

Florence Nightingale Ward, M.D.
Medical Sectarian or Medical Scientist?



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The types of health care available to Americans in the mid-nineteenth century were the most varied in the industrializing western world. Traditional medical practitioners; herbalists, also known as “Indian Doctors”; the Thomsonian “every man a doctor” school of botanical medicine; and last but not least, the homeopaths, were only the top four of many candidates for the handling of America’s medical needs. The social and political climate of the time encouraged both the number of choices and their nature. Andrew Jackson’s New Republican Party, with its emphasis on the freedom of the individual and its lack of respect for and distrust of elitist knowledge is a good example of how deeply these influences ran in American society.

This hands-off approach encouraged many people to become medical practitioners without official medical degrees or licenses, especially given the lack of medical licensing boards or statutory requirements for the practice of health care in many states. Medical training was similarly unregulated, and the federal government did not regulate health care in any way. In fact, nearly everyone relied on the local midwife, botanical healer, or his or her own medical knowledge when a family member got sick.

Very few medical practitioners even bothered to call themselves doctors until the 1850s, especially in more rural areas. The majority of healers in those days gained their medical knowledge from an apprenticeship with an already established practitioner. Occasionally they would attend a few months of medical school; less frequently, they might study for a short time in Europe. Given all of this, the practice of health care and the public’s perception of it were very different in the nineteenth century from what they are today.

Most nineteenth-century theories of health and disease had originated in Europe in the eighteenth century. They generally agreed that diet, hereditary influences, hygiene and climate affected the common states of fevers, fluxes, and inflammations. William Cullen (1710-1790), who held the medical chair at Edinburgh University, was one of the more prominent eighteenth-century theorists. He believed that pathological conditions developed due to imbalances related to environmental factors, and that treatment required a delicate balance of timing, sequence, and dosage of medicines. Two of his students, John Brown (1735-1788) and Benjamin Rush (1746-1813), brought these ideas to America, along with aggressive treatment techniques such as bloodletting and toxic doses of drugs. This style became known as heroic medicine, which refers to the “heroism of the patient who endures the application, to extreme degrees, of potent laxatives, purgatives, and emetics to cleanse the system of superfluous and detrimental bodily fluids.”¹



Frontispiece of the 5th Edition of the Organon

Samuel Hahnemann (1755-1843) was a doctor, chemist, and scholar in Germany who had become skeptical of heroic medicine. Giving up his practice due to his grave concerns about the efficacy of heroic medicine, he became a medical translator. While translating Cullen's *A Treatise on the Materia Medica*² from English into German, Hahnemann questioned Cullen's assumption that Cinchona bark, which quinine is derived from, cured symptoms of malaria because of its bitter taste. He decided to test this theory, so he gave himself low doses of the extract over a few days and noticed that he developed chills, sweats, and symptoms of weakness, which continued every time he took a dose of the extract, and stopped after a few hours if he didn't. Noticing that these symptoms were similar to those of malaria, Hahnemann recognized the principle of like cures like, which he had come across in the writings of Hippocrates. Hahnemann expanded this theory into a full-blown medical system that he called homeopathy (homeo = similar, pathy = suffering). He spent the next six years testing the phenomenon on himself, his family, and his friends, and in 1810 he published *The Organon of Rational Healing*, which unveiled his new medical doctrine in the context of a profound criticism of the prevailing school of medicine. Hahnemann was ready to revolutionize medicine with his new system. Until his death at age 88, he treated thousands of patients, including artists, intellectuals, and public officials in both Germany and France. Hahnemann also taught homeopathy to at least twenty-five serious students from all over the world, including Germany, India, Russia, Holland, Italy, France, England, and America. They in turn taught homeopathy to their students and started homeopathic medical schools in their countries.³

A number of German homeopaths immigrated to the United States in the 1830s and settled mainly in Philadelphia and New York. In concert with a number of American MDs—who were so inspired with homeopathy's results that they were converted immediately—they started medical schools in New York, Cincinnati, and Philadelphia throughout the 1840s and founded the American Institute of Homeopathy in 1844. Homeopathy reached its greatest popularity after the Civil War, between 1865 and 1885, and by 1900 there were 22 homeopathic colleges, 56 purely homeopathic hospitals, 13 mental asylums, 9 children's hospitals, and 21 sanitoriums in the U.S.

Homeopathy was different from other forms of medicine in that it had a highly developed medical doctrine that included exacting standards for the testing of new medicines. Homeopaths and practitioners of other non-traditional healing practices made a point of clearly distinguishing their trends from heroic medicine. This helped to popularize what became known as the medical sects,

but when heroic medicine went out of style in the 1880s, there became less of a distinction between both the regular physicians and the homeopaths who were more traditional, on the one hand, and between those of each camp who embraced the new discoveries of medical science on the other. The way in which we analyze the differences between these factions is very different today; homeopathy and mainstream medicine have developed into more distinct and mutually exclusive professions over the past century.

The 1880s saw a schism in the American homeopathic movement. A small group of conservative homeopaths who fought for homeopathic purity stood against the large number of liberals who wanted homeopathy to be assimilated into mainstream medicine. This conflict nearly led to the extinction of the discipline in the United States. The practice of Florence Nightingale Ferguson Saltonstall Ward, M.D. (1860-1919) illustrates this tension. She presented herself as a leader in the field of homeopathy but her practice seems to have been based largely on conventional medical principles. She taught at the center of homeopathic learning on the West Coast, the Hahnemann Medical College of the Pacific. She was also on the board of the Hahnemann Homeopathic Hospital, and held the office of vice president in the national homeopathic association, the American Institute of Homeopathy. But as a doctor she focused mainly on surgery, while building her obstetric and gynecological practice on a combination of homeopathic and mainstream techniques. However, in looking at her career, it is important to recognize that the criteria we use to analyze medicine today are different from the ones that were applied during her lifetime.

Ward's example is particularly worthy of study in that she was a woman with both a successful career and a family at a time when many did not consider this either suitable or even achievable. Florence Ward was a surgeon and physician from 1887 until 1919 — a time when few women were entering the medical profession. The U.S. census of 1870 counted five hundred women doctors; a large majority of them were practitioners of homeopathic, eclectic, and botanical medicine. One hundred and thirty-seven women were enrolled in mainstream medical schools according to the same census, which ignored the number enrolled in the non-traditional schools.⁴ By 1880, nine of the eleven homeopathic medical schools in the U.S. were admitting women and by 1905 almost one third of the graduates of Hahnemann Medical College of the Pacific were women.⁵ Many women, possibly including Florence Ward, attended sectarian medical schools because they were accepted more readily there than they would have been in regular medical schools.

