

DR. MADGE BAKER GASKIN:
THE MAKING OF A WOMAN PHYSICIAN IN THE 1920s

by

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ABSTRACT

RACHAEL LEIGH GASKIN. Dr. Madge Baker Gaskin: The Making of a Woman Physician in the 1920s (Under the direction of DR. SONYA RAMSEY)

During the 1920s, women who aspired to be doctors often found the South unwelcoming. Women interested in the medical profession, encountered multiple roadblocks when they applied to medical school programs because of sexist stereotypes and cultural expectations. These categorizations relegated women to home concerns and this subservient status conflicted with the common perceptions of male professionalism in the medical field. Nevertheless, in 1926 Madge Baker Gaskin overcame gender discrimination and challenged accepted social norms to graduate from the Medical College of South Carolina in Charleston. By discussing Baker's exceptional experiences as a medical student, resident, and practicing physician in the 1930s, this biography contributes to the historical scholarship of Southern women medical students and physicians during the first decades of the twentieth century.

DEDICATION

For my great-grandmother, Dr. Madge, who chased her dreams and gave so much of herself to her family and community. Thank you for leaving pieces of your story for me to find.

For all those whose stories have been neglected in historical narratives, who deserve to be remembered.

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CHAPTER 1: EARLY LIFE AND SCHOOLING

In the fall of 1921, 20-year-old Sarah Madge Baker gathered her school materials, walked down to the street below her small apartment room, and stepped out into the thick Charleston, SC heat. Once outside, she started her fourteen-block journey to campus. As she took in the city that surrounded her, so different from her small hometown in rural South Carolina, she tried to prepare herself for what awaited. As Baker approached the campus of the Medical College of South Carolina, she began a groundbreaking personal and professional journey to become a doctor in an era where very few Southern medical colleges accepted women.¹

1.1 Introduction

Notwithstanding some Southern medical schools' gender-based restrictions, aspiring women doctors encountered cultural expectations that encouraged them to marry, have children, and stay at home, which conflicted with the workplace expectations of doctors during this time. In 1900, women physicians accounted for 6 percent of doctors nationally. Those percentages fell during the 1920s as colleges established new policies that kept them out of their institutions, such as requiring applicants to have four-year degrees. This seemingly arbitrary rule, prevented women who possessed degrees from two-year women's colleges from applying and subsequently the percentage of women students and physicians decreased even further.² The percentage of women

¹ Sarah Madge Baker is her full name at birth. However, she is commonly known as "Madge" and from this point on will be referred to by "Madge" and not "Sarah".

² Carolyn M Moehling, Gregory T Niemesh, and Melissa A Thomasson, *Shut Down and Shut Out: Women Physicians in the Era of Medical Education Reform*, Bloomington: Ostrom Workshop, Indiana University, 2019. 6. <https://ostromworkshop.indiana.edu/pdf/piep2019/moehling-niemesh-thomasson.pdf>.

physicians did not only decrease because of these new policies, however they did have an impact. By 1920, only 7,219 women practiced medicine out of the 132,002 physicians in the United States.³ Most of those doctors, 66 percent, practiced in large northern and western cities.⁴ Examining the experiences of Baker and her medical school cohorts allows for more understanding of Southern women's historical contribution to the broader fields of Southern and women's history and the history of medicine.

This specific study focuses on the life and experiences of Madge Baker Gaskin, a white woman who became a licensed physician in 1926 in the South.⁵ The motivation to conduct this research came from wanting to highlight the experiences of women who remain excluded from historical texts. However, I chose to concentrate on Baker because she is my great-grandmother. Because of this, I have access to her personal papers and letters that serve as an evidential base of this thesis. Conducting this emotionally-rewarding research on my great-grandmother enabled me to learn more about a woman that I never had the opportunity to meet; however, this thesis places Baker's experiences within the broader historiographical discussions of the history of medicine, medical education, Southern culture, religious influences, and her relationships.

1.2 Historiography

³ Walsh, Mary Roth. *Doctors Wanted, No Women Need Apply: Sexual Barriers in the Medical Profession, 1835-1975* (New Haven: Yale University Press, 1977), 184-188.

⁴ Walsh, *Doctors Wanted, No Women Need Apply*, 186. ; These women are located in Boston, Chicago, Los Angeles, Minneapolis, New York, Philadelphia, and San Francisco.

⁵ Because this study focuses on Baker's experiences, a white woman, it will not discuss the experiences of African American physicians in the South. Therefore, for more information on African American physicians, I am including further sources here: Thomas J. Ward, *Black Physicians in the Jim Crow South* (Fayetteville: The University of Arkansas Press, 2003). ; Louis Wade Sullivan, and David Chanoff, *Breaking Ground: My Life in Medicine* (Athens: The University of Georgia Press, 2014). ; Sonnie W. Hereford, and Jack D. Ellis, *Beside the Troubled Waters A Black Doctor Remembers Life, Medicine, and Civil Rights in an Alabama Town* (Tuscaloosa, Ala: University of Alabama Press, 2011).

In 1933, Dr. Kate Campbell Hurd-Mead put together a work of essays written by women in medicine from the United States and England, *Medical Women of America: A Short History of the Pioneer Medical Women of America and a Few of Their Colleagues in England*. The topics of these essays ranged from discussing women as surgeons to the experiences of women in medical societies and focused on the mid to late 1800s. Five years after her first historical work, Hurd-Mead published another, *A History of Women in Medicine: From the Earliest Times to the Beginning of the Nineteenth Century*. Published in 1938, it was one of the first major contributions to the history of women in medicine with its contents spanning from ancient times to the beginning of the 1800s. When discussing why she decided to begin studying the history of women in medicine, Hurd-Mead said that “Such a study had never before been seriously undertaken, and such bits of information on the subject as had appeared in medical histories written by men were meager indeed.”⁶ As an obstetrician by profession, Hurd-Mead’s transition into becoming a historian came from her frustration with the histories of women in medicine being “one-sided.”⁷ Historian Toby A. Appel, who has studied the life and contributions of Dr. Kate Campbell Hurd-Mead, states that her motivations for becoming a historian of women’s medical history came from a want to “fill what she felt was a vital gap in scholarship.”⁸

⁶ Kate Campbell Hurd-Mead, *A History of Women in Medicine from the Earliest Times to the Beginning of the Nineteenth Century* (Haddam, CT: Haddam Press, 1938), vii.

⁷ Hurd-Mead, *A History of Women in Medicine from the Earliest Times to the Beginning of the Nineteenth Century*, vi.

⁸ Toby A. Appel, “Writing Women into Medical History in the 1930s,” *Bulletin of the History of Medicine* 88, no. 3 (Fall 2014): 459.

Before the publication of Hurd-Mead's works, most historical contributions to this topic came from essays and smaller works written by other women physicians. Many of the earlier contributions, as well as Hurd-Mead's works, were written in response to Edward Clarke's *Sex in Education: A Fair Chance for the Girls*, published in 1873. In this work, Clarke explains his views on the education of men and women, stating that while men and women share a similar capacity to learn, women's bodies are unfit for the strenuous nature of education. Citing cases of women that experienced headaches and extreme menstrual cramping during and after their time in college, Clarke drew the conclusion that the education of these women negatively impacted their physical wellbeing and proved that women were unfit for education.⁹ Therefore, because of Clarke's work and the contributions of Dr. Hurd-Mead, and other historians, a new historical field of study and debate took form in the late 1800s and early 1900s.

Hurd Mead published her works during a decade when the number of women in medicine declined. During the 1920s the percentage of women physicians in the United States, previously at 6 percent, began to fall.¹⁰ Historian Ellen S. More, author of *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995*, discusses this decline by highlighting the disappearance of the "woman's sphere" in the medical profession.¹¹ Prior to the late nineteenth century, women physicians often

⁹ Edward H. Clarke, *Sex in Education: A Fair Chance For the Girls* (Boston: James R. Osgood and Company, 1873) 49.

¹⁰ Carolyn M Moehling, Gregory T Niemesh, and Melissa A Thomasson, *Shut Down and Shut Out: Women Physicians in the Era of Medical Education Reform*, Bloomington: Ostrom Workshop, Indiana University, 2019. 6. <https://ostromworkshop.indiana.edu/pdf/piep2019/moehling-niemesh-thomasson.pdf>.

¹¹ Ellen Singer More, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995* (Massachusetts: Harvard University Press, 1999), *Sidelined Women Physicians ca. 1900-1920*, Kindle.

practiced obstetrics and gynecological medicine, which the medical field viewed as “women’s medicine”. Early women in medicine, such as Elizabeth Blackwell, used the connection between “women’s roles” of caretaking and the caretaking aspect of medicine to justify their place in the medical field.¹² However, with specialties beginning to be considered as prestigious in the early 1900s, men physicians began to take these roles from women.

Mary Roth Walsh’s significant work *Doctors Wanted: No Women Need Apply*, attributes some of the decline to male backlash and the disappearance of women’s medical colleges.¹³ Walsh argues that men became more hostile towards women seeking college educations and careers during the early 1900s, which led to the closing of most women’s medical colleges. Subsequently, without other options women had to apply to co-educational institutions that often refused to admit them. For example, some co-educational institutions, like the Medical College of South Carolina at Charleston, accepted women into their program in 1889 and later rescinded that ruling in 1912.¹⁴

However, historian Carolyn Skinner and her work *Women Physicians and Professional Ethos in Nineteenth-Century America* discusses gender roles and gendered characteristics in medicine as she strives to provide a better understanding of the social

¹² Regina Morantz-Sanchez, “The Female Student Has Arrived: The Rise of the Women’s Medical Movement,” in *Send Us a Lady Physician: Women Doctors in America, 1835-1920*, ed. Ruth J. Abram (New York: W.W. Norton & Company, 1985), 62-63.

¹³ Ellen Singer More, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1995* (Massachusetts: Harvard University Press, 1999), Sidelined Women Physicians ca. 1900-1920, Kindle. ; Walsh, *Doctors Wanted, No Women Need Apply*, 192.

¹⁴ Brooke Fox, “Feminine Pulchritude: Women at MUSC” (PowerPoint presentation, 2020). ; The Gale-Gaskin Family Papers, 1918-1993, MSS-1017, Waring Historical Library at the Medical University of South Carolina. Brooke Fox is the archivist at the Waring Historical Library at the Medical University of South Carolina, the medical institution that Madge attended.

and personal expectations placed on women who were aspiring to become physicians in the late nineteenth century. Skinner argues that masculine defined personality traits dominated the characteristics that were deemed as desirable in the medical field, thus keeping women from being able to show the preferred signs of competency and therefore keeping them out of the field. Because of this, women physicians had to appeal to the public for acceptance rather than inside the medical community itself.¹⁵ Similar to Skinner's argument, historian Regina Morantz-Sanchez argues that many women faced difficulties due to their feminine defined traits that were believed to better prepare them for socially driven careers that involve caretaking, such as social work and nursing.¹⁶ However, they also note that the modernization and reformation of medical education in the late nineteenth century assisted in the lessening of educational opportunities for women hoping to become physicians, because women's colleges were often not aligned with larger universities.¹⁷ Therefore, Madge's biography intercedes with this historiography, as her experience in medical school took place in the 1920s.

Even the decline in the admittance of women is left out of historical works on the history of medicine that do not focus on women physicians. In Kenneth M. Ludmerer's, *Time to Heal*, he states that American Medical Schools experienced great growth in the 1920s because of "postwar prosperity."¹⁸ Ludmerer's perspective of the growth of

¹⁵ Carolyn Skinner. *Women Physicians and Professional Ethos in Nineteenth-Century America* (Illinois: Southern Illinois University Press, 2014), 10.

¹⁶ Regina Morantz-Sanchez. *Sympathy and Science: Women Physicians in American Medicine* (New York: Oxford University Press, 1985), 234.

¹⁷ Regina Morantz-Sanchez. *Sympathy and Science: Women Physicians in American Medicine*, 243-248.

¹⁸ Kenneth M. Ludmerer, *Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care*, (New York: Oxford University Press, 1999), 53.

medicine during this time upholds Hurd-Mead's initial reasoning behind her research, that the "one-sided" interpretation of history ignored the experiences of women physicians. The difference between these two perspectives gives insight into how the history of medicine has centered around the experiences of men in the past.

