to local chapters.\textsuperscript{87} That same year, the American Homeopathic Institute admitted three women into their membership for the first time.\textsuperscript{88} Most importantly, the Pennsylvania State Medical Association voted to allow women to be members, effectively overriding the conservative PCMS,\textsuperscript{89} and accomplishing the goal for which WMCP students bore the harassment of the Blackguards: “that we might be the better fitted to minister at the bedside of our mothers, sisters, and friends throughout the land.”\textsuperscript{90}

**Conclusion**

The conflict of the Jeering Episode launched an outpouring of public support for students of the Woman’s Medical College of Pennsylvania, and directly led to compromises that
advanced women in medicine. Female students were able to attend clinical lectures—although separate from males—at the Pennsylvania Hospital. Local, state and national medical associations took steps towards gender equality within their organizations. Riding the wave of support for women physicians, only ten years after University of Pennsylvania students led the Blackguards against mixed clinics, Penn admitted their first female student—an alumna of WMCP—to their School of Auxiliary Medicine, and in 1917 the first woman graduated with a Medical Doctor degree from Penn.\(^1\)

Today, only thirty-four percent of physicians in the United States are female,\(^2\) yet, without the flood of support for women physicians caused by the Jeering Episode, the number would likely be much smaller. A Jeering Episode victim stressed the importance of subsequent generations of women physicians “know[ing] what [WMCP] women have done for all other women.”\(^3\)

Generations of women physicians are indebted to the pioneering students of the Woman’s Medical College of Philadelphia for the outcry “without parallel,”\(^4\) occurring after their studious and decorous response to the conflict of the Jeering Episode rallied public support in their favor and created a compromise giving women physicians educational and institutional advancements.

**Bibliography**

**Primary Sources**

The Legacy Center, Drexel University College of Medicine, Archives and Special Collections, Philadelphia (Hereafter LCDUCM). This was the most valuable primary resource in terms of learning about the Jeering Episode. Specific records included: News clipping
files on Women Physicians, the specific clippings are cited and detailed in the Endnotes. Many clippings are undated or do not bear the name of the newspaper. Named newspapers include the Philadelphia City Bulletin, Bucks County Intelligencer [Doylestown], The Age [Philadelphia], The Philadelphia Press, The Philadelphia Evening Bulletin, The Courier [Lebanon, PA], The New York Tribune, The New Republic, The Chicago Tribune, Daily Alta California [San Francisco], Boston Journal, and many others. One specific file, "Clipping Scrapbook No. 1. Pp 9-11," 1869 includes unknown newspapers, but the source provides commentary on women’s place in medicine and has arguments that follow the “separate but equal” line of compromise surrounding female medical education. I took from it a quote very valuable to proving compromise.

Other records I used at the Legacy Center were:

"Current Topics of the Town: A Pioneer in the Medical Education of Women Describes Student Battles Once Waged about Them." 1926. Manuscript. An interview with a WMCP student who was at the clinical lecture when the Episode occurred, and who later trained as a surgeon in Europe before coming back to Philadelphia to practice and teach at the WMCP, this gave me a first-hand account of the incident and perspective as to the significance of the Episode in the history of women physicians.

Hibbard, Sarah. "Lecture Notes." 1870. Manuscript. A diary of a WMCP student who was a victim of the Episode, the source gives little insight into the events of the episode yet was vital to understanding the resolve of the WMCP students and the outcome of equality for which they strived.
No Author, "To the Contributors of the Pennsylvania Hospital." 2 May 1870. Manuscript. Written in the aftermath of the separate clinic decision, this article reaffirms that women hold a place in medicine. A powerful quote from this set the tone of my essay.

"Pennsylvania Hospital. Settlement of the Question as to Females Attendings the Clinics." 1 May 1870. Manuscript. Summarizing the events of the meeting which concluded in the decision of separate clinics for women, this source aided in my ability to convey the compromise which occurred.

Preston, Ann, and Emeline H. Cleveland. "What the Faculty of the Woman's Medical College Propose." 15 Nov. 1869. Manuscript. In this rebuttal to those against women physicians, members of the WMCP lay out logical reasons why prejudiced ideas are not valid. I used the source as evidence that some still believed women had no place in medicine.

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100. http://jdc.jefferson.edu/jmc_catalogs/100. Listing the basics about Jefferson Medical College, the catalogue lists students, professors, classes, entrance requirements, graduation requirements and more about Jefferson around the time of the Jeering Episode. It was a very useful source in learning about medical school curriculums in the 1860’s and showed me the importance of clinical lectures.


Cummings and Hilliard, 1820. Print. With an opinion very typical of the time period, physician Walter Channing wrote a prolific argument against women practicing medicine. It allowed me to understand the reasons people did not support women becoming physicians. http://dohistory.org/archive/doc034/034_p4_txt.html

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purposely sought out this writing to understand the “separate spheres” ideology in America, when I came across notions of it in other works. De Tocqueville provides a first-hand account of how Americans viewed gender roles during industrialization and into the mid 1800’s.


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Longshore, J. S. “An Introductory Lecture, Delivered Before the Class, At the Opening of the Female Medical College.” 12 Oct. 1850, Philadelphia, Female Medical College. Print. Longshore’s lecture discusses the goals of the WMCP upon its founding, which were important to understand, as WMCP had always wanted to give its students a quality medical education equal to those given to men.


*New England Medical Gazette, 1869. Hathi Trust*, catalog.hathitrust.org/Record/
003916485. Accessed 20 Feb. 2018. An original copy of the Gazette, this source contains an article written in defense of women physicians and shows how the debate spread throughout the country.

Pennsylvania. To Incorporate the Female Medical College of Pennsylvania. Stat. 148. 11 Mar. 1850. Print. This act by the Pennsylvania state legislature incorporated the Female Medical College of Pennsylvania and was monumental because it was granted full accreditation.

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urn-3:HMS.COUNT:461156. Accessed 10 Feb. 2018. This resolution by the PCMS to not encourage or associate women physicians was important to my research because it shows the institutional resistance against the women.

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Jeering Episode and why the men believed they were right to act as they did, which was important to understanding the Blackguards.


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Figure 1. Emma Tierney with her Marcus Award certificate at History Day 2018.