Ward's background was typical of the small number of women who made the decision to become physicians in the last quarter of the nineteenth century. She had grown up in a middle-class family in urban San Francisco, she was well educated for the time, and had a teaching degree. She was also in need of an independent income, as she was separated from her husband, Gurdon Saltonstall, and had a young daughter to support. ⁶ In the context of her Unitarian upbringing, her interest in homeopathy was also typical; many homeopaths in the nineteenth century were involved in the more liberal religious faiths such as the Unitarian, Swedenborg, Quaker, Methodist, Universalist, and Presbyterian denominations. Seeing themselves as social reformers, homeopaths in the nineteenth century participated actively in the social causes of the time, such as women's equality, temperance, the abolitionist movement, and medical reform.⁷ Establishing safer, more effective, and more available medical care for women, and developing techniques that made childbirth less painful and debilitating were foremost among Ward's lifetime professional goals.

Florence Ward was an inspiring and powerful leader, and comfortable in the public eye. She obtained her first medical degree at the Hahnemann Medical College of the Pacific in San Francisco, the center of a thriving homeopathic community. Soon after her graduation, she was offered a position

on the faculty at Hahnemann, where she became Professor of Obstetrics. In 1895, she married James Ward, himself a gynecological surgeon, and Dean of Hahnemann Medical College. The two made a dynamic and ambitious duo, and their fundraising efforts and donations of time and money led to the successful creation of Hahnemann Hospital in San Francisco. They both performed operations in the Bay Area's homeopathic hospitals, Fabiola in Oakland and Hahnemann in San Francisco. They also traveled in San Francisco's high society and political circles. Their association with San Francisco Mayor Eugene Schmitz, a homeopathic patient and advocate, helped ensure that homeopathic wards were included in San Francisco's city and county hospitals.



*Hahnemann Medical Hospital
Corner of California and Maple Streets, San Francisco*

Between 1900 and 1908, James Ward was the president of the Health Commission for the City and County of San Francisco. Meanwhile, Florence Ward took a leadership role in local, regional, and national homeopathic organizations. She was vice president of the American Institute of Homeopathy in 1901 and 1917, vice president of the California State Homeopathic Medical Society in 1906; president of the Obstetrical Society of the American Institute of Homeopathy in 1907; and chairman of the Bureaus of Obstetrics, Gynecology, and Surgery of the California State Homeopathic Medical Society.

As we look at her life a century later, however, there is very little evidence that she practiced homeopathy as we know it today. She rarely mentioned homeopathy in her writings, which include forty-seven published pamphlets; her teaching notebooks; and her correspondence with her family. First and foremost, Florence Ward was a gynecologist, obstetrician, and surgeon. She thought of women's health as a field in which she could develop the skill and expertise she needed to pursue her goals. She went to Europe and the east coast several times to further her education in surgical technique — upon which she reported prolifically — and it was surgery she performed in her private practice, in public hospitals and clinics, and in her own small hospital. Although Florence Ward was also Professor of Obstetrics at Hahnemann Medical College of the Pacific in San Francisco, the lecture notes that her family has in their possession do not mention homeopathy. Her membership in the American Institute of Homeopathy is not conclusive evidence that she practiced traditional homeopathy, as many of her colleagues, liberal members of the AIH during the latter 1800s, were not practicing pure homeopathy either. This situation poses an interesting question about her as well as her times. How exactly did she distinguish between homeopathy and traditional medicine? What were the differences between liberal and conservative homeopaths? How did she identify herself? Were these important distinctions in her mind?

In order to think about these questions, it is important to analyze the historical context of homeopathy and regular medicine in the United States up to the 1880s. From the beginnings of the

discipline in Germany in the late eighteenth century, Samuel Hahnemann, the founder of homeopathy, portrayed what he called allopathy, which was a derogatory term he gave mainstream medicine, as the enemy, and viewed the two systems as antithetical. This perspective helped to unify the new profession and alienate the established one. With the growing popularity of homeopathy, a number of practitioners in the mainstream profession formed the American Medical Association in 1847, in order to regulate the medical profession and counter the large number of other medical groups at the time. Herbalism, hydropathy, osteopathy, midwifery, and eclectic medicine were some of the medical trends that concerned them. But homeopathy was the most threatening to the mainstream practitioners. Many of their number had converted to homeopathy, and many educated, intellectual, wealthy, and progressive people became their patients and advocates.

In the mid-1800s yellow fever, cholera, and typhoid epidemics hit parts of the United States; more people were drawn to homeopathic physicians, whose patients had far lower death rates.⁸ Between 1880 and the early 1900s homeopathy, with a growing popular reputation, earned the respect of mainstream medical doctors. Many regulars began using homeopathic substances in their prescribed medicines, mainly in herbal or very low potency form. More palatable and effective than the high doses of mercury, arsenic, and opiates typically used for many illnesses, homeopathic medicines also left many more survivors than the bleeding and purging that the regular medical establishment had relied on for decades.

The problem for the homeopathic profession was that the basic principles of homeopathy were not being respected or understood by many of those who were calling themselves homeopaths in the late nineteenth century. These three basic principles were developed by Hahnemann and are the central tenets of homeopathic theory. They include the law of similars, the potentization of substances into extremely small doses, and the use of a single remedy for each patient's group of maladies. Hahnemann's first tested theory, the law of similars, or *similia similibus curentur* — "let likes be cured by likes" — held that any substance that could cause a group of symptoms in a healthy person would cure the same symptoms in a person who was ill with them. Hahnemann's second principal was that disease needed to be defined as the totality of an individual's symptoms. This was a common medical theory in the eighteenth century, but with the new interest in empirical evidence of disease and diagnosis, Hahnemann was concerned that the emphasis would be put on the most prominent symptom of the disease, rather than the person's unique *pattern* of symptoms. The third principle that Hahnemann had developed in his experimentation with diluting and pounding, or "succussing" the medicines, described a process he called "dynamization." Hahnemann claimed that decreasing the size of the dose lessened the aggravation of the symptoms but in no way diminished the curative effect of the medicine.⁹ In fact, he found that the more a substance was diluted and pounded, the more its potency was increased. Homeopathic remedies were often potentized well beyond the point that it was statistically probable that any trace of the original medicinal substance actually remained in the mixture, since this was beyond Avogadro's number (that is, one part in 10^{23} , which is equivalent to the relatively low homeopathic potency of 12c, while most standard homeopathic remedies are prescribed at much greater dilutions).¹⁰ This meant that the remedies "should" be nothing but placebos, and because few noted that this potentization effect was an *empirical* observation of Hahnemann's, it became a great source of conflict both within the homeopathic community itself, and between the homeopathic community and the medical community at large — especially in a time of great respect for the new empirical sciences.

The conservative homeopaths became known as the "highs" because they often used higher potency remedies and the less conservative group were called the "lows" because they only used low

potency remedies. Whether one used high or low potency remedies became the most obvious point of contention between the two factions and was symbolic of the greater divergence.