The Medical College of South Carolina at Charleston was one of the first medical schools to exist in the South, and it is considered the first in the Deep South.¹⁹ Prior to the early nineteenth century medical education often consisted of an apprenticeship that lasted three years. Medical education did not have any strict standards nor was it uniform, which is what led to the development of more formalized medical programs in the 1820s.²⁰ However, in the early nineteenth century Southern physicians also began to recognize that the South lacked their own medical schools. The main issue that this posed pertained to the education of doctors about location specific illnesses and courses of treatment. In 1836 physician, Dr. Edward Delony, argued that because the South differed from the North, doctors that planned to practice in the South needed to be educated in the South.²¹ Therefore, because of this belief medical schools like the Medical College of Georgia and the Medical College of South Carolina worked to formalize their medical programs and courses of study, as well as developing large study libraries for students and Southern physicians to utilize.²²

¹⁹ J. Brenton Stewart, "To Support the Southern Medical Public: The Medical College of Georgia as a Southern Information Agency," *Information & Culture* 50, no. 4 (2015): 563.

²⁰ Stewart, "To Support the Southern Medical Public," 556.

²¹ Stewart, "To Support the Southern Medical Public," 557.

²² Stewart, "To Support the Southern Medical Public," 556-563.

Historian J. Brenton Stewart discusses the development of these libraries and research centers and highlights the importance of them at the Medical College of Georgia and the Medical College of South Carolina. These libraries not only served as educational tools for medical school students, but they also brought much needed medical information to the South, where research facilities like these did not yet exist.²³ Therefore, by the time that Madge lived in Charleston, her medical college was known as a prevalent Southern institution.

Madge also belonged to an early cohort of women who attended the Medical College of South Carolina at Charleston, but women graduated from this institution before her. The college first admitted women into their medical program in 1889, and between 1901 and 1912 eleven women graduated from their medical program. Of 505 total graduates of those programs, only eleven women graduated.²⁴ In 1912, the college rescinded the ruling that allowed women into those programs. Therefore, from 1913 to 1921, no women graduated from this medical program.²⁵

The first women to graduate from the Medical College of South Carolina, Love Rosa Hirschmann Gant and Emilie Melanie Vielt Rundlett, did so in 1901. However, even though the first cohorts of women attended school in Charleston, not all stayed to practice medicine in the South. Of the first two women graduates, Love Rosa Hirschmann Gant practiced in Spartanburg, South Carolina, after completing a residency

²³ Stewart, "To Support the Southern Medical Public," 554-556.

²⁴ Brooke Fox, "Feminine Pulchritude: Women at MUSC" (PowerPoint presentation, 2020).

²⁵ Brooke Fox, "Feminine Pulchritude: Women at MUSC" (PowerPoint presentation, 2020).

in New York and Emilie Melanie Vielt Rundlett practiced in New Jersey.²⁶ Because practicing medicine in The South was more difficult for women physicians than in the North, a limited number of women attended school, completed a residency, and went on to practice medicine there.

However, when Madge graduated from the institution in 1926, she did so alongside two other women. One of which was Dr. Hilla Sheriff, a physician who spent much of her later career educating and training lay midwives in rural parts of South Carolina.²⁷ Historian Patricia Hill argues that by educating these women, Dr. Sheriff assisted in getting medical care to many pregnant African American women and poor white women. However, even though Sheriff graduated from this institution and spent much of her medical career in South Carolina, she did complete a medical residency at the Hospital of the Women's College of Pennsylvania in Philadelphia because "there were no accredited internship opportunities for female physicians in South Carolina".²⁸

However, the field of medicine in the early twentieth century is not only comprised of physicians. During World War I, women helped in the war effort as nurses and as contract surgeons. The great stress placed on medical professionals during the war encouraged many women to enter medicine. Some women who were already doctors at the start of the war saw it as an opportunity to be taken seriously by their male

²⁶ "Love Rose Hirschmann Gantt, M.D.," Waring Historical Library, accessed November 16, 2019, <http://waring.library.musc.edu/exhibits/MUSCwomen/Rundlett.php>. ; "Emilie Melanie Vielt Rundlett, M.D.," Waring Historical Library, accessed November 16, 2019, <http://waring.library.musc.edu/exhibits/MUSCwomen/Rundlett.php>.

²⁷ Patricia Hill, "Dr. Hilla Sheriff: Caught Between Science and the State at the South Carolina Midwife Training Institute," in *South Carolina Women*, ed. Marjorie Julian Spruill, Valinda W. Littlefield, and Joan Marie Johnson (Athens: University of Georgia Press, 2012), 78-79.

²⁸ Patricia Hill, "Dr. Hilla Sheriff: Caught Between Science and the State at the South Carolina Midwife Training Institute," 81

colleagues.²⁹ However, when the United States gave them an avenue to work as doctors in World War I, the only option to become a contract surgeon with “no rank, no promotions, and no standing.”³⁰ Therefore, because these women would have to leave their practices for positions that were designed to keep them from gaining any rank or standing, not many women decided to take the opportunity. Therefore, for most women entering the medical field, nursing became the more attainable option. However, it also meant that during a radical women's movement in the United States, pushing for equal rights and women's suffrage, many women saw the opportunity to serve as military nurses as a way to claim more individual rights and increased equality once the war ended. With the Nineteenth Amendment ratified in 1920, the discussion of women's rights became much more apparent in everyday life.³¹

Historians' views about why so many women enrolled in nursing programs during this time vary. Historian Sandra Lewenson argues that women saw this enrollment as a chance to find new freedoms. She quotes an educator in a nursing program as saying, "Nurse training schools served the purpose of making women socially useful outside of the domestic sphere, emancipating them and giving them a chance to grow."³² She is arguing that women saw the nursing field as a new career opportunity, giving them the ability to attend college, pay their bills, and obtain personal autonomy. Historian

²⁹ Ellen S. More, “A Certain Restless Ambition: Women Physicians and World War I,” *American Quarterly* 41, no. 4 (December 1989): 637.

³⁰ Ellen S. More, “A Certain Restless Ambition,” 638.

³¹ U.S. Const. Amend. XIX.

³² Sandra Lewenson, *Taking Charge: Nursing, Suffrage, and Feminism in America 1873-1920* (London: Routledge, Taylor & Francis Group, 2016), 24.

Kimberley Jensen also argues that women's new-found nursing opportunities provided them with the ability to emancipate themselves from the domestic sphere of work.³³ Many women may have entered into the medical field to get into the workforce instead of solely "helping with the war effort." Meaning that Madge could have seen medicine as a new career opportunity for her to obtain more personal autonomy. Suggesting that the new growth and interest in medicine broadened these careers' visibility and opportunities, encouraging more women to become involved.

The Spanish Influenza epidemic also affected the field of medicine. As the epidemic raged across the United States in 1918, 675,000 people died from it in the country and about 50 million worldwide.³⁴ By the time of the pandemic, the medical field had already become defined by gender in the United States. In Nancy K. Bristow's *American Pandemic*, she describes that "the broader American populace, too, expected doctors to perform as men and nurses as women as they battled the pandemic".³⁵ Therefore, while the pandemic and the newfound need for medical professionals encouraged women into nursing, the gender defined roles in medicine kept many women from seeking careers as physicians because of it.

In contrast to the arguments of Lewenson and Jenson, historian Sandy Bauers has written about the influence that the Spanish Flu had on nursing, saying, "It also attracted more people to the profession. Repeatedly in our history, that has happened in times of

³³ Kimberly Jensen, *Mobilizing Minerva: American Women in the First World War* (Urbana: University of Illinois Press, 2008), VIII.

³⁴ "1918 Pandemic (H1N1 Virus)," Centers for Disease Control and Prevention, accessed November 15, 2019, <https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html>

³⁵ Nancy Bristow, *American Pandemic* (New York: Oxford University Press, 2012), 139.

disaster, and it was the same during the Spanish Flu. People said, 'If nurses can save lives, I want to do that.'"³⁶ Unlike Lewenson and Jenson's arguments, Bauers argues that women entered into medicine because of an emotional response and want to save lives. Because of all these factors - the Spanish Flu, the First World War, and the women's suffrage movement, women sought new ways to enter the medical field.

It is important to recognize that Southern women lived within a different set of cultural expectations than northern women in the United States. Historian Jean E. Freidman points to these differences by discussing the importance of family by stating, "in the South family connections were valued more than education or professional skill since it was the social hierarchy that was at stake".³⁷ When northern women gained autonomy from the urbanization and modernization of their cities, Southern women's society still surrounded the needs of the family and their community.³⁸ Historian Caroline Matheny Dillman even describes a "southern woman" in one of her works by stressing the importance of having a multi-generational presence in the South. Dillman stresses this distinction between "living in the south" and "being southern" because of the importance that Southern culture places on heritage, family, and community.³⁹ This distinction made

³⁶ Bauers, Sandy and the Inquirer, "5 Questions: How the 1918 Spanish Flu Pandemic Changed the Nursing Profession," *TCA Regional News*, November 09, 2018. <https://librarylink.uncc.edu/login?url=https://search-proquest-com.librarylink.uncc.edu/docview/2131137714?accountid=14605>.

³⁷ Jean A. Friedman, "Women's History and the Revision of Southern History," in *Sex, Race, and the Role of Women in the South*, ed. Joanne V. Hawks, and Sheila L. Skemp, (Jackson: University Press of Mississippi, 1983), 7.

³⁸ Joanne V. Hawks, and Sheila L. Skemp, "Introduction," in *Sex, Race, and the Role of Women in the South*, ed. Joanne V. Hawks, and Sheila L. Skemp, (Jackson: University Press of Mississippi, 1983), xiii.

³⁹ Caroline Matheny Dillman, "The Sparsity of Research and Publications on Southern Women: Definitional Complexities, Methodological Problems, and Other Impediments" in *Southern Women*, ed. Caroline Matheny Dillman (New York: Hemisphere Publishing Group, 1988), 9

by Dillman, one between physical location and a cultural alignment, also highlights discussions that have been taking place between recent Southern historians, the questioning of what “Southern” means.⁴⁰ Recent Southern scholarship has discussed the clarifying of the scope of the field, as well as how being “Southern” impacts women in an intersectional way. However, the importance of multi-generational relationships and family in Southern culture is something that defines the Southern experience for many historians.

Because of the importance placed on family in Southern culture, that is also why many Southern women entered into the workforce in the early twentieth century. Before the turn of the century many women had to rely on the agricultural work of their husbands and other men in the family to make a living, while they worked in the house. However, at the turn of the century and when families began to move into towns, many women sought jobs at mills to help support their families.⁴¹ Historian Mary Fredrickson highlights this connection between Southern women working in textile mills and families needing the extra income by pointing out that “women working in cotton textiles typically provided 30 to 40 percent of the family income”.⁴² Similarly, historian Polly Woodham also discusses the realities of Southern rural women entering the workforce in the early twentieth century. Woodham states that “the transformation of the Southern farm economy in the twentieth century changed women’s place in the family economy

⁴⁰ Brian Ward, “Grand Theories and Granular Practices: The South and American Studies,” *Journal of American Studies* 48, no 3. (2014): 727.

⁴¹ Mary Fredrickson, “‘Sassing Fate’ Women Workers in the Twentieth-Century South” in *Taking Off the White Gloves: Southern Women and Women Historians*, ed. Michele Gillespie, and Catherine Clinton (Columbia: University of Missouri Press, 1998), 18.

⁴² Mary Fredrickson, “‘Sassing Fate’ Women Workers in the Twentieth-Century South” 17.

and the types of work they performed.”⁴³ During this time, rural Southern women were working outside of the home, but many were doing so because of their dedication to helping their families, not because they hoped for more autonomy.

Because of the prevalence of Southern families moving out of rural communities to work in the mills, the landscape of these rural communities began to change. Historian Melissa Walker states that with less people living in rural areas, that the government and other reformers sought to change the landscape even further by improving its agriculture.⁴⁴ And while many farmers used new modern farming methods, such as hybrid seeds and chemical fertilizers, and prospered during World War I, the end of the war and the Great Depression brought hardships for rural communities. In 1920, cotton prices fell from 31.2 cents a pound to 17.3 cents and fell again during the Depression.⁴⁵ Walker also argues, similar to the argument of Fredrickson, that this pushed many rural women to seek out ways to make extra money in their own communities.⁴⁶ Many Southern women were faced with these financial hardships, and their familial ties were founded in the need to support their families, however some Southern women’s lives looked very different. For example, women like Dr. Annie Alexander, the first woman physician in the South, and Dr. Hilla Sheriff benefitted from growing up much more privileged.

⁴³ Polly Woodham, “The Many Roles of Rural Women,” in *South Carolina Women*, ed. Marjorie Julian Spruill, Valinda W. Littlefield, and Joan Marie Johnson (Athens: University of Georgia Press, 2012), 291.