The highs put a lot of faith in homeopathy. They hoped for the practice to eventually replace traditional medicine, while the lows advocated a liberal application of homeopathic approaches. The highs wanted homeopathy to continue as a unique profession and thought that it was only a matter of time before it would supplant the regular medical system. The lows advocated the use of homeopathy in a mixture of therapies and new sciences that were not homeopathic.¹¹ In 1870, a well-known follower of Hahnemann, Dr. Carroll Dunham (1828-1877) expressed his concern in a speech at the annual meeting of the AIH: the profession would be unable to keep pace with the new scientific medicine if too many practitioners were alienated by the rigidity of conservative homeopathy. He advocated lowering the strict standards of homeopathic practice with the goal of attracting new physicians. Striving to market the association to medical professionals, Dunham hoped the profession would grow and Hahnemann's principles would become more appreciated if the members of the AIH relaxed their strict rules and adopted the more inclusive attitudes and definitions of homeopathy. Most of the liberal members of the AIH at that time viewed homeopathy as a part of the larger system of therapeutics and not a cohesive system of its own. The conservatives, on the other hand, felt that homeopathy must continue in the purist tradition set forth by Hahnemann.

In response to the growing diversity of standards in the field, the International Hahnemannian Association was started by a group of conservative homeopaths. Dr. C. Pearson, one of the founding members, commented on the situation in this way:

... There was a growing tendency to ignore every cardinal principle of homeopathy ... every journal article, reported case and paper read before homeopathic medical societies demonstrating the superior merits of pure homeopathy over every other system and especially the homeopaths who were mixing methods, were met with criticism and ridicule by fellow homeopaths.¹²

Both IHA and AIH members were worried that homeopathy was headed for extinction, but each blamed the other for the crisis.¹³

Mainstream medicine was also going through a transition at this time. The AMA membership was concerned about its legitimacy in the public eye. An improvement in the professional image of the discipline was due. Old heroic methods were being replaced with new techniques and knowledge from the French and German schools. The empiricist model was increasingly thought to be replacing the "reliance on systems," such as Hahnemann's, and the new technologies of the laboratory and experimentation, would "inform an egalitarian therapeutic ethic, cutting across artificial sectarian boundaries to judge all therapies objectively."¹⁴ Some realized the political and social need to appear to have less conflict with other groups. Sectarian medicine was seen by some to include not only homeopathy, osteopathy, eclecticism, and herbalism, but allopathy as well. Science would bring medicine into the modern world. The mainstream medical establishment painted themselves as open and progressive and thus representatives of the future, in contrast to their own history as well as to other forms of medicine.

The difference between allopathy and homeopathy was somewhat fluid in the latter part of the nineteenth century. The 1847 consultation clause in the AMA code of ethics that had prohibited regular physicians from consulting with irregulars because they were "medically and morally unfit" was challenged and often ignored by the 1880s. Patients often did not know or care whether their physician was a homeopath or a regular doctor, and oftentimes did not understand the difference. A professional of either school might have given them the same diagnosis, medicine or set of instructions.

Another way in which homeopathy and regular medicine had become almost indistinguishable was the way in which they were educating their practitioners. By the late 1800s, medical schools were being forced to raise their standards. Admission requirements were tightened, the number of classroom and clinical hours raised, and training made more rigorous.¹⁵ Medical societies also mandated inclusion of more science subjects in the curriculum. Most of the homeopathic medical schools taught subjects like pathology, microscopy, and histology which conservative homeopaths considered antithetical to homeopathy's theoretical basis, but which they knew were necessary to include in order to be certified and competitive.

At Florence Saltonstall's graduation from Hahnemann College of the Pacific in 1887, the speakers were full of hope and optimism for the seven graduates and their entry into their homeopathic careers. According to an article in the San Francisco Chronicle, dated November 12, 1887,

E.L. Campbell read a philosopho-medical address delivered by Oliver Wendell Holmes at Boston 45 years ago, for the reason that it expressed in better language than he could command the very ideas which he desired to communicate. 'Homeopathy,' he said, 'is beginning to emerge from the darkness that has surrounded its principles from the earliest times. No longer is a homeopathic physician a medical Pariah in the profession; no longer are his opinions treated with the scorn that formerly characterized the supporters of other doctrines.'

Professor C.L. Tisdale delivered the farewell address in which he said, "The animosity of the old school of medicine, which termed believers of new doctrines charlatans, is now happily dying out, and the feeling of hatred is being gradually supplanted by respect. There is virtue in quinine, and the enemies of sugarcoated pills are beginning to regard their efficacy in a new light. In the broad field which education opens to all, there must be success to the homeopathist who works in the interest of his science and for the good of his fellow man."¹⁶

Florence Saltonstall and her fellow graduates were now ready to pursue their science, but what exactly was this science? Within a few months of graduating from homeopathic medical school, Saltonstall had enrolled at Cooper Medical College in San Francisco in order to become a surgeon. She then went, at great personal expense, to Berlin, Paris, and Vienna to learn from the most innovative operators. She watched dozens of operations, bought the latest surgical equipment, and came back ready to practice. From the evidence in her writings, both personal and professional, she was a surgeon who identified with homeopathy and respected its use. At a Presidential Address of the Obstetrical Society of the American Institute of Homeopathy titled "Modern Obstetrics" that she gave in 1907, she outlined the state of current American obstetrical practice. Her speech included her thoughts on "the care of the woman in her supreme function" and the study of the "natural processes" involved in pregnancy and labor. She stated that it was her belief that they lived in an era of prevention; that the possible problems in which the surgeon would have to get involved could be handled with the minimum of intervention. Her concluding remarks promote homeopathy as an aid to obstetrics,

Besides all the wealth of scientific research and the advances in the art of obstetrics that is ours, we as homeopaths have the added wealth of our *Materia Medica* to aid us in the treatment of our pregnant and lying-in women. Nowhere in all the domain of medicine are there greater opportunities for the exhibition of our remedies than when used to control the multitudinous functional disturbances of pregnancy, the stormy period of labor, or the perversions of the lying-in period. The poetry of our *Materia Medica* is reached when with nice discrimination we administer to the mother, the deep-acting remedy that will eliminate the constitutional dyscrasia from her child yet unborn.¹⁷

Homeopaths, beginning with Hahnemann, believed that surgery had a place in the medical armamentarium. He wrote about its uses in *The Organon of the Medical Art*, his distillation of the theory of homeopathy. ". . . It is appropriate to mechanically restore dislocations, suture or bandage wounds, mechanically restrain and stanch arterial bleeding, remove foreign bodies that have

penetrated living parts, open a body cavity to extract a bothersome substance, drain collected fluids, set broken bones, etc.¹⁸ Because regular physicians were forbidden to consult with homeopaths and vice versa when the AMA's consultation clause went into effect in the 1840s, there was a need for homeopaths to become surgeons. By the late nineteenth century many homeopaths were specializing in surgery. In the first edition of *The Homeopathic Journal of Surgery and Gynecology* printed in 1898, the editor began his editorial by writing, "Composed of a membership naturally studious and progressive homeopathy contains within her ranks a large and increasing number of men and women, who devote much time and thought to surgery and gynecology . . . It seems hardly just or desirable that we shall be compelled to look altogether to the surgical lore of an unfriendly profession for the latest and best knowledge of this art."¹⁹ Dr. William Helmuth (1833-1902), was the best-known homeopathic surgeon in the later nineteenth century and wrote a number of reference texts on the subject. *Surgery and its Adaptation into Homeopathic Practice* was published in 1855 and was used as a medical textbook in homeopathic medical schools across the country.