⁴⁴ Melissa Walker, “The Changing Character of Farm Life: Rural Southern Women,” in *Southern Women at the Millennium*, ed. Melissa Walker, Jeanette R. Dunn, and Joe P. Dunn (Columbia: University of Missouri Press, 2003), 155.

⁴⁵ Melissa Walker, “The Changing Character of Farm Life: Rural Southern Women,” 159.

⁴⁶ Melissa Walker, “The Changing Character of Farm Life: Rural Southern Women,” 159.

For this study, it is also important to include the history of Charleston, South Carolina because Baker spent five years of her life in Charleston and the fabric of the city, as well as the attitudes towards women, impacted her experiences and this history. As a large Southern city, and starting place of the Civil War in 1861, Charleston, South Carolina is a city that is remembered for its history. However, Charleston's history has not always been the focal point of the city.⁴⁷ The city is known for its commitment to protecting the interests of elite white families that lived in the area for a long time, and class identity is an important aspect of its fabric. During and after the Civil War the city faced a large economic decline, which only furthered the divide of the economic classes in Charleston. And in the 1920s, in an effort to reinvent the city, it began to be marketed as a beautiful tourist location full of history, fine arts, literature, and music, thus the creation of "Historic Charleston".⁴⁸ However, the history of Charleston is not as "picturesque" as it is marketed to visitors, the physical divisions of race throughout the city, due to its history of enslavement of African Americans and its role as the largest entry points of the transatlantic slave trade, remained visible. Historian Walter J. Fraser Jr. states that even though the development of new industries did not force people out of their homes inside the city, in the 1880s "some of the unhealthiest sections of the city were becoming exclusively black because they could not as readily afford to move from deteriorating neighborhoods as whites."⁴⁹ Because of these poor living conditions and

⁴⁷ Walter J. Fraser, Jr., *Charleston! Charleston!: The History of a Southern City* (Columbia: University of South Carolina Press, 1989), 149-251.

⁴⁸ Stephanie Yuhl, *A Golden Haze of Memory: The Making of Historic Charleston* (Chapel Hill: The University of North Carolina Press, 2005), 4-6.

⁴⁹ Walter J. Fraser, Jr., *Charleston! Charleston!: The History of a Southern City* (Columbia: University of South Carolina Press, 1989), 307.

less access to health care, the mortality rate among African Americans in Charleston raised to double that of whites in the city.⁵⁰ However, because of this need for a hospital for African Americans in the city, in 1897 the Cannon Street Hospital and Nurse Training School opened. This institution provided health care for Charleston's African American population because the white hospitals in the city were either segregated or excluded them at the turn of the century.⁵¹ By the time that Baker arrived in Charleston, in the 1920s, the city had begun its "historic transformation," as well as had very visible economic and racial divides, especially within medicine and the medical treatment of patients in the city. Therefore, it is very likely that her education, which was completed at a segregated institution, reflected these divisions. However, because of the Cannon Street Hospital and Nurse Training School, Baker also worked in Charleston during a time when African American nurses and doctors were working in the city as well.

This thesis, based on Baker's life as a woman physician, supplements these broader works on the history of women in medicine by contributing to the lesser-discussed, historiography of women in medicine in the Southern United States. This work seeks to biographically discuss Madge's experiences in medical school, her residency and practicing medicine, and because of this, also contributes to the work that historians have written in the form of biographies of other women. The majority of contributions that have been made by historians to the field of women's biographies have been made in the

⁵⁰ Walter J. Fraser, Jr., *Charleston! Charleston!*, 306-308.

⁵¹ "Hospital and Nurses Training School (Cannon Street)," Waring historical Library at the Medical University of South Carolina, accessed December 15, 2020.
<http://waring.library.musc.edu/exhibits/mcclennanbanks/Training.php>

past fifty years.⁵² Historian Susan Ware, in her work *Writing Women's Lives: One Historians Perspective*, discusses how women's biographies have also come to surround gender, thus often looking different than that of men's biographies.⁵³ In the past fifty years the study of women's history and women's biographies has changed, and an excitement had emerged for its research. However, a gap within Southern Women Physician biographies remains, especially biographies that focus on these women's experiences rather than their accomplishments. Therefore, that is where this thesis aims to contribute to the existing scholarship.⁵⁴ "Dr. Madge," grew up, attended medical school, and practiced in the South. Understanding how this region's historical and cultural influences regarding gender and class shaped Baker's experiences as a medical student and a practicing physician, supplements these historiographies.

This thesis draws from the historiographies of women in medicine, Southern women, and the city of Charleston to contextualize the experiences of Baker. All these histories impact her and her story, as well as give a clearer image of how her experiences fit into the greater historical context. Not the first woman to become a physician in the South, Dr. Annie Alexander, Baker's story illuminates the complex lives of a Southern woman, as she upheld some of these traditional gender perceptions while defying others,

⁵² Susan Ware, "Writing Women's Lives: One Historian's Perspective," *The Journal of Interdisciplinary History* 40, no. 3 (2010): Accessed December 15, 2020. <http://www.jstor.org/stable/20685513>. 1.

⁵³ Susan Ware, "Writing Women's Lives: One Historian's Perspective," 1-3.

⁵⁴ If you are interested in reading more about women's biographies, I am including sources here. Patricia Hill, "Dr. Hilla Sheriff: Caught Between Science and the State at the South Carolina Midwife Training Institute," in *South Carolina Women*, ed. Marjorie Julian Spruill, Valinda W. Littlefield, and Joan Marie Johnson (Athens: University of Georgia Press, 2012), ; Alice Kessler-Harris, "Why Biography?", *The American Historical Review* 114, no. 3 (2009): 625-30. <http://www.jstor.org/stable/30223924>. ; Laurel Ulrich Thatcher. *A Midwife's Tale: The Life of Martha Ballard, Based on Her Diary, 1785-1812* 1st ed. New

as she sought to enter a male-dominated profession during a time when few women had the opportunity to do so.

1.3 Case Study: Dr. Annie Alexander

Although Baker stood out because of her gender in medical school, Dr. Annie Alexander, the first woman to practice medicine in the South, paved the way for Baker and other women physicians. To understand the full scope of Madge's experience, it is also important to understand what women physicians in the South experienced prior. In 1882, Alexander left her home town of Charlotte, North Carolina to start medical school at the young age of seventeen at the Woman's Medical College of Philadelphia.⁵⁵ She graduated in 1885 and after passing her State Licensing Examinations upon moving to North Carolina in 1887, she became the first Southern woman to be a licensed physician. Encouraged by her physician father to become a doctor after one of his patients eventually died because she feared examination by a man, Alexander's experience demonstrated that women could become practicing physicians in the South long before Madge began her journey.⁵⁶

After she graduated, Annie Alexander had to set up her practice, a decision that could affect her success as a doctor. She asserted in a letter written to her father, Dr. J.B.

⁵⁵ Newspaper Clipping, "The Remarkable Dr. Annie," undated, MSS-247-Ref, Box 1, Folder 11, University of North Carolina at Charlotte, Atkins Library - Special Collections, Charlotte, North Carolina, United States. ; Correspondence from Annie L. Alexander to J.B Alexander, January 8, 1884, MSS-247-Ref, Box 1, Folder 1, Dr. Annie L. Alexander Papers, University of North Carolina at Charlotte, Atkins Library – Special Collections, Charlotte, North Carolina, United States.

⁵⁶ Newspaper Clipping, "The Remarkable Dr. Annie," undated, MSS-247-Ref, Box 1, Folder 11, University of North Carolina at Charlotte, Atkins Library - Special Collections, Charlotte, North Carolina, United States.; For more sources on Dr. Annie Alexander, please see the following: Scott Syfert, *Eminent Charlotteans: Twelve Historical Profiles from North Carolina's Queen City* (Jefferson, North Carolina: McFarland & Company, Inc., Publishers, 2018) ; Annie Lowrie Alexander. *Annie Lowrie Alexander Papers, 1881-1929.*, 1882. University of North Carolina at Charlotte, Special Collections

Alexander, after her graduation, “I can't decide where to locate when I leave Philadelphia. I have thought of Baltimore, Atlanta, and Jacksonville, but there will be obstacles wherever I am located. My success will depend on my ability and the liberal views of the people among whom I will be with.”⁵⁷ Some women physicians refused to practice in the South due to fear of provincial or conservative reactions. Although not her first choice in location, Alexander eventually chose to go home. In Charlotte, Alexander received her family's support, but she took a gamble, as it remained a Southern city. Over time, the community and her male colleagues accepted her. She went on to serve as the first Secretary-Treasurer of the Medical Society in Charlotte and became the second charter member of the Mecklenburg County Medical Society to sign the roster.⁵⁸ She accomplished an incredible feat, but her father's practice factored into her success. Her family and especially her father encouraged her to become a doctor in the first place. She benefited from support systems not in place for other women at the time and even later in history.⁵⁹ But her life and accomplishments still provide us with insight into a pioneering female physician's experience in the South years before Madge's birth.

1.4 Madge's Life Before Medical School

Madge's early life and childhood play a large role in forming her character and aspirations, which influenced her to become a doctor. Born in 1900 in Monroe, North

⁵⁷ “Early Years,” Charlotte Mecklenburg Library, accessed November 10, 2019, <https://www.cmstory.org/tags/early-years>.

⁵⁸ Newspaper clipping, “Honored by profession,” undated, MSS-247-Ref, Box 1, Folder 11, Dr. Annie L. Alexander Papers, University of North Carolina at Charlotte, Atkins Library - Charlotte Special Collections, Charlotte, North Carolina, United States.

Carolina, Baker grew up as the third child among eight brothers and sisters.⁶⁰ Her father, Andrew, an itinerant minister, often moved his family when he received a new post as a minister. As a child, her family settled in the Olympia Mill area in Columbia, South Carolina, where her father took a job as the pastor of Southside Baptist Church.⁶¹ Growing up, her family lived in many different South Carolina cities; Saluda, Greenville, and Columbia. During the summers, Baker and her family often traveled to her grandmother's farm, Sarah Yarborough, in Monroe, NC.⁶²

Despite not having the opportunity to go to college themselves, both Lillian and Andrew Baker made education a high priority for their children. All of Madge's sisters and brothers attended small community schools like Olympia School, a converted mill house in Columbia, SC, and several received college degrees.⁶³ Even though the Baker family moved frequently, Lillian and Andrew made sure that the children consistently attended school during the regular school term and when they spent the summers with Grandmother Yarborough, in a six-week summer school session.⁶⁴ Madge's father regularly read scripture and prepared for sermons around the house, and she loved being

⁶⁰ Madge was one of nine children, but she grew up in a house of seven children. She had a younger sister who died of congenital heart failure after being born in 1904, Mary Lee. Madge also had a half-sister, from her father, who died, named Ema Moore.

⁶¹ The current address of Southside Baptist Church is 702 Whaley Street, Columbia, South Carolina. The church opened in 1897.

⁶² Madge Baker Gaskin's personal writings, undated, 5, Dr. Madge Baker Gaskin Private Collection. Madge's grandmother Yarborough is her maternal grandmother who had a farm in Monroe, North Carolina that her family visited some years during the summer.

⁶³ Madge Baker Gaskin's personal writings, 3. ; "About," Olympia Mill Village Museum, accessed November 10, 2019, <https://www.olympiagranbymillvillagemuseum.com/>.

⁶⁴ Madge Baker Gaskin's personal writings, 5.

able to listen and learn alongside him.⁶⁵ Her father's background with Latin from his scriptural studies even led her to an interest in studying the language at Winthrop College.

Madge initially hoped to attend Coker College in South Carolina because many of her friends planned to go there. However, unable to afford the tuition, she chose to go to Winthrop College, in Rock Hill, South Carolina, where she got a job working in the dining room to help cover school costs.⁶⁶ Approximately 1,000 students attended Winthrop when she enrolled in 1918.⁶⁷ The school's four-year program made it quite different from many other women's two-year schools or colleges of that time. After record enrollment growth, Winthrop soon rose to become the second-largest women's college in the U.S. by 1925.⁶⁸

At Winthrop, Madge majored in Latin and took courses in chemistry, biology, and genetics. She did not plan on becoming a doctor when she entered college. In her writings, Baker mentions meeting a woman physician for the first time at Winthrop, saying, "At Winthrop, I met the first lady physician I had ever seen - beautiful white hair, who had been a missionary to China. She, nurses, and members of the athletic association gave us our initial physical examination."⁶⁹ The image of this beautiful, white-haired

⁶⁵ Madge's family told stories of this and said that she received her father's personal bible when he died because she enjoyed spending time with him preparing for sermons.

⁶⁶ Madge Baker Gaskin's personal writings, 13.

⁶⁷ "Chronology. Early Achievements," Winthrop University, accessed October 2020. <https://www.winthrop.edu/aboutus/history/chronology.aspx>.

⁶⁸ "Chronology. Early Achievements," <https://www.winthrop.edu/aboutus/history/chronology.aspx>.

⁶⁹ Madge Baker Gaskin's personal writings, 13.

woman stuck with Baker, and changed her life. While accounting for other possible factors that influenced Baker's decision to enter the medical profession, the physical representation of a woman physician led the young college student to perceive that she, a woman, could become a doctor.

Madge also wrote about her experience with the flu epidemic during her time at Winthrop, "In 1918 – 1919 we had an influenza epidemic at Winthrop College – no one was allowed to leave the college and come back; and no one was allowed to come on campus."⁷⁰ The Spanish Flu took over the country, and with it came the fear of being exposed and getting sick. Students at Winthrop had to isolate themselves from outsiders and anyone ill. She witnessed hundreds of people dying in Rock Hill, "we could see the hearses going by from our windows. Everyone was afraid because an illness of 2 or 3 days ended in death".⁷¹ She wrote about how her father had to visit the sick by building them fires and bringing them food. She notes that "They [her parents] would come home, wash their hands at the porch, rub turpentine on their hands, and go into our house to clean and cook and do our laundry."⁷² Neither of them was sick; they were looking after the helpless, and God was looking after them."⁷³ Her family had to take precautions by disinfecting their hands, not always a common practice during this time, to make sure that they did not spread the dangerous Flu to their family. Since she saw the need for doctors

⁷⁰ Madge Baker Gaskin's personal writings, 13.

⁷¹ Madge Baker Gaskin's personal writings, 13.

⁷² "Turpentine as Disinfectant," New York Times (New York, NY), August 20, 1878. Turpentine was used as a disinfectant during this time. In a New York Times article, *Turpentine as Disinfectant*, published August 20, 1878, it read, "we are told that previous to the establishment of turpentine distilleries in Wilmington, NC, that city was subject to yellow fever epidemics, but that since then no yellow fever has appeared in Wilmington; except during the war."

⁷³ Madge Baker Gaskin's personal writings, 13.

and new medical developments and cures up close in her community, and heard about it from her family, this may have also inspired her to attend medical school.

However, after applying to the Medical College of South Carolina at Charleston, Baker's first challenge involved getting accepted. By taking chemistry, biology, and genetics courses at Winthrop, she already completed many of the needed prerequisites before applying.⁷⁴ However, shortly after receiving her acceptance, Baker explained that , "I found out that I had more chemistry and biology than I needed, but I needed a unit of physics that I did not have."⁷⁵ Even though the college accepted her initially, the admissions officials informed a bewildered Baker that she needed this missing course to register. Whether a simple oversight by the admissions officers or a deliberate tactic to prevent Baker from enrolling, it is difficult to understand why the school neglected to inform the young student that she needed another class before sending her initial acceptance. Faced with this first challenge, Baker found a way to the course credit that she needed. "I wrote to Professor Coker [professor from Winthrop], and he said, 'Come on, and we will get it.' I spent three weeks in the physics lab [at Winthrop] starting at 8 AM and staying until 10 PM, but got the needed credit" she wrote.⁷⁶ Once she passed her "crash course" of physics, she registered for classes and started medical school the following semester.

This encounter served as a first example of the difficulties she faced during medical school. It poses questions regarding the extensive efforts and possible

⁷⁴ It is unclear why Madge chose the Medical College of South Carolina at Charleston, but it may have been because she knew that women had graduated from their medical program before.

⁷⁵ Madge Baker Gaskin's personal writings, 17.

⁷⁶ Madge Baker Gaskin's personal writings, 17.

discriminatory treatment that women medical students encountered, even during these programs' application and registration processes. Did other women face similar difficulties when applying and registering to institutions that "accepted" women? Did these schools make allowances for male students? Even though there is no definitive answer to these questions, asking them, and recognizing the possible differences in experiences is an essential aspect of this history.

1.5 Culture in the Classroom

Madge enrolled at the Medical College of South Carolina in 1921. With fewer women in medical school, their male peers and professors often singled them out in classes. Because of this, these women built strong support networks. Supported in her studies by her female classmates, Madge did not face these challenges at Winthrop. Once she got to Charleston, she faced discrimination and prejudices that the men in her program held against her. She writes about it, saying, "Going to a men's college with only 9 coeds and about 300 men was quite a change after being at Winthrop with 1000 girls. The Boys with their comments kept me in a 'blush' constantly for about 3 months."⁷⁷ One of only four women in her program, Baker inserted herself into a male-dominated social setting. Here she faced judgment and backlash from people who resented her presence.

When Madge says the boys kept her in "a constant blush" for about three months, she suggests that her male classmates teased her and used inappropriate language. They said things, likely sexual in nature, to make her uncomfortable. She gives an example of this behavior by describing how the male classmates looked under women's dresses when

⁷⁷ Madge Baker Gaskin's personal writings, 17.

they climbed the stairs and commented on the color of their bloomers.⁷⁸ Her "constant blush" refers to the constant discomfort she experienced in the presence of these classmates. These men harassed her because they thought that she, as a woman, did not belong there or because they felt they had the right to objectify her sexually. In this unsupportive learning environment, Madge became determined to find a way to focus on her studies instead of her harassment.

Many other female students, including Madge's friends Miss Simms and her lab partner, Nelle Robinson, dropped out of the program. Their early departures may have been due to discrimination and harassment by fellow classmates.⁷⁹ Now the only woman in the program, she faced more difficulties.⁸⁰ Professors sometimes singled her out by asking her every other question during discussions. They gave her pop quizzes in front of the class and made her do dissection demonstrations without warning and without the ability to prepare. She felt discriminated against because professors wanted her to make mistakes in front of her classmates.⁸¹ This fear of public embarrassment likely pushed Madge to spend extra time studying and attending extra lectures. She asserts, "I studied harder than I ever had with anatomy, histology, embryology, osteology, and going back

⁷⁸ Madge mentions this happening in her writings. The men in her program did look under the women's dresses to see the color of their underwear while they used the stairs.; Madge Baker Gaskin's personal writings, 17.

⁷⁹ Madge Baker Gaskin's personal writings, 3. ; Madge Baker Gaskin's personal writings, May 30, 2018. There is also another woman that dropped out of the program, but her name is never identified

⁸⁰ It is not clarified specifically why these women decided to drop out in Madge's personal documentation of her time in school. However, it is likely that it had to do with the difficulty of the program, discrimination, finances, or their marriage.

⁸¹ Madge Baker Gaskin's personal writings, 20.

to school one night a week for lectures."⁸² She had to put in extra time and effort to learn because of the disruptive learning environment created by her professors and classmates.

She did, though, benefit from having a healthy support system. Her family encouraged her and truly believed that she could become a successful physician. The strong emphasis on education by her parents gave great support to Madge and her siblings to pursue higher education, her parents never discouraged their children. While her family did experience financial hardships, Madge did receive scholarship money from the Governor that assisted her in affording school.⁸³ Along with this monetary support, she did have the privilege of a support system that encouraged her and gave her the opportunity to become a doctor.⁸⁴

1.6 Religious Influences

Madge Baker also found encouragement and purpose in her religion. She grew up in a Christian household and as a pastor's daughter. A large majority of her life revolved around God and her relationship with Christianity. She witnessed her parents give up their time and belongings for those in their congregation when they needed help, and she

⁸² Madge Baker Gaskin's personal writings, 17.

⁸³ Correspondence from Thomas G. Melford to Madge Baker, August 23, 1923. The Gale-Gaskin Family Papers, 1918-1993, MSS-1017, Waring Historical Library at the Medical University of South Carolina.; In the archives at the Medical University of South Carolina at Charleston, there is a newspaper article and a letter from Gov. Melford telling Madge that she received the scholarship for one academic year (1923-1924). It is unknown if this scholarship was renewed for all four years of her education.

⁸⁴ Another important privilege to note is that Madge was white. Even though she was a woman, and she faced oppressions for her gender, she did not face the same discrimination or oppression that black women and men faced. During this time, black women and men were not allowed to attend the medical school that Madge went to and were not admitted until 1965. The first black woman graduated from this institution in 1973. However, the first black woman to graduate from medical school in the United States was Rebecca Lee Crumpler (1831-1895), almost 70 years before Madge. ; "Women Physicians Over the Centuries", Yale University, accessed October 2020. <https://medicine.yale.edu/news/yale-medicine-magazine/women-physicians-over-the-centuries/>

chose to go to a Christian college. Even though a state college, Winthrop held religious services five days a week in the mornings, devotions, spiritual songs, and prayers, and mandatory Sunday services.⁸⁵

While at Winthrop, she became involved with a religious movement called the "Student Volunteers Movement." Founded in 1886, it gained traction after the end of World War I. This movement aimed to encourage students to go on a mission abroad and help those affected by war. It served as a mission recruiting organization for college students.⁸⁶ From 1886 to 1920, the movement benefited from a steady increase of student involvement and sent 8,140 students from North America to foreign missions by 1920.⁸⁷ However, in the 1920s, membership began to decline, but some students, like Madge, continued their involvement. This program sent students that volunteered to China, India, Burma, Ceylon, Africa, Japan, and South America.⁸⁸ During her time at Winthrop, Madge wanted to be a student volunteer. She wrote about it, saying that she planned to complete her medical schooling and residency and then go abroad to become a missionary and practice medicine in China.⁸⁹ She also mentioned that some of her

⁸⁵ Madge Baker Gaskin's personal writings, 13.

⁸⁶ Ben Harder, "The Student Volunteer Movement for Foreign Missions and Its Contribution to Overall Missionary Service," *Christian Higher Education* 10, no. 2 (2011), 141.

⁸⁷ Ben Harder, "The Student Volunteer Movement for Foreign Missions and Its Contribution to Overall Missionary Service," 142.

⁸⁸ Ben Harder, "The Student Volunteer Movement for Foreign Missions and Its Contribution to Overall Missionary Service," 142. Africa was the most popular area for students to be sent to by the Student Volunteer organization. By 1910, a total of 1,253 students had been sent to China. This may have been why Madge wanted to practice medicine in China once she would be sent abroad as part of the movement. Even though she never ended up becoming a missionary or going abroad to China, when she was at Winthrop and first enrolled in medical school, this was her plan.

⁸⁹ Madge Baker Gaskin's personal writings, page 15.

friends' parents served as missionaries in China, which influenced her.⁹⁰ She may have felt as though God wanted her to travel and dedicate her life to becoming a missionary there. An author and writer of religious histories, Ben Harder, wrote that: "Of course the volunteers were products of the imperial generation and held to its values...This optimism was reflected in an emerging cultural superiority of the Western nations."⁹¹ This movement viewed western ideas of life and religion as "right" for the rest of the world. Even though this movement's foundation included good intentions and the hope of young college students who wanted to affect change for their world, it also encouraged western "spiritual imperialism" against other nations in later years.

She continued as a student volunteer while in medical school with the goals to become a doctor, move to China and become a medical missionary. She wanted to share her own spiritual beliefs, and in her opinion, faith, and hope, but she also wanted to provide medical care abroad. As a woman raised in the South, this added another interesting layer to Madge's goals for her future and her medical career. Not only did she decide to become a doctor, but she also wanted to travel to China to practice medicine abroad. She saw missionary work as something that her religious community encouraged, which could have influenced her to pursue medicine. Her desire to attend medical school could be what made her want to become a missionary or vice versa. However, these plans eventually changed for Madge, but her desire to become a Student Volunteer and go abroad might have driven her decision to apply to medical school in the first place. As a young medical student, Madge considered her faith and religious identity, an essential

⁹⁰ Madge Baker Gaskin's personal writings, 14.

⁹¹ Ben Harder, "The Student Volunteer Movement for Foreign Missions and Its Contribution to Overall Missionary Service," 143.

aspect of her life, and understanding her aspirations is crucial to deciphering her motivations.

1.7 Outside of the Classroom

Madge composed her own support system of fellow students and friends from her local church since she lived far from home. She attended Citadel Church, a Baptist church downtown within walking distance of campus. Her church involvement affected her time in Charleston greatly as it provided friends who helped her continue in her program when she faced difficulties. Her church involvement also allowed her to meet the men in the program outside of school. Although she remained cordial with male students in her program, she only socialized with them outside of class or in church. The familiarity of church made meeting men from her program in this environment more comfortable. It makes sense that she chose to connect with her peers through her church community, because of its importance in her life.