By the 1880s, surgery had become a respected medical specialty because of the increased knowledge of bacteriology and anesthesiology, and the detailed study of human anatomy. More people were willing to be hospitalized, which allowed doctors to operate under more controlled conditions.²⁰ Florence Ward positioned herself at the forefront of the profession with her study and experience in Europe. In a letter she wrote on her first trip to Berlin in 1893, she writes to her sister about her experiences,

It has been a most successful time here. I have had more invitations to operations than I could attend. Of course being the only woman among many men in every hospital and clinic I went to you can imagine at how I have been stared at, as only German men can stare. No woman can enter any college in Germany, so it is an entirely new and unusual thing for them, and they can scarcely know how to take it. But I have been most beautifully treated, have learned a great deal and leave Berlin well content with what I have gained . . .²¹

Ward had attended operations in Berlin, Vienna, and Paris during her first trip to Europe. She noted in letters to her mother and sister the discrimination towards women in these cities. She was sometimes the first woman to enter into these hospitals as an observer and professional. Her grandson, John Erskine, when asked what qualities she had possessed that allowed her into situations that no other woman had been permitted into at the time said, "She had a no-nonsense presence and a feminine way at the same time. She got what she wanted without being demanding or manipulative."²² Ward's reaction to some of the situations she observed was to be thankful for her American citizenship,

My dear girl, you should see the young men here, the handsomest young fellows, take them all together, ever I saw; all having to pass through military services, by the drilling and discipline, they become perfect specimens of manhood; and then their uniforms show off to perfect advantage — The poor women, however, you would pity them, they bear the marks of the secondary position they hold in Germany by their physical degeneration and dispirited aspect. Be very thankful you were born in God's own country, America—²³

American women started traveling to Europe to study medicine in the 1850s because it was the only way for women to get a top-notch medical education, a situation that remained unchanged until the 1880s. Regular medical schools in the U.S rejected their repeated requests for admission and the separate women's medical colleges that existed had even lower standards than the men's colleges. "Nearly all of the pioneer women doctors in the quarter century after 1850 went abroad for a period of clinical study — going abroad was the only way that the graduates of women's and sectarian colleges could eke out their meager educational opportunities."²⁴ Women trained in Europe had superior education and used this to raise their professional standing.

Ward's trips to Europe enabled her to gain technical skill and knowledge in the developing surgical profession. This raised her standing in the medical community in San Francisco, which also raised her economic status. She was experienced at complicated procedures and was ready to set to work on more challenging and fulfilling undertakings, as she mentioned in a letter written in 1907:

*... I am finishing quite a thorough dissection of the abdominal viscera — have seen lots of surgical work — have worked up quite a number of new things and am quite ready for work again — strictly specialist — no more visits or dragging around after people. I think I can fairly estimate my powers — and now, I strictly hold to my own special line. I can truthfully say after estimating the works of others, I am fairly worthy of the finish special work (sic) — and I will not belittle my position by taking work that the others can do . . .*²⁵

Florence Ward's training also made it possible for her to write knowledgeably about new aspects of her profession in order to raise her both own prestige and the standing of the surgical profession itself. She wrote 47 pamphlets on topics including aseptic techniques during operations and childbirth, methods of surgery for hysterectomy and caesarean section, and reports on numerous successful surgeries she completed. Ward also wrote several articles for homeopathic journals, and read papers at local and national medical homeopathic meetings. She built her own 47-bed private hospital in San Francisco in 1910, which was successful until after her death in 1919.



*The Florence N. Ward Sanatorium
Bush and Hyde Streets, San Francisco*

As the news of her great skill spread,

*... cases were brought from greater and greater distances — desperate and obscure problems that baffled other surgeons . . . Her judgment was cool; her action swift and courageous. Patients said that when she looked down at them with those great eyes and that tender mouth, they struggled back to the fight: their spirits rose to come to her, and with nothing but that and her own perfect workmanship in her favor, she would enter the battle time after time and win.*²⁶

She also returned with a larger sense of her relative good fortune as an upper class, educated American woman. Her impressions of the discrimination against women in Austria and Germany may have motivated her desire to develop surgical techniques that would benefit women and cause less pain and suffering. Florence Ward was at the forefront of her profession because of her study in Europe, and was an example of the possibility of excellence that women physicians could attain in the early twentieth century.



Florence Ward took the opportunity to study in Europe for the same reasons that many other Americans did: the higher quality of instruction and the chance to observe a wider variety of medical conditions. European medical schools had much more thorough curricula, higher standards for admission and examination, and also allowed American women to enroll in the same classes as men. This was not the case in the United States. (Oddly enough, most of these countries, with the notable exception of Switzerland, did not allow their own countrywomen to enroll in medical schools until the First World War). These women came back to the U.S. much better prepared to practice medicine. Thousands of women from all over Europe, Australia, and the United States studied medicine in Zurich, Paris or Berlin between 1870 and 1920 in order to finish their medical education.²⁷ Some, like Florence Ward, returned more than once to study specific new techniques with the experts.

Because of her high degree of education and expertise, Ward was in an excellent position to become part of the move in the United States to professionalize the practice of obstetrics. Since the founding of the American Medical Association in 1848, their members had introduced licensing and regulatory commissions and established expensive medical schools, all of which fostered the growth of elitism in the medical profession over the next several decades. While mainstream medical practitioners were searching for ways to professionalize and heroic medicine was becoming less popular, new discoveries and techniques in France and Germany were made available to those who could afford the cost of travel.²⁸ An elite group of men and women made the journey, thus raising professional standards of medical care and education in the U.S. Eventually the European model of many years of university study became the standard in the U.S., as well.

In her address as President of the Obstetrical Society of the American Institute of Homeopathy in 1907, Ward criticized “the crude practice of midwifery” and said, “Progress was impossible while the practice of midwifery remained in the hands of midwives, — women often times of the lowest cast and densest ignorance.”²⁹ She then praised “the present glorious epoch in the art and science of obstetrics . . . the Period of Perfection . . . coincident with the present scientific age as well as the exalted position

of women.”³⁰ She noted that prevention of problems in labor was the responsibility of the obstetrician and it was a reflection on them if they allowed abnormalities to go undetected. In her view, it was much safer and more efficient to tend births in the hospital, as opposed to in private practice (in the home), particularly because “there has been comparatively little improvement in private practice since the introduction of asepsis in the management of labor.”³¹ According to Ehrenreich and English, obstetricians at this time were in direct competition with midwives, who still delivered more babies in the U.S. and had been the traditional birth assistants for thousands of years. In Ward’s view, local boards of health had a responsibility to see that midwives were supervised and regulated because of the high degree of puerperal sepsis that still existed, for which she blamed midwives. “They are essentially un-American; they are part of the old-world institutions that accompany the great tides of emigration that come to our shores, and in the process of assimilation are gradually displaced by the medical attendant.”³² Her solution for the control of midwives was “. . . not to perpetuate their existence as a body, by legislation to dignify their calling or create schools for their training, but rather place in the hands of local Boards of Health the power to regulate their practice and supervise their cases.”³³ The process of labor and birth needed to be medicalized in order to insure the obstetrician’s place in it — Dr. Ward strongly believed that hospitalization and the new scientific medicine would benefit women during labor and birth.

Florence Ward may have begun her medical education at Hahnemann Medical College of the Pacific because this school accepted women more readily than the mainstream medical schools in San Francisco. Yet she then combined her practice of homeopathy and regular medicine and took on active leadership roles in the homeopathic community. She was unlike some regular practitioners who got their degrees in sectarian schools then shunned the sect. She had been influenced by homeopathic theory and practiced medicine in a less invasive way. Florence Ward saw women as individuals who needed different amounts of anesthesia.³⁴ She saw people as whole, functioning persons, rather than a group of body parts — she knew that every organ was important and should only be removed if diseased. At that time surgeons were taking out healthy ovaries along with the uterus when they performed hysterectomies. They sometimes performed hysterectomies to resolve emotional and psychological issues: “hysteria” was a medical term at this time and was often used as a reason to remove healthy organs. Her husband, James Ward took the more radical approach, “. . . in order to stamp out insanity, I am strongly induced to believe in the legal castration of the individual of either sex, who is the unfortunate victim of this hereditary curse.”³⁵ Florence Ward was much more conservative and understood the role of every organ in the health of her patients.³⁶ Ward emphasized preventive medicine at the same time that she went along with the exciting new medical discoveries. New medical techniques gave her a competitive edge, but they were a complement to existing knowledge, a way to serve her patients better, rather than a replacement for the invaluable medical knowledge she had already acquired.

Even though Florence Ward was clearly an advocate of homeopathy and wrote many of her articles for homeopathic journals, she rarely wrote about specific homeopathic remedies and their use before and after surgery. She may not have seen the need to write about them because other homeopathic surgeons were already writing about the use of remedies in practice. She may also have been more concerned with communicating the surgical information.

Ward’s ambition, intelligence, and leadership were attributes that homeopathic leaders respected and made use of. She was elected and appointed into many leadership positions and was invited to lecture at annual American Institute of Homeopathy meetings many times. She was on the Hahnemann Hospital Board of Trustees (along with Phoebe Hearst) and was often in the news

and gave many interviews, which was good publicity for both homeopathy and Hahnemann Medical College.

She exuded intelligence, beauty, and poise, and gave the homeopathic profession a positive image. Physicians could be feminine and authoritative, successful professionally — and have a lovely family. This was unusual in the public eye; women were (and still are, to some extent) expected to have only one or the other. Her biography was contained in many compendiums, such as *Master Hands in the Affairs of the Pacific Coast*, and *The National Cyclopaedia of American Biography: 1897*, where it was mentioned that “. . . she has the largest practice of any woman physician west of Chicago.”³⁷ In the article shown on the next page, when asked if her gender was a drawback in her career, she replied, “This ceaseless tiresome question of sex, sex, sex, is the bane of the nineteenth century! One does not enter the ranks of medicine as a woman or as a man. One is simply an impersonal being, a seeker after knowledge, a concentrated mind working in conjunction with other minds, entirely regardless of sex.”

Florence Ward made her professional and career choices because of her personal needs and social limitations. She was limited in her career choices because of her gender. While teaching was considered an acceptable vocation for a woman, women were paid very little. For someone of Ward’s ambition, the profession did not have much to offer in the long term. Medicine, on the other hand, was an exciting career, with the possibility of new discoveries and direct contributions to the small quantity of knowledge of women’s health and physiology. Gynecology and obstetrics were also more acceptable careers in medicine for women, and even lucrative for them, given the preference of many women for female physicians. Elizabeth Blackwell, the first woman to graduate from a medical school in the U.S., remembered the visit to a dying friend that influenced her decision to become a doctor, “My friend died of a painful disease, the delicate nature of which made the methods of treatment a constant suffering to her. She once said to me: ‘ . . . If I could have been treated by a lady doctor, my worst sufferings would have been spared me.’ ”³⁸

SAN FRANCISCO WOMEN WHO WIELD THE SCALPEL AND SAW.

Fair Daughters of California Who Daily Perform Life or Death Operations.

the Gehimrath—the first woman to enter its sacred precincts.

The transition of the typical woman of the fiction of Ideals to the woman surgeon of to-day is a study in evolution. The woman who carves living human flesh is the antithesis of the woman who faints when she sees a needle. Between these poles of feminine development is a far cry. Education has bridged these extremes. Education and common-sense training have nerved the women of to-day so that thousands as womanly as Penelope are now following the profession of surgery. The sentiment of the age tends more to the development of the Agnes Wakefield type than of the Dora Spaulow. And who will say this is not wise!

San Francisco has many women who wield the scalpel and the saw. They rank high in their profession. The city has the name abroad of being one of the best communities in the world for woman surgeons. Every day they are busy, performing life or death operations, sawing off legs, putting drainage tubes into gunshot wounds, cutting out cancers and tumors, doing fret work on people's skulls, straightening noses, making squint eyes normal, and performing the hundred and one operations demanded from the modern surgeon.

And who are they? No one hears a vast deal of their doings. They don't seek notoriety or publicity. That's unprofessional, and the ethics of her calling are as the laws unto the Medes and Persians for the woman surgeon. But they are here, doctly busy, with hand and brain and keen knives and sharp saws.

The greatest difficulty to overcome after obtaining an audience (on professional grounds) is the extreme conservatism of San Francisco's woman surgeons. Above all, the fact of woman's nicety in the ranks of medicine makes it more difficult for her to have the courage of her convictions and take her proper place before the public eye.

Dr. Florence Saltonstall-Ward is a fair model of professional excellence. Energetic, ambitious, clever, tender, generous, thoughtful—these are her attributes. Her personality is an all-powerful one. She possesses that highest, that best of gifts in a surgeon—the art of inspiring confidence.

For her the study of medicine has had no difficulties. In answer to my question, "Has your sex been a drawback?" I was met with an emphatic reply:

"This ceaseless, tiresome question of sex, sex, sex, is the bane of the nineteenth century! One does not enter the ranks of medicine as a woman or as a man. One is simply an impersonal being—a seeker after knowledge, a concentrated mind working in conjunction with other minds, entirely regardless of sex."