She spent time with church friends, other college coeds, and some of her male counterparts in medical school. When her older sister Ola and some friends from Winthrop visited, Madge took them to Charleston's gardens with Rebecca and Sarah Foster, Ray Poole, and John Gaskin.⁹² She elaborated, "We [Ola, Madge and some girls from Winthrop] were waiting in the lobby for the bus to come, and John and Roy Poole were waiting for Rebecca and Sarah Foster, to come down from their room to go too. I had on a dress that had a sash, and John began playing with my sash. The four of them

⁹² Madge Baker Gaskin's personal writings, 18. Sarah and Rebecca Foster, Ray Poole and John Gaskin were all from Charleston. It is unknown if Sarah and Rebecca attended the Medical College of South Carolina at Charleston. However, Ray Poole and John Gaskin attended school with Madge.

went along with us to the garden. Ola said, 'that Gaskin boy likes you.'"⁹³ One of the first times she and John Gaskin, her future husband, spent time together, this is also an example of her spending time with others that she met in church. She got to know Roy and John and began making connections with men from her classes.

John became a steadfast supporter of hers and later her husband and partner in their medical practice. When they first met, she and John only spent time together as friends and often in large groups. On one of the first occasions the two of them spent alone, they spent the evening on the beach together in Charleston. "John caught my hand and said, 'let's race to the beach.' It was bright enough to see, and we started and ran until we were out of breath, sat down on a dune to rest and talk."⁹⁴ This is how their romantic relationship began. As time passed during school, John became a steady figure in her life. In her studies, he supported and encouraged her when she encountered difficulties. For many men during this time, the idea of marrying another physician might have been threatening, but for John, the thought of being able to practice medicine with Madge seemed exciting, and he helped her accomplish her goals whenever he could. They studied together, compared notes, and even worked with one another on assignments since they shared many of the same classes. Being in the same graduation class of their program gave them even more opportunities to work together and get to know each other, and eventually, they fell in love.

1.8 Graduation 1925

⁹³ Madge Baker Gaskin's personal writings, 18

⁹⁴ Madge Baker Gaskin's personal writings, 18

When graduation came, in the Spring of 1925, Madge and the other graduating class members went to find their final grades. She found shocking news, "That Saturday night when the graduating class of 1925 names were posted on the bulletin board in the main hall of the Medical College at Charleston, SC – all 42 of us, me being the only girl left in my class at the time, we're so excited, craning our necks to see our names written there. Everybody seemed upset, and then I learned that 4 of us did not pass."⁹⁵ She found out that she could not graduate with her classmates. She had expected to make an 'A' in the course and the evident irony of it being her gynecology exam led her to speculate that she failed because of her gender. She recounted her experience of finding out about not passing by, saying, "then I learned that 4 of us did not pass. I really had not thought of the possibility of not passing my work. The only thing I found out was that all of us failed gynecology."⁹⁶

At this point, being the only woman left in her program, she also could have been the first woman to make it this far since the university rescinded women's admittance into their program.⁹⁷ Because of that, her professors may have wanted to keep her from graduating, and intentionally failed her in this class.⁹⁸ Evidence suggests a direct correlation between her failing and her gender, and the fact that her gynecology exam is what kept her from graduating is almost satirical. She writes at the end of her journal

⁹⁵ Madge Baker Gaskin's personal writings, May 20, 1925.

⁹⁶ Madge Baker Gaskin's personal writings, May 20, 1925.

⁹⁷ Brooke Fox, "Feminine Pulchritude: Women at MUSC" (PowerPoint presentation, 2020).

⁹⁸ When I spoke with the archivist at the Waring Historical Library, Brooke Fox, she became very interested in this possibility. I had not initially thought of it until she pointed it out and said that this very well could have been why she failed right before graduation.

from May 30, 1925, that she "had made an 'A' in gynecology my junior year, so that made it harder for me to understand."⁹⁹ She knew the material and felt confident that she mastered it, which made it even more difficult for her to understand how she could have failed the course. After she found out about her course grade, John went with her to speak with the professor, and they received no answers. Her male classmates prepared to graduate without her, and this sudden change of plans left her frustrated, discouraged, and unsure of what her future now held

⁹⁹ Madge Baker Gaskin's personal writings, May 20, 1925.

CHAPTER 2: MEDICAL RESIDENCY AND LIFE IN IOWA

It's been 3 ½ years since we both knew we loved each other; I just wonder how much longer it will be until we can live together. At times I feel like I cannot live away from my loved ones for another year without losing my mind, or all my love and ambition for my work. I am almost in a mindset to take you up on the teaching proposition, but I don't feel like that would be exactly fair to you or me, because I ought to do professional work for one year anyway for the experience and practice if needed in future years.¹⁰⁰

Madge Baker, Letter to Dr. John Gaskin, April 14th, 1926

Madge, I want you to do what suits you after you finish.¹⁰¹

Dr. John Gaskin, Letter to Madge Baker, April 23rd, 1926

2.1 Introduction

This chapter aims to discuss and evaluate Madge's experiences completing her medical program, trying to find post-graduate employment, and her medical residency experience, as well as evaluating the societal, cultural, and historical factors that impacted her time in her medical residency program. Her experiences in Iowa and her insight into her time completing her medical residency help contribute to women's historical scholarship in these programs. It also provides a firsthand account of what a woman experienced, thought, and accomplished during this time and in this specific aspect of medical history.

¹⁰⁰ Correspondence from Madge Baker to John S. Gaskin, April 21, 1926, Dr. Madge Baker Gaskin Private Collection.

¹⁰¹ Correspondence from John S. Gaskin to Madge Baker, April 23, 1926, Dr. Madge Baker Gaskin Private Collection.

2.2 Completing Medical School

Failing her final year of medical school left Madge distraught and full of shame. She missed John's graduation because she could not bring herself to attend it, knowing that she had to face his family and explain her failure. In a letter to John, she explained, "I cannot help but think of your approaching graduation and me not there to see you get your degree," as she apologized for not attending his graduation.¹⁰² She went home immediately after the semester to see her family. Not only had she been unable to finish her program, but she also had to go home and face those who had supported her and encouraged her. She had to tell them that she could not complete her schooling. In one of her letters to John, she shared the difficulties of going home knowing that she could not graduate alongside him and that she had to face her community in South Carolina. She wrote, "When I got home, they had received my letter, but they had seen Sunday's State without my name in it. Mother was heartbroken; she thought that none of her children could fail in anything."¹⁰³ The heartbreaking news of her inability to graduate affected her entire family, as they had supported her through her journey. As she went home and visited her family, she also needed to take time, tend to her wounds, figure out what she wanted to do next, and decide if she dared to try again.

After a time of rest back in Columbia, Madge made her decision. Determined to finish her final year's studies and receive her degree, she returned to Charleston and re-enrolled in classes. However, her prolonged time in medical school affected her projected

¹⁰² Correspondence from Madge Baker to John S. Gaskin, June 4, 1925. Dr. Madge Baker Gaskin Private Collection.

¹⁰³ Correspondence from Madge Baker to John S. Gaskin, June 4, 1925. Dr. Madge Baker Gaskin Private Collection.

timeline and caused financial difficulties. Luckily, she found a job in Charleston that allowed her to return to school if she worked while she finished her final semester.

Going back to school separated Madge and John because, after his graduation in 1925, he moved to Mount Croghan, South Carolina. While the initial distance made their relationship more difficult, they began to write letters back and forth. Their romance continued during their separation. Letters took the place of seeing one another in person, a common habit with many long-distance couples. They continued to fall in love through handwritten letters that documented their daily experiences. Even though she faced difficulties while in Charleston and struggled to finish her program, John continued to remain a constant support in her life as she worked towards her dream.

She got an internship placement at the South Carolina State Hospital for the Insane and gained field experience. And, in 1926, one year after her expected graduation date, she finished her program.¹⁰⁴ Proving to herself and those around her that she could complete medical school regardless of her gender. Furthermore, even though she completed her education, she continued to face discrimination. After applying to different residency programs, she worried about her future as she entered into a waiting space to find out about her residency program placement.¹⁰⁵ She struggled to obtain a medical

¹⁰⁴ Madge graduated with her Doctor of Medicine, M.D. When searching for a medical specialty, she did not have one listed on either her Iowa medical license or her North Carolina medical license. With no specific specialty, it is assumed she was a General Practitioner.

¹⁰⁵ This is not directly explained in the letter or Madge's personal notes. However, earlier she noted in her writings that her father, Andrew Baker, had encouraged her to become a teacher and marry when she found out that she did not graduate medical school in 1925. It can be assumed that this is a reference to that discussion and idea. It is unclear if John directly encouraged her to consider this option, but his response seems to suggest that he wants her to complete her degree and residency instead of settling and marrying him sooner than they had originally planned. ; Correspondence from the Medical College of the State of South Carolina Charleston to Madge Baker, June 3, 1926. The Gale-Gaskin Family Papers, 1918-1993, MSS-1017, Waring Historical Library at the Medical University of South Carolina. ; When Madge received word from the Medical College of the State of South Carolina Charleston via letter that she had completed her education the letter only included the pronoun "he". Even when she received word that

residency due to her gender.¹⁰⁶ During this time, residency programs served as opportunities for recent medical school graduates to get more hands-on experience in the field and make money to help pay off any student debts they may have before practicing medicine on their own.

In the early twentieth century, medical school education went through many changes, especially at the educational institutions' hands. Before the twentieth century, most medical institutions viewed the four years of medical school training as enough for students.¹⁰⁷ However, after World War One, post-graduate training programs became a necessary part of a doctors' education. With the development of new medical practices and techniques from the war, *internship* programs and *residency* programs became standard practice for many recent graduates. In Kenneth Ludmerer's book, *Time to Heal*, he explains that preparing someone for medical practice no longer only included medical school education. Therefore, internship programs became "standard for every physician."¹⁰⁸ Because of this transition in medical education, recent graduates who wanted additional training or to specialize, pursued residency programs. So, when Madge graduated, she pursued a medical residency. However, she did not decide to find a residency program because she wanted to specialize in a specific field of medicine. She knew that the extra training could help her as a female physician gain more experience,

she had officially graduated, all the communications sent by the college centered around the men graduating from their program.

¹⁰⁶ Madge Baker Gaskin's personal writings, May 20, 1925.

¹⁰⁷ Kenneth M. Ludmerer, *Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care* (New York: Oxford University Press, 1999), 79.

¹⁰⁸ Ludmerer, *Time to Heal*, 79.

and she needed the money to pay down her school debts from having to repeat her last year of medical school. In comparison, John did not attend a residency program, and he began practicing after completing his internship. He began practicing without the extra training, but with their combined student debt, they could not afford to marry without her completing a residency program.

Before graduating from the Medical College of South Carolina at Charleston, she had spent an entire year away from the love of her life, John Stover Gaskin. She knew what it felt like to be away from him, to see their lives move in separate directions as she worked towards her own goals. She saw other women marry, have children, and settle down. She wanted to become a doctor, but she also wanted to settle down with John and build their life together. She knew that getting a residency placement in South Carolina, especially in Columbia or near John, was not possible because she wrote, "I don't think I will get the placement at the [South Carolina] State Hospital since so many boys are applying (and Dr. Murno is the only lady on the staff and will probably remain the only one)".¹⁰⁹ She knew that she had not heard back from the State Hospital in Columbia, South Carolina, even though she had interned there during her final year of medical school, because they did not have a position to offer a woman.¹¹⁰ She had to begin seriously looking at positions farther away from her family and the state that she called

¹⁰⁹ Correspondence from Madge Baker to John S. Gaskin, April 14, 1926. Dr. Madge Baker Gaskin Private Collection.

¹¹⁰ During her final year of medical school, the year that she had to repeat (1925 - 1926), Madge did get an internship placement in South Carolina. She does not mention it much in her letters or writing, only in passing, but she did hold a position. She worked at the South Carolina State Hospital for the Insane. This institution introduced her to psychiatric medicine and is probably what encouraged her to apply to the psychiatric hospital in Cherokee after graduation.

home, and knowing that she would be away from John for another year or two broke her heart.

2.3 Madge and John's Relationship Dynamics

As the weeks progressed, she graduated from her program and took her South Carolina State Board Examinations. Her examination consisted of eight different exams that took place over two days. She had to complete examinations on Anatomy and Physiology, Hygiene and Sanitary Science, Materia Medica and Therapeutics and Practice, Urinalysis and Toxicology and Medical Jurisprudence, Bacteriology and Pathology and Chemistry, Obstetrics and Gynecology, Surgery, and Pediatrics.¹¹¹ She worried about not being able to finish, about not being smart enough or good enough, but she finished and became a doctor. However, even though she had her medical degree, she still had a long way to prove herself and become a practicing physician. She struggled with knowing that she had to leave, and she worried about what her future held. However, John, her fiancé, supported her. Not only did he deeply love Madge, as is very visible through the love letters that they wrote to one another every few days, but he encouraged her to become a physician. John knew that she had it in her to become a great doctor, and his support is one of the things that encouraged her to finish her medical program and travel to complete her residency.

In the quotes mentioned at the beginning of this chapter, we get insight into Madge and John's relationship. In a moment of fear and self-doubt, where she even

¹¹¹ Correspondence from State Board of Medical Examiners of South Carolina to Dr. Madge Baker, October 21, 1926. The Gale-Gaskin Family Papers, 1918-1993, MSS-1017, Waring Historical Library at the Medical University of South Carolina. Madge also took a State examination in Iowa and received her certification July 16, 1926. This exam also consisted of eight examinations and took place over a two-day period.

mentions not completing her residency, becoming a teacher, and marrying John, he says these simple words, "I want you to do what suits you." We get to see the special relationship held between her and John during this time. He encourages her to do what she wants even when he knows that will take her hundreds of miles from him for two years. He chooses to support her, and because of that support, she decides to leave.

John's support of her education and career choice is an example of an uncommon relationship during this time. Men from the South often spent their lives surrounded by the heavy cultural weight of *performing* a certain way to uphold the stereotypes that surround Southern masculinity.¹¹² Historian Craig Thompson Friend discusses Southern masculinity by stating that white Southern men "viewed themselves in opposition to what they described as urban, industrial, liberal, corrupt, effeminate men of the north" and that they "remained entangled in codes of honor and virility that characterized communal manhood".¹¹³ Because of this belief, in the 1920s and 1930s, Southern men became focused on proving their strength and physical manliness.¹¹⁴ Therefore, these perceptions of masculinity and Southern male identity would have been surrounding and affecting John and his relationship with Madge.

And while there are general stereotypes that surround the experience of a white, Southern man, such as the "misbehaving good old boy," a lot of the stereotypes and expectations that surround marriage and relationships between men and women come

¹¹² Trent Watts, "Introduction: Telling White Men's Stories," in *White Masculinity in the Recent South*, ed. Trent Watts (Baton Rouge: Louisiana State University Press, 2008), 3.

¹¹³ Craig Thompson Friend, "From Southern Manhood to Southern Masculinities: An Introduction," in *Southern Masculinity: Perspectives on Manhood in the South Since Reconstruction*, ed. Craig Thompson Friend (Athens: The University of Georgia Press, 2009), x

¹¹⁴ Craig Thompson Friend, "From Southern Manhood to Southern Masculinities: An Introduction," ix.

from the deeply embedded Christian principles that live in Southern culture.¹¹⁵

Christianity consists of many different denominations, but the Southern Baptist Convention has a stronghold in the South. The SBC has firm beliefs on the "place" of a husband and wife within marriage, so strong that they even outline them in their *Faith and Message* literature that outlines their beliefs as a denomination by saying, "A wife is to submit herself graciously to the servant leadership of her husband."¹¹⁶ This messaging also highlights the importance placed on women raising children and working in the home, "[She] has the God-given responsibility to respect her husband and to serve as his helper managing the household and nurturing the next generation."¹¹⁷ Through this scriptural and biblical viewpoint, the SBC tells husbands that their wives are there to "serve as helpers" and communicates to wives that they are to participate in this relationship structure because it is her "God-given responsibility".

While she and John went to school together, they became actual acquaintances through their church in Charleston, a Southern Baptist church, so these teachings and belief systems surrounded them. It is important to note that by Madge becoming a doctor and having her career, both she and John are questioning this belief and pushing back on its rigid structure, but it does not mean that John viewed her as an "equal" in their relationship. The complexities of Southern Christian marriage relationships are vast. Even with her career, there are still expectations placed on her by marriage. John still expected her to have children and be his "helper" in many ways later in life.

¹¹⁵ Watts, "Introduction: Telling White Men's Stories," 2.

¹¹⁶ Watts, "Introduction: Telling White Men's Stories," 10.

¹¹⁷ Watts, "Introduction: Telling White Men's Stories," 10.

A few months after she graduated, she received word that she got a residency position in the state of Iowa and far away from both John and her family. Being the only residency offer she received; she knew that she had no other options. John visited her at her family's home for the last time a few days before she left for her new residency position. They shared a few tender moments, stolen kisses, and said their final goodbye for the next few months. Then, she packed up her belongings and got on a train as she left her loved ones and journeyed towards the next chapter of her story.

2.4 Cherokee State Hospital for the Insane

Madge took a position at a State hospital in Cherokee, Iowa. Formerly known as the Cherokee Lunatic Asylum and the Cherokee State Hospital for the Insane, currently known as the Cherokee Mental Health Institute.¹¹⁸ In her last year of medical school, she held an internship at the South Carolina Hospital for the Insane. Even though most of the work that she did during that internship included laboratory work and note-taking, that experience explains why she applied for a position at this facility. However, since she had prior experience working in a mental health institution, it makes sense that a psychiatric hospital offered her a residency position.

This state-run facility opened in 1902 and provided care for nearly 2,000 patients. The hospital provided care for alcoholics, geriatric patients, drug-addicts, the mentally ill, and the criminally insane.¹¹⁹ Cherokee State Hospital for the Insane was built as part of a

¹¹⁸ Prior to this position, Madge had served as a clinical assistant intern at the South Carolina State Hospital for the Insane. She completed laboratory work, took histories of patients, and helped in any way needed during the absence of doctors on vacation.

¹¹⁹ "Cherokee State Hospital," Asylum Projects, accessed November 10, 2019.
http://www.asylumprojects.org/index.php/Cherokee_State_Hospital

State initiative to open mental hospitals to help diminish the demand for other hospitals in the state.¹²⁰

To this day, the hospital is magnificent in size and construction. Madge described the hospital's grounds by saying, "the grounds of the hospital were beautifully planted. The hospital had a full-time gardener, beautiful trees, well-kept lawns, sidewalks, and driveways. It is a mile from town, has its own farms, orchards, and dairy".¹²¹ The large grounds provided space for patients to walk when their physicians accompanied them. She even describes when the doctors on duty had an outdoor picnic on July 4th to celebrate the holiday, not long after she arrived in Cherokee. This event provided her the opportunity to meet doctors in the hospital. She mentioned meeting the Assistant Superintendent, Dr. Augur, who took her to the picnic in his car. During this picnic, she also got to meet the Superintendent of the Hospital and his family, and in her notes, she writes that everyone she met was "very nice".¹²² As a woman and an outsider to the area, this action of acceptance made her feel welcome in this new environment.

2.5 Psychiatric Hospital Treatments

This hospital became the fourth and final mental health hospital established by the state of Iowa. The state of Iowa built three other locations: one in Mount Pleasant (1861), one in Independence (1873), and another in Clarinda (1881).¹²³ The Cherokee State

¹²⁰ Asylum Projects, "Cherokee State Hospital".

¹²¹ Madge Baker Gaskin's personal writings, 85.

¹²² Madge Baker Gaskin's personal writings, 85.

¹²³ Asylum Projects, "Cherokee State Hospital". The mental health hospital in Mount Pleasant, Iowa burned down, and the building no longer exists. Therefore, while this location is closed, like the location in Clarinda, Iowa, the Clarinda location still has an existing building.

Hospital opened in 1902, but the design of the building reflected the architectural style of insane asylums built in the 1840s and 1850s. The architectural design of the hospital followed the Kirkbride plan, designed by Dr. Thomas Kirkbride.¹²⁴ This design represented a new movement within psychiatric medicine that embarked on creating a hospital that would positively impact the patients within it. Before this time, psychiatric hospitals in the United States did not follow designated plans of care for their patients; therefore, the Kirkbride plan was an important development in psychiatric medicine.

The Kirkbride plan promoted the idea of moral treatment, which is accredited to physicians William Tuke and Philippe Pinel. Pinel believed that insanity could be treated by “giving lunatics freedom to walk around the hospital grounds”, and because of this the design of psychiatric hospitals changed to reflect this freedom.¹²⁵ In the mid nineteenth century, psychiatric hospital reformers believed that “human behavior could be explained by environmental factors”, a belief that was shared with Kirkbride.¹²⁶ Because of this, psychiatric hospitals were built in rural areas, as cities were believed to “drain the psyche”, rooms were built to receive more daylight, and the furnishings modeled to make patients feel like they were at “home”.¹²⁷ However, while the adaptation of the environment to better suit the patient reflected a progression in psychiatric medicine, Kirkbride claimed that his system could cure 80 to 90 percent of cases.¹²⁸ And when

¹²⁴ Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007), 51.

¹²⁵ Yanni, *The Architecture of Madness*, 25.

¹²⁶ Yanni, *The Architecture of Madness*, 59.

¹²⁷ Yanni, *The Architecture of Madness*, 55-59.

¹²⁸ Kim Campbell, “Building Sanity: The Rise and Fall of Architectural Treatment at the South Carolina Lunatic Asylum,” *The South Carolina Historical Magazine* 116, no. 2 (April 2015): 111.

hospitals began to become overcrowded because these hospitals were not “curing” patients, physicians and hospital superintendents had to begin questioning these methods.¹²⁹

The focus of these medical developments, which aimed to help the patients, focused on the hospitals themselves. Historian Nancy Tomes states that “they devoted their best efforts not to the rehabilitation of society but to the legitimation of the asylum and their position within it”.¹³⁰ Physicians and Superintendents used the excitement associated with moral treatment and the Kirkbride design to obtain power and authority in their field instead of solely focusing on the needs of patients.¹³¹ Because of this, and because of the low “cure rates”, this architecture model dissipated by 1900.¹³² This also makes it much more interesting that the Cherokee State Hospital was built in this style in 1902 at the end of this moral treatment medical movement.

By the 1920s, however, psychiatric medicine began to become more “science” focused and less “environment” focused. Because of this, psychiatric hospitals began to promote the use of many medical practices that are no longer allowed in the United States, such as the sterilization of nearly 2,000 patients by the early 1960s and using heavy sedatives.¹³³ However, many of these treatments, like sterilization and lobotomies,

¹²⁹ Campbell, “Building Sanity,” 108.

¹³⁰ Nancy J. Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum Keeping, 1840-1883*, (London and New York: Cambridge University Press, 1894) 122.

¹³¹ Tomes, *A Generous Confidence*, 122.

¹³² Yanni, *The Architecture of Madness*, 146.

¹³³ Clyde Haberman, “The Quest for a Psychiatric Cure”, *The New York Times*, October 20, 2020, Online Video. <https://www.nytimes.com/2017/04/16/us/psychiatric-illnesses-lobotomy-controversial-surgery.html>

did not gain popularity until the late 1930s.¹³⁴ Therefore, Dr. Madge, who was in Cherokee during the late 1920s, worked in psychiatric medicine during this shift. Hospitals were beginning to leave behind moral treatment; however, it was still a major influence. The Cherokee State Hospital may have also utilized moral treatment during the majority of Madge's time in Iowa because they built the hospital after the Kirkbride plan towards the end of the movement, so this specific hospital was behind in terms of the developments of psychiatric medicine at the turn of the century. Therefore, the types of treatment that Madge used in Cherokee may have more closely mirrored moral treatment than the new scientific focused treatments that were beginning to develop.

An example of these scientific types of treatments are those developed by Dr. Walter Freeman, also known as the "lobotomist," known for popularizing lobotomies as a form of treatment for psychiatric patients. Even though these procedures did not take place during her tenure at the hospital, they still serve as an example of the types of "new treatments" that patients in mental health hospitals received. Dr. Freeman traveled across the country, performing lobotomies on patients, and even had others in the room while he did so to watch and take photographs. In 1951, Dr. Freeman performed a lobotomy on a patient at the Cherokee State Hospital, where Madge worked during her residency. However, while he performed the lobotomy, he took a step back during the procedure for a photographer to take a picture and ended up killing the patient by allowing the surgical instrument to penetrate too far into the brain.¹³⁵ After many failed surgeries, Freeman lost

¹³⁴ Lutz Kaelber, "Iowa," University of Vermont, accessed August 10, 2020.
<https://www.uvm.edu/~lkaelber/eugenics/IA/IA.html>

¹³⁵ Jack El-hai, "The Lobotomist," The Washington Post, February 4, 2001.
<https://www.washingtonpost.com/archive/lifestyle/magazine/2001/02/04/the-lobotomist/630196c4-0f70-4427-832a-ce04959a6dc8/>

his accreditation and respect in the medical community, and the prevalence of lobotomies lessened. However, even though this procedure took place roughly 25 years after she worked at this hospital, it still gives insight into the types of revolutionary and pioneering treatments available that were entering the field. When it comes to caring for patients in psychiatric hospitals, care changed rapidly as the medical community learned more about the patients and treatment types.