Dr. Ward adopted surgery without a feeling of doubt as to its outcome. She has worked side by side with men, doing her best, giving her best, gaining renown for the work, not the worker. She matriculated at the Hahnemann College of this city and was graduated with high honors. She traveled through Europe, visiting every well-known clinic in most of the large cities. In Heidelberg she was admitted to

San Francisco Examiner Article, Circa 1900

Ward wanted to make a good living so that she and her daughters could live well. She also wanted to help her parents and younger sisters financially, which she was more likely to do with a physician's income. Homeopaths embraced women into their colleges and associations long before the regulars, and elected them to leadership positions in their organizations. This may have contributed to Ward's level of activity in the homeopathic organizations; the homeopathic community encouraged her to express her authority and her influence in her profession, while the regulars gave her little recognition until late in her life.



Florence Ward and Daughters Jean and Dorothy, Circa 1904

The question remains: was Florence Ward a homeopath? Did she think of herself as a homeopath but not really practice this form of medicine? If she did practice homeopathy, how did she reconcile it with her surgical and obstetrical practice? Did she use it in conjunction with these specialties? What kind of homeopathy was she practicing? In reading her letters, it is clear that Ward both identified herself as a homeopath and practiced homeopathy in conjunction with mainstream medicine. She was emotionally connected to homeopathy; one example of this is the spray of leaves she sent her sister after she had been to Hahnemann's grave in Paris. On the paper in which the spray is wrapped, she wrote, "This hung over Hahnemann's Tomb, Père Lachaise, Paris, August 5th, 06."



When she went to Leipzig, she mentioned in a letter to her sister,

*. . . Every house bears the impress of age, and the town is filled with historic interest. Great men have flourished in every part of the town — Luther, Schiller, Schumann, Wagner, Mendelssohn, Bach, and our own illustrious Hahnemann, have each some memorial or statue commemorative of this life and work here. — and it seems we tread historic ground, and reverently do we do homage to them.*³⁹

And in another letter, two years later to her father,

*Leipsic (sic) is interesting to us as being the seat of homeopathy and having a monument erected to Hahnemann. We have today received clippings of the newspapers telling of the death of Dr. Lilienthal — who was such a staunch and good worker for the cause. He was so closely identified with us that it will seem impossible for some part of the work to go on without him.*⁴⁰

According to John Erskine, his grandmother brought back from Germany a large number of Hahnemann's published works, which are no longer in the family's possession.⁴¹

Florence Ward married fellow homeopath and surgeon James Ward in 1895 in San Francisco. After their honeymoon in Yellowstone Park, they went to Europe in order to meet with famous surgeons, watch them operate, and buy supplies for their new clinic.

*. . . We have been very busy the past week at the hospitals and clinics besides attending to the purchasing we had to do in Berlin . . . We have been very busy in the surgical supply places and sterilization manufacturing places, getting the latest and best things for our operative work — so that we are investing deeply in necessary apparatus, as we do not feel we can or really care to come over to Germany for some little time to come . . .*⁴²



James William Ward was a source of inspiration for the cause of homeopathy in San Francisco from 1885 until his death in 1939. He was charismatic, energetic, and had a well-earned reputation for being a ladies' man.⁴³ Soon after his arrival in San Francisco following his graduation from New York Homeopathic Medical College in 1883, he was hired as professor of physiology at Hahnemann

Medical College of the Pacific. Two years later he became one of the first professors of gynecology in the country at Hahnemann. He was consulting physician for various institutions in San Francisco, including the Nursery for Homeless Children, and as mentioned earlier, was instrumental in the inclusion of homeopathic wards in the city and county hospitals of San Francisco. He was elected president of the Board of Health of San Francisco in 1902 and retained this position until 1907. He held the post during the 1906 earthquake in San Francisco, and thus had the responsibility of making certain that infectious diseases, such as typhoid and cholera, did not become epidemic. In an article he wrote for the American Institute of Homeopathy, he summarized his experience, beginning with the realization of his responsibility,

It was on the night of the 20th of April, 1906, while yet the demon of fire had consumed a large part of the city and was threatening the devastation of it all, that the vastness of the sanitary problem came upon me with its full significance. Within the next twenty-four hours there were over 300,000 people, who formerly enjoyed the comforts of home from the tenement house to the palace, alike thrown out upon the hillsides and covering the various squares within the confines of my city . . . The sick and injured and healthy were all confusedly packed together. The water supply was cut off in every direction. Sewers were broken open, and there was scant protection from the elements.⁴⁴

James Ward dealt with the calamity quickly and decisively, working with the military and with civilian volunteers. They inspected food and tested drinking water, repaired plumbing, built and maintained latrines, and taught those living in tents about sanitation and hygiene measures to control the spread of disease.

The earthquake and fire affected the homeopathic community deeply — the construction of the largely brick Hahnemann Hospital building was finally complete and the dedication had been held on April 10th, 1906. The earthquake occurred eight days later and destroyed enough of the hospital that it did not re-open until three years later. In June of that year, Florence went to New York and then Europe with her three daughters. She was relieved to get her family away from the ruins of San Francisco, but she was also leaving James, presumably because she found out about an affair he was having with one of their colleagues. It must have been an especially difficult year for the Wards. Florence wrote from New York:

. . . You cannot imagine the joy of being out of all the worry and tension and sorrow —with everything serene and well ordered here, it seems that anything else must be a horrible dream . . .⁴⁵

She and her children arrived back in San Francisco ten months later. Florence Ward reopened her practice the next year and in 1910 opened her private sanatorium, with 47 beds, exclusively for women. She employed an all-female staff, including anesthesiologist Alice Goss, M.D., Ida Cameron, M.D., and others.

The few written prescriptions in the Erskine family possession are contained in some of the letters she sent to her sister so that Irene Ferguson could dispense them to her patients while she was away. Here are some excerpts:

Now about the patients, Mrs. Bucklie's remedies for the night sweats are Phosphorus 4x and China 1x (liquids) — For laryngitis Aconite 3x and Phosphorus 4x every 1/2 hour alternately. The suppositories for Miss Giles are Aesculus and Hamamelis — order 2 oz. for her from the Pharmacy.

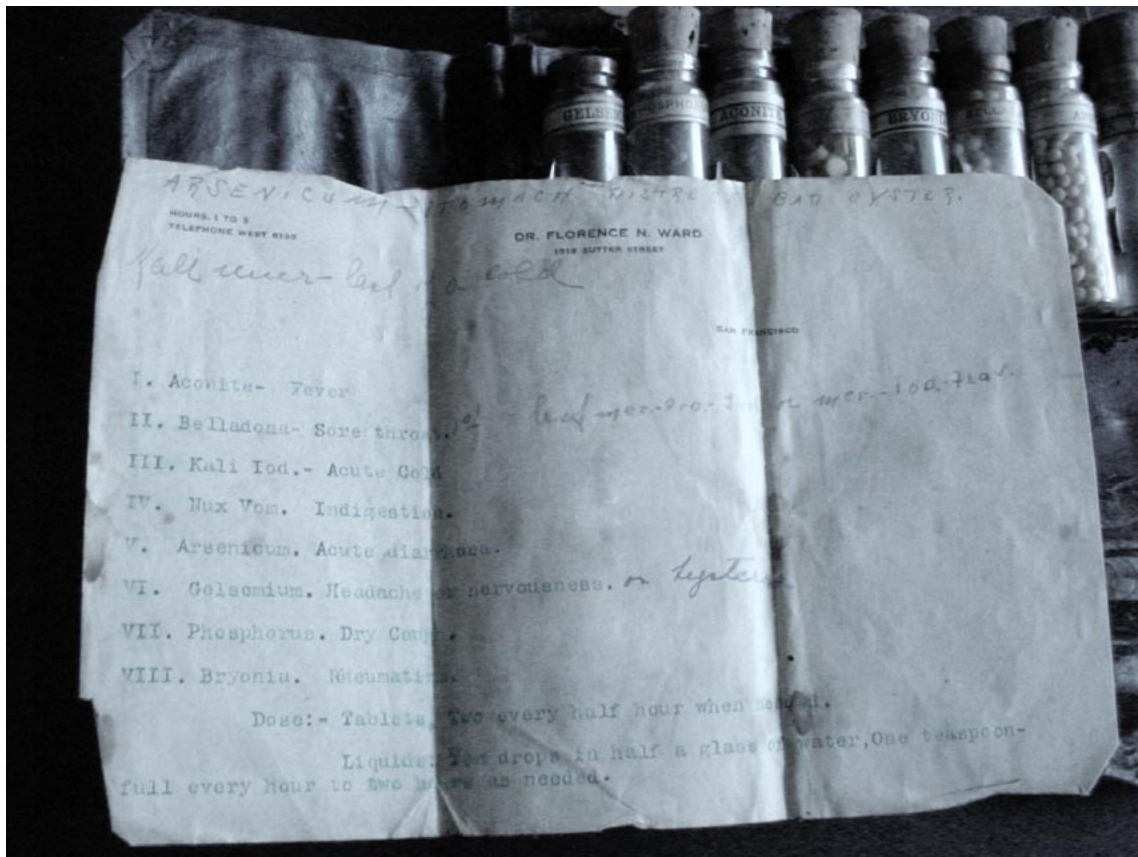
For Alice Rickey send Sepia 6x t.i.d. 42 powders and a note saying I am away and send her my best wishes . . .

. . . *the tonic for Mrs. Rice I think is the Hydrastis with Strychninum. —*

Send off Rex Dickinson Zincum Phos 3x powder t.i.d.

... I forgot to send Mrs. Grow some medicine as I promised so will you send it — A three dram vial of Digitalis tincture; sig 1/4 liquid into 1/2 glass of water — 1 teaspoonful every 2 hours. In case of pain — Cactus 1x / 3 dram vial, 1/4 liquid into 1/2 glass of water — Teaspoonful every 1/2 hour when necessary. Nitro-glycerin tablets 1/100 grams, 1/2 dram vial: sig 1 tablet three times daily. Heroin 1/2 gram tablets 1/2 dram vial — Mark for sleep — 1 on retiring when necessary . . .

The above examples are all very low potency homeopathic remedies combined with regular drugs of the time. If this was the typical prescription that Dr. Ward was giving her patients, we would now say she was a low potency prescriber, who mixed homeopathy with mainstream medicine. Her two large leather medical bags are still in the possession of her grandson. They are full of vials of tablets and powders. The labels on each vial are names of familiar homeopathic substances but there is no mention of their potency. This leads one to presume that they are either all the same strength or unpotentized crude drugs, or both. It would be difficult, perhaps impossible, to assay them — if they are homeopathically potentized — in order to discern their strength. The small purse-size remedy kit has a list of the remedies with a very simplistic set of symptoms to use them for:



Florence Ward's Emergency Remedy Kit with Directions

Florence Ward wrote about the individual sensitivity of the patient in terms of dosage of anesthetic and other allopathic medicines, which she took from her knowledge of homeopathic theory. "It must always be remembered that certain patients respond to the action of the drugs better

than others and individualization of each patient should be made . . . In other words, the drug should be adapted to the patient, instead of the patient subjected to a fixed and inflexible routine.”⁴⁶ She was also in agreement with many other female physicians that women were too frequently losing their reproductive organs to overzealous (often male) surgeons.⁴⁷ The lack of education, prevention, and treatment of gonorrhea and syphilis was one factor,

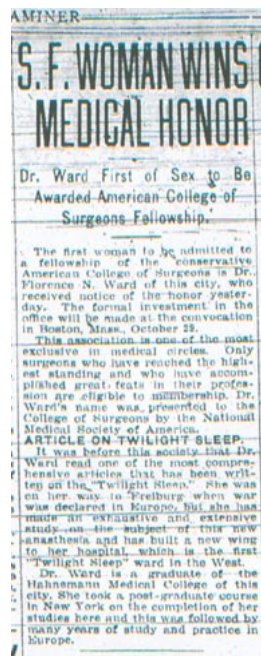
. . . Another problem . . . which is becoming more widely recognized, is the effect of gonorrheal infections and syphilis in producing loss of function in women and injury or death of the child. The true importance of these evils is being better understood as research and surgery have disclosed the appalling results of gonorrheal infections in the female pelvis.⁴⁸

The belief that hysteria, neurasthenia, and nervous exhaustion had a physical component in women’s reproductive organs led to many more hysterectomies and oophorectomies being performed than were medically necessary. Dr. Ward was careful to limit her operations to those that were essential for her client’s overall health.

Florence Ward was among the higher echelon of women who became leaders in medicine. She had extensive training in Europe, but also observed and became friends with many eminent surgeons and homeopaths in the U.S., such as the Mayo brothers, Dr. William Helmuth, William and Oscar Boericke, Samuel and James Lilienthal, Dr. E. Beecher Hooker (Harriet Beecher Stowe’s nephew and president of the AIH), and Dr. H.A. Roberts, as evidenced by her correspondence.

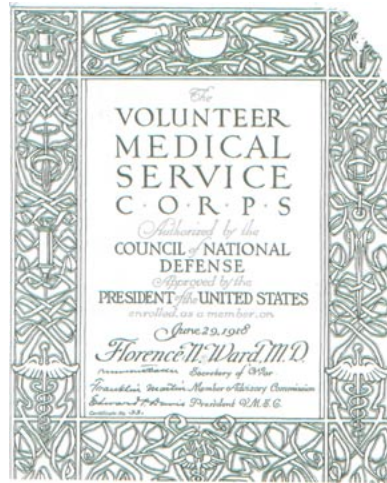
She wrote and spoke at national events extensively and publicly praised homeopathy. One of the examples is cited above in the “Modern Obstetrics” paper she gave at the AIH meeting in 1907. She filled a recognized leadership role in the homeopathic community, which she could not do in the mainstream medical community until 1915, when the American Medical Association admitted women as members. By this time twenty-seven women in the AIH had full membership status and ten of them had been elected to leadership positions.⁴⁹ Ward was influential in the American Institute of Homeopathy and the state and local organizations in California. She, like numerous women, served on boards or committees of homeopathic organizations, and was a delegate to state and national meetings.⁵⁰ She was a professor at Hahnemann in San Francisco — women professors and deans were more common in the homeopathic schools than in the regular medical schools at the turn of the century.