2.6 Working in the Hospital

Founded as a "safe treatment center" for patients with mental illness, the Cherokee State Hospital opened in 1902. Before the foundation of these types of treatment centers, many mentally ill patients were homeless and tried to take care of themselves. Outside of these treatment facilities, prison became the only other option.¹³⁶ During this time, the public often saw these facilities as good treatment centers that focused on the patients themselves and the care they needed. However, not all patients received help and adequate care. Even upon her entry into the hospital, Madge even describes some of her patients and the overwhelming feelings of frustration, confusion, and sadness regarding providing care for her patients. On one occasion, she describes her confusion and frustration surrounding not being able to help a patient during one of her first days because another physician left her to service patients alone.

I was now responsible for over six hundred patients, of course, that was an awful lot of people to have to look after, and I was not familiar with their routine. On Dr. Fleming's day off, I had her [Dr. Fleming's] wards too.¹³⁷ The second time I

¹³⁶ Clyde Haberman, "The Quest for a Psychiatric Cure", *The New York Times*, October 20, 2020, Online Video. <https://www.nytimes.com/2017/04/16/us/psychiatric-illnesses-lobotomy-controversial-surgery.html>

¹³⁷ In this instance, Madge is saying that on this specific day she oversaw both Dr. Fleming and Dr. Sullivan's patients. Therefore, she looked after more than 600 patients. Since this letter is dated June 8,

had this responsibility, I placed a patient in confinement that was a manic and she was pacing up and down and calling to be let out. The head nurse, without consulting me or asking me, transferred her to the sick ward and proceeded to "tell me off" because I had put her in confinement, giving no explanation for it. Well, I didn't know what to do, so I went to my room and had a big cry. At supper, my eyes were red, and Dr. Fleming invited me to her room and asked me if I had bad news from home or was sick, and "no" was the answer.¹³⁸ Then she asked me who was the trouble and I told her. I asked, 'do you have a book of rules that I can follow'? There was no such thing around. Every case was to be dealt with individually.¹³⁹

(Madge Baker Gaskin, June 1926)

She had to care for more than 600 patients while unfamiliar with her colleagues, the area, the hospital, and its procedures. She felt overwhelmed, as she mentioned in her letter to her fiancé above, and she had to take care of patients without knowing the proper protocols and procedures. From this excerpt, there are a few things that we can take away from her experience. First, we see Madge's struggles and the lack of initial support from the doctors at the hospital. She had to care for 600 unfamiliar patients alone. She might have gotten this responsibility because of a lack of physicians. However, it could also be gender-based discrimination. Even though women assigned this responsibility to her, internalized sexism can still play a part in these interactions.

1926, Madge had not been in Iowa very long. New to the facility, and without knowing all of the procedures, supervising doctors left her in charge of more than 600 patients.

¹³⁸ It is also important to note here that both physicians are women. Madge worked under two female doctors during her time in Iowa, which was out of the ordinary back in either North Carolina or South Carolina.

¹³⁹ Correspondence from Madge Baker to John Gaskin, June 8, 1926. Dr. Madge Baker Gaskin Private Collection.

Internalized sexism occurs when women exhibit sexist behaviors towards other women. Because sexism is so ingrained in many different aspects of society, often women take on these beliefs and opinions of women as fact, internalizing them and then projecting them back onto other women. The nurse may have questioned Madge's qualifications because of her gender.¹⁴⁰ This may have been why she challenged her. However, she could have also disliked her because of the power struggles between physicians and nurses. Nevertheless, it is essential to note that, for whatever reason, she and the nurse mentioned in this quote did not have a shared comradery because of their gender.

Second, even though there is a blatant lack of support when Madge is left alone with all these patients, the moment that she describes with Dr. Fleming is an important one. Dr. Fleming recognizes that she is upset and goes out of her way to speak with her and ask what is wrong. She listens and gives her a bit of insight into the reality of working in a psychiatric hospital with these patients and that there is no "one way" to treat them. This gesture, a small act of kindness, is something that she did not receive from many of her other teachers in South Carolina. Even the mention of this in her writings shows the importance that it had on her transition to Cherokee.

¹⁴⁰ Internalized sexism is also often not something that women are always aware of. Since these sexist beliefs are so ingrained in different things that women learn all throughout life, they can often manifest themselves without them knowing. So, even if the nurse did get upset with Madge because she did not think she was qualified, or that she was not the best person for the job, or even that she could not do her job without getting "emotional", the nurse may not have even connected these thoughts with Madge's gender. This is one of the reasons why internalized sexism can often be difficult to identify and understand when it comes to the relationships between women.

She also mentions that the nurse later apologized to her.¹⁴¹ This suggests that Dr. Fleming may have told the nurse about Madge's frustration, or the nurse herself recognized it.¹⁴² This apology demonstrated support from her fellow staff members because they recognized the extraordinary difficulty of caring for 600 patients alone. In South Carolina, she did not experience this type of support. Dr. Fleming's act of kindness might be an extension of support to a fellow female physician, potentially because she knew the difficulties that she faced.

While in Cherokee, Madge trained under a female physician and worked alongside others. For a woman who had seen a female physician for the first time in her life six years earlier, she now worked alongside other women as a female physician herself. Throughout the letters that she writes back and forth with John during the first three months of her time in Iowa, specifically after she writes to tell him about the incident mentioned above, she becomes closer to the women at the hospital. Over time they become friends. In one letter that she writes to John, in October of 1926, she says, "The girls here and I have fun together."¹⁴³ In four months, she and the women around her became friends, insinuating mutual respect among one another.

However, some of the men that she worked with had begun to become more distant with her. In the same letter to John, she writes about how one of the male doctors

¹⁴¹ Correspondence from Madge Baker to John Gaskin, June 8, 1926. Dr. Madge Baker Gaskin Private Collection

¹⁴² This is important to note that the nurse apologized, it does not directly mean that the nurse felt bad about what happened. She may have simply had to apologize because Madge was a doctor or because Dr. Fleming asked her to. It would be nice to think that she wanted to support Madge once she realized how upset she was, but we will never know for sure why she decided to apologize.

¹⁴³ Correspondence from Madge Baker to John Gaskin, October 6, 1926. Dr. Madge Baker Gaskin Private Collection.

that she worked with refused to speak with her because she had not gone on a ride with him in his car, saying, "Dr. Augur doesn't pay any attention to me since I refused to go riding with him because 'our ring meant something definite.'"¹⁴⁴ Dr. Augur, the assistant superintendent of the hospital, met her with hostility when she refused to accept any of his romantic advances. This hostility was not rare for a woman to encounter in the work field, and it demonstrates the sexist environments women faced working in medicine. Even though this specific incident does not involve Dr. Augur questioning her abilities as a physician, he expects her to return his romantic advances even though he knows about her relationship with John and her engagement. When she did not show excitement and acceptance of his advances, he allowed his frustration to impact her working environment. He created a space where he refused to speak with her while at work, which directly impacted her job.

2.7 Madge and John's Romance

The remainder of Madge's time in Iowa consisted of working with patients, spending time with her friends, and counting down the days until moving back to South Carolina with John. They frequently wrote letters to one another, sending one to each other almost every day. They planned their future, shared sweet memories, discussed their days, and reminded each other of how much they loved the other. Most of their letters included things like, "I would love to hold you close," "I wish I could just see you, my heart aches for the touch of you," "I love you and wish I could come instead of

¹⁴⁴ Correspondence from Madge Baker to John Gaskin, October 6, 1926. Dr. Madge Baker Gaskin Private Collection.

sending you this letter."¹⁴⁵ Furthermore, after a year of sending their love through letters, in August of 1927, they began talking about their wedding. With only six weeks left of her residency, they planned to marry right after she finished with a wedding in Washington, D.C.

One occasion, after she had been out of town on a few days off, she wrote to John about a conversation with a woman she met on the train, saying, "Talking to a lady on the train about marriage, She discouraged me. I know that I love you, and yet I have just begun to realize life's values. I wonder about giving up my independence. I love you and need to talk to you for a long time".¹⁴⁶ Knowing that she began to question their marriage, not for lack of love, but out of the fear of giving up her independence, is very interesting. For the first time in her life, Madge had her own independence because she supported herself and lived alone. She now knew what it felt like to be a woman who took care of herself. She longed for a husband and still longed to be with the man that she loved, but she also longed to have this independence that she gained by moving to Iowa and supporting herself for the past year. In response to her letter, though, John said, "You keep writing about talking over things before we are married; we wouldn't feel right if we didn't."¹⁴⁷ He responded by telling her that he wanted to talk, insinuating that it was necessary for the two of them to have a serious conversation about her worries. He did not brush off her worries as insignificant or dramatic. This is another example of their

¹⁴⁵ Correspondence from Madge Baker to John Gaskin, January 21, 1927. Dr. Madge Baker Gaskin Private Collection. ; Correspondence from Madge Baker to John Gaskin, July 27, 1927. Dr. Madge Baker Gaskin Private Collection.

¹⁴⁶ Correspondence from Madge Baker to John Gaskin, August 21, 1927. Dr. Madge Baker Gaskin Private Collection.

¹⁴⁷ Correspondence from John Gaskin to Madge Baker, August 24, 1927. Dr. Madge Baker Gaskin Private Collection.

relationship, demonstrating the support that John gave her during this time. Furthermore, in the last week of September, she left Cherokee, Iowa, the hospital and town that became familiar, but had still never been home, and got on a train to meet John.

CHAPTER 3: PRACTICING MEDICINE AND LIFE IN ALBEMARLE

"I guess this will be the last letter I will write you until I see you. In just one week,

I'll see my darling; I can't wait to find you. I love you always".¹⁴⁸

Dr. John Gaskin, Letter to Madge Baker, 27 September 1927

"I feel so serious about us, I can hardly sleep for thinking of our future together.

I do love you and I know that I shall never love another as I do you".¹⁴⁹

Madge Baker, Letter to Dr. John Gaskin, 27 September 1927

3.1 Introduction

This chapter evaluates Madge's experiences as she navigated marriage, motherhood, the Great Depression, and opening her practice in Albemarle, North Carolina. Her relationship with her husband, Dr. John Gaskin, provides insight into their marriage and the dynamics of working together as doctors. However, being a mother in the Great Depression contributes to historical scholarship regarding women in medicine and women at home during this time. Lastly, this chapter discusses her opening a medical practice with her husband in Albemarle, North Carolina, where she worked as the only woman physician for forty years.

3.2 Madge and John's Wedding

These are the last letters that either received before their wedding. After Madge finished her residency, she boarded a train and took off to Washington, D.C, where both

¹⁴⁸ Correspondence from Dr. John Gaskin to Dr. Madge Baker, September 27, 1927. Dr. Madge Baker Gaskin Private Collection.

¹⁴⁹ Correspondence from Dr. Madge Baker to Dr. John Gaskin, September 27, 1927. Dr. Madge Baker Gaskin Private Collection.

she and John had planned to meet. After a long train ride and a short stay in New York City, John met her at the train station when she arrived in Washington, D.C. They embraced, shared kisses, and prepared for their wedding. After years of being together, years of knowing each other, and hundreds of letters sent back and forth, the day arrived for them to marry. On October fifth of 1927, she and John got married in the pastor's study at the First Baptist Church of Washington, D.C, wearing a simple navy suit and navy dress and accompanied by John's mother and her brother, Drew. After the ceremony, they all went to the Smithsonian for the afternoon before their family boarded their trains home and left the newly married couple in Washington, D.C. Before they started their journey home to South Carolina, the next day, they spent the first day of their married life together, touring Johns Hopkins University as part of their honeymoon.

Since most of their family could not be at their wedding, they sent out wedding announcements to family, friends and even placed an announcement in her student newspaper at Winthrop University. The announcement read, "Dr. Madge S. Baker, of Ridge Spring, S.C., was married at Washington, D.C. on October 5 to Dr. John S. Gaskin of Mount Croghan, S.C. The bride is a graduate of Winthrop College and the Medical College of South Carolina. During the past 15 months, she has been connected with the State Hospital of Iowa."¹⁵⁰ One of the most interesting things about this wedding announcement is that it speaks mainly of her educational accomplishments instead of her recent marriage. This is a wedding announcement placed in her alma mater's student newspaper, and she chose to highlight her accomplishments instead of taking this opportunity to talk about her new husband. In contrast, the wedding announcement sent

¹⁵⁰ *The Johnsonian*, October 29, 1927. Page 1, Column 2. The Gale-Gaskin Family Papers, 1918-1993, MSS-1017, Waring Historical Library at the Medical University of South Carolina.

out by her family read very differently, "Rev. and Mrs. Andrew Charles Baker announce the marriage of their daughter, Madge, to Dr. John Stover Gaskin on Wednesday, October the fifth, nineteen hundred and twenty-seven. Washington, District of Columbia".¹⁵¹ This announcement did not even refer to her as "Dr. Madge Gaskin," even though the announcement referred to her husband as "Dr. John Stover Gaskin." Even with these marriage announcements, the differences in how she saw herself and her accomplishments versus how others viewed her are prevalent.

3.3 Life in Mount Croghan

Madge settled into married life once they moved to Mt. Croghan, South Carolina, a small and rural town east of Pageland, South Carolina, but she did not begin practicing medicine. John worked as a physician and often had to go help patients, but she spent most of her time involved with their church. She volunteered as a Sunday school teacher, helped with the church's Women's Missionary Union, and served as a part of the Baptist Young People's Union at her church. Furthermore, within a few months, she became pregnant with her first child. She wrote about finding out about her pregnancy while at a South Carolina State Meeting with John in May of 1928, "I finally had breakfast at 8:30 AM. I ate too much, then vomited, but did get to the meeting and saw many of our old classmates there. I planned to visit mother [after], but went shopping first and bought a maternity corset".¹⁵² When she visited her mother and younger brother Broughton, she

¹⁵¹ Dr. Madge Baker Gaskin Wedding Announcement, The Gale-Gaskin Family Papers, 1918-1993, MSS-1017, Waring Historical Library at the Medical University of South Carolina.

¹⁵² Madge Baker Gaskin's personal writings, 152.

tried to keep her pregnancy a secret but could not hide it after she got sick twice after eating.

On the 15th of September 1928, she gave birth to John Stover Gaskin Jr, their first child. While in the hospital, women from Mount Croghan came and visited her too, as she said, "[The women] Come and watch me bathe him [John Jr.]. How does a doctor bathe a baby? Like everybody else".¹⁵³ Even while in the hospital with her firstborn child, shortly after having her baby, women she knew came to visit her and judge her skills as a mother. Many of the women wanted to see if she acted differently with her baby because of her profession, either insinuating that she would be more removed from taking care of her child because of her career or that she would take care of the child more "like a doctor" and less "like a mother." However, at this moment, she did not see herself as a "doctor," but as a mother of her first child. Madge also mentions that the other women in her town saw her as "snooty" because she had her baby in the hospital, even though it saved her life because she had a postpartum hemorrhage.¹⁵⁴ Many facets of small-town life challenged her because of her education, and even though she did not practice medicine while in Mt. Croghan, she faced judgment from her community.

3.4 The Great Depression and Medicine

The Great Depression drastically impacted the lives of American's during the late 1920s and into the 1930s. Starting with the stock market crash of October 1929, the United States economy began to decline and impacted the lives and communities of

¹⁵³ Madge Baker Gaskin's personal writings, 154.

¹⁵⁴ Madge Baker Gaskin's personal writings, 155.

people all over the country.¹⁵⁵ Unemployment surged, banks closed, stores and businesses had to close their doors, and families and communities began to look drastically different. However, in the early 1930s, the healthcare field became one of the country's largest industries.¹⁵⁶ Even though most of the country took drastic economic hits, the medical field continued to grow as people continued to need medical care. However, it still experienced many changes as it adapted to the new fabric of the country. Historian Nancy Tomes writes about these changes in medicine by saying, "Historians agree that the depression exacerbated what was already noticeable stratification in American's access to the benefits of modern medicine." The Great Depression put stress on many families' access to healthcare, especially families in rural communities and those with less expendable income. This financial burden proved detrimental for many families, as they could not afford needed medical services.¹⁵⁷ Tomes continues by saying, "Much of the nostalgia for the old country doctor and the beloved family physician expressed in the depression era appears to reflect the absence of regular medical care that many families were experiencing." She is stating that "country doctors" gained popularity in much of the United States because of the strained economic state of the country.¹⁵⁸ The "old country doctor" characterization referred to doctors like Madge and her husband that worked in

¹⁵⁵ Tomes, Nancy, "Merchants of Health: Medicine and Consumer Culture in the United States, 1900-1940," *The Journal of American History* 88, no. 2 (2001): 525-529.

¹⁵⁶ Tomes, Nancy, "Merchants of Health," 525-529.

¹⁵⁷ Antonio M. Gotto, *Weill Cornell Medicine: A History of Cornell's Medical School*, New York: Cornell University Press, 2016, 79.

¹⁵⁸ Tomes, Nancy, "Merchants of Health: Medicine and Consumer Culture in the United States, 1900-1940," *The Journal of American History* 88, no. 2 (2001): 530.

rural areas, often made house calls for patients, and were integral parts of their communities.

However, these doctors did still try to provide the best care for their patients. Medicine in the rural South often looked very different than that in larger cities. Historian Steven M. Stowe, author of *Doctoring the South*, discusses these differences in his research. Stowe highlights that these physicians were much more involved in the fabric of their communities, often because understanding their community members lives assisted them in providing better care. When discussing the detailed notes that many Southern doctors took of their patients and visits, Stowe mentions that some physicians took note of “who moved in and out, who married whom, and how the crops appeared to him as he rode through the fields.”¹⁵⁹ Details like these, which may seem unnecessary to record, gave physicians insight into the lives of their patients outside of their diagnosis, assisting in their treatment at times and also cultivating a sense of local respect between community members.¹⁶⁰

While the medical field and doctors continued to benefit from the need for their care during The Great Depression and did not face severe economic hardships in many cases, many communities lacked modern medical resources. As Tomes says, "old country doctors" are directly related to these communities' economic hardships. In smaller rural communities, similar to the communities that she and her husband practiced in, "old country doctors" provided care at a cheaper cost than doctors in larger cities who worked in large hospitals. Visiting the community's local doctor provided a more familiar and

¹⁵⁹ Steven M. Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century*, The University of North Carolina Press, 2011, 103.

¹⁶⁰ Steven M. Stowe, *Doctoring the South*, 103-105.

affordable option compared to hospitals. The impact that The Great Depression had on rural communities, which often left families without resources and greatly affected the agriculture and farming that these communities survived on, also changed rural medicine.¹⁶¹

Shortly after Madge had her first child, John Jr., the country entered The Great Depression. During this time, she and John Sr. went on medical calls together. They worked on arsenic poisoning cases, heart failure, and saw patients with complications from poor diets. Their practice struggled, and their patients did not have much to pay them for their services, so finances for the family continued to be tight, but Madge and John Sr. tried to help patients when they could. To make extra money, they gave out Typhoid vaccinations on the weekends at 10 cents a shot.¹⁶² Even though many others in their community struggled more, the young family still faced hardships, "Our collections became poorer; the banks closed; we didn't lose much, but others did, and we could not collect what they did not have."¹⁶³

Even though people in their community still needed medical care, getting paid for the services they provided became more difficult. In some instances, when patients could not afford to pay with funds, she and her husband accepted things like vegetables or anything that patients could give. In one specific instance, she writes about a patient bringing her scuppernong grapes as payment because she craved them while pregnant

¹⁶¹Polly Woodham, "The Many Roles of Rural Women," in *South Carolina Women*, ed. Marjorie Julian Spruill, Valinda W. Littlefield, and Joan Marie Johnson (Athens: University of Georgia Press, 2012), 29-293.

¹⁶² Madge Baker Gaskin's personal writings, 158.

¹⁶³ Madge Baker Gaskin's personal writings, 154.

with her second child.¹⁶⁴ For Madge and her husband, being Southern physicians in a small town, meant being active members of their community and helping patients when they needed it. Because of this, they made sacrifices to help the people in Mount Croghan, South Carolina during this time.

3.5 Working at Home

In October of 1930, after the birth of their daughter and second child, Lillian, the growing family moved to Albemarle, North Carolina, to open their own medical practice. Albemarle, founded as the seat of Stanly County in 1841, became incorporated as a town in 1857.¹⁶⁵ Just forty miles north of Charlotte, Albemarle consisted of textile mills, lumber mills, and many different farming types. However, when they moved to Albemarle, intending to open their practice, the town had taken a hit because of The Depression. Farmers struggled. Many of the mills only ran three days a week because they could not afford to stay open full time, and because of this, residents did not have the money to be spent on medical services. With two young children and no money to afford childcare, Madge decided to stay home for the first few years in Albemarle. During the day, she watched the children, did laundry, cleaned, did housework, and took work calls for John from patients. She took down information on patients, their conditions, their address, and then John went on the house calls. From 1930 to 1933, she made many career sacrifices for her family. Since they could not afford childcare because of The Depression, she had to put her goals on hold for a few years. And in December

¹⁶⁴ Madge Baker Gaskin's personal writings, 154.

¹⁶⁵ Ivey Lawrence Sharpe, and Edgar Fletcher Pepper, *Stanly County USA: The Story of an Area and an Era (1841-1991)*, Greensboro, N.C: Media Press, 1990, 12.

1933, three months after the birth of their third child, Dorothy, Madge decided to start practicing medicine again.¹⁶⁶

3.6 Tulane University

However, to start practicing again, she had to get her medical license transferred to North Carolina.¹⁶⁷ After she got her license reciprocity approved for North Carolina, she felt like she needed to take a refresher course since she had not actively practiced medicine in roughly four years, so she registered for a course at Tulane University in New Orleans, Louisiana.¹⁶⁸ She spent time in New Orleans taking refresher courses, working at Charity Hospital and Touro Infirmary, exploring New Orleans, and meeting other physicians. When she registered for the course, Madge again faced the prospect of being the only woman in a program of thirty men. Because of this, she became close to a woman physician, Dr. Elizabeth Bass, while in New Orleans.¹⁶⁹ Dr. Bass became one of the first women physicians that held a faculty position at Tulane University of Medicine. Four years before Tulane University admitted women as medical students in 1915, they appointed Dr. Bass as the Assistant Demonstrator in Surgical Pathology.¹⁷⁰ Not only did Madge make a genuine connection with a fellow woman physician, something that had only happened to her during her time in Iowa, but she met a woman who knew many of

¹⁶⁶ Madge Baker Gaskin's personal writings, 155.

¹⁶⁷ When the couple moved to North Carolina, Madge did not get her medical reciprocity from South Carolina to North Carolina. Therefore, she not only did not practice medicine because they could not afford it, but she was also not able to since she did not have an active medical license in North Carolina.

¹⁶⁸ Madge Baker Gaskin's personal writings, 156.

¹⁶⁹ Madge Baker Gaskin's personal writings, 156.

¹⁷⁰ "Tulane University's Contributions to Health Sciences Research and Education: A Guide: Dr. Elizabeth Bass: Home," Library Guides, Tulane University Library, accessed November 4, 2020, <https://libguides.tulane.edu/famousalumni/EBass>.

the same struggles that she had faced. Madge only had a few occasions that she could spend time with women who practiced medicine during her life, mostly during her younger years. Getting the opportunity to spend time with Dr. Bass, a woman who had been practicing medicine twenty years longer than her, encouraged her.

3.7 Practicing Medicine in Albemarle

In June of 1934, she began working in their medical Practice in Albemarle, North Carolina, becoming the first woman physician in Stanly County. After taking almost five years off from practicing medicine, Madge returned to seeing patients and doing what she loved. After years of dreaming of working together in their medical practice, the couple's dreams had become realities. They continued to work together and grow their family, having their fourth and final child in 1936, Joe.¹⁷¹

She and John saw patients for many different types of illnesses. They cared for patients with injuries because of many mill-related incidents and farming incidents in Albemarle, pregnant women, pre-existing conditions, and many other things. However, in the early years of their practice together, she saw patients in their office space, while John made house calls and went to the hospital when needed. Private hospitals, a common occurrence in the 1930s, could decide which physicians they gave privileges