Finally, in 1915, Dr. Florence Ward was acknowledged for her multiple contributions to surgery and gynecology by the American College of Surgeons, when she was the second woman elected into that organization.



At last she was given some recognition for her quest for the most cutting-edge surgical techniques and her desire to distribute this knowledge to other surgeons with her writing, teaching, and presentations at national meetings.

During World War I, Dr. Ward, who was Vice-President of the American Institute of Homeopathy at the time, was one of 150 homeopathic physicians who met in Washington, D.C., to offer themselves as volunteers for the medical needs of France and England. Leading homeopaths in the AIH felt that this was a means of becoming officially recognized as an organization by the federal government. They had been ostracized from service in the Civil War and the Spanish-American War, and in some states it was difficult for a homeopath to be appointed to the Medical Corps of the National Guard. The Executive Committee of the American Institute called to Washington leading homeopaths from all over the United States, which included the foremost teachers and best-known clinicians and presidents of thirty-one state societies.⁵¹ These 150 homeopaths met in conference on July 27th in Washington, where Surgeon General Gorgas and Dr. Franklin Martin, the Executive of the Medical Section, addressed them. It was soon agreed that homeopaths should be taken into the Medical Reserve Corps on the same basis as the other schools of medicine. Florence Ward was put on a special committee to organize women physicians and met with key senators to “get a bill through for women physicians for war service on the same status as men.”⁵² Her letter describing the meetings is one of the clearest statements of her identification with homeopathy. She wrote descriptively of the “old school” doctors versus her fellow homeopaths who she was meeting with. She was placed on the Women’s Committee to report to the Medical Advisory Board of the Council of National Defense. She was recognized for her role by this official certificate from the U.S. government:



Dr. Florence Ward identified with homeopathy and thought of herself as a homeopath and as a surgeon, gynecologist, and obstetrician. In all of the personal papers that are in her grandson's possession, she does not mention the division or controversy between the more conservative homeopaths and the homeopaths who used regular medicine in conjunction with homeopathic medicine. She was a member and leader of the American Institute of Homeopathy, which contained many advocates of assimilation, and was not a member of the International Hahnemannian Association, which was the organization of the more conservative purists. She donated a small amount of money (\$5) to the building of the Hahnemann Monument in Washington DC, which was mainly paid for by AIH members; only 34 of the 124 IHA members donated towards the monument.⁵³ The monument was dedicated in 1900, at a time when IHA members felt extremely marginalized from the profession and feared that homeopathy was being watered down by the acceptance of mainstream medicine. The rift between the two factions, at the very moment when their mutual acceptance could have meant the power to effectively move homeopathy into the twentieth century as a vital medical system, is one of the reasons that homeopathy went into such a decline twenty years later.

Homeopathy was not seen or represented as "the other" to the same extent during Ward's career as it is presently; it was possible to be a part of the medical mainstream and consider oneself a homeopath. Florence Ward's patients were much more concerned about her ability to help them and her charming and confident bedside manner than what professional label she identified with.

*To Dear Dr. Saltonstall
With her bonny face
With her winsome smile
And her form of grace,
And that "wonderful thing in women"
A voice sweet and low
Do you know we love you
As from cot to cot you go.*

*From one room to another
Bending over the sick
With your soft fingers
Cooling pulses quick,
O my Dr. Saltonstall
Do you wonder, dear,
That we think you are an angel
Strayed down to us here?⁵⁴*

Ward was extraordinary in her day because she lived her life as though anything was possible. She was well loved by her family and had a great deal of support from them for what she did; she was successful both professionally and personally. She took care of her parents and youngest sister and daughters financially and emotionally, and they took care of her in many ways. She was an excellent role model for her daughters, younger siblings, patients, and students.

Homeopaths today face a schism in their profession that is similar in many ways to the split in homeopathy at the turn of the last century. There are still purists and there are still homeopaths who use a variety of modalities, including mainstream medicine, in their practice. Homeopathy has become more popular than it was during most of the twentieth century, and its acceptance is nearing the levels it enjoyed in Florence Ward's day. In that context, it seems crucial to learn how to rise above the infighting and the lack of a unified course of action that led homeopathy to take such a spectacular nosedive in that era.

Today we have come full circle from the days of Samuel Hahnemann. The heroic medicine he condemned seemed to blossom into a new scientific movement in Ward's day, and it was only natural for a forward-looking homeopath to combine the best of both disciplines as an outstanding surgeon of her time. Today, the promise of scientific medicine has tarnished as the *Journal of the American Medical Association* reported in 2000 that at least 225,000 deaths occur annually from the negative effects of medical drugs, hospital errors, hospital infections, and unnecessary surgery. Thus, mainstream medicine is the third leading cause of death in the United States.⁵⁵ Heroic medicine, which required tremendous sacrifice from its patients, seems to have returned. And Florence Ward's modern counterparts must today make some big choices, just as Florence herself had to. Let's celebrate her tremendous example, while remembering that

The physician's calling is not to concoct so-called systems from empty conceits and hypotheses . . . while a sick world cries in vain for help . . . It is high time for all those who call themselves physicians . . . to *begin* now to *act*, that is to really help and to cure.⁵⁶

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The primary source materials used in this paper included original correspondence (letters from Florence Ward to her sister, father, and mother); an oral interview with Ward's grandson, John Erskine; the transcript of an oral interview with Florence Ward's daughter, Dorothy Ward Erskine; two of Florence's original teaching notebooks; her published pamphlets; three of her medical bags; and newspaper clippings from the San Francisco *Examiner*, *Chronicle*, and *Call* newspapers of the era. Secondary source materials include a book that was written and self-published by Dorothy Ward Erskine about her mother, and books and articles written by others about related subjects. These subjects include women's shifting roles in the field of health care in the late nineteenth and early twentieth centuries, the development of the medical specialties of obstetrics and gynecology, the general transition of American medicine at the time, women homeopaths in the late nineteenth and early twentieth centuries, the decline of homeopathy in the early twentieth century, and the phenomenon of women studying medicine in Europe in this era. Books on homeopathic theory were also consulted.

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² *Materia Medica* is a Latin term for a group of curative substances used medicinally. Until the 20th century the title was commonly used by mainstream, botanical, and homeopathic authors for books that listed and described the substances and their properties. Similar to the Physician’s Desk Reference in use today.

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²⁰ Kirschmann, 100

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- ³⁷ *The National Cyclopaedia of American Biography: Volume VII*. (New York: James T. White and Company, 1897), 270
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- ⁴⁰ Ward, Letter to James Ferguson, Leipzig, 16 October, 1895
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- ⁵² Ward, Florence. Letter to Irene Ferguson, Washington, DC, 1917
- ⁵³ Repasz, 57
- ⁵⁴ Patient of Dr. Florence Saltonstall, Erskine Family Collection, San Francisco, California.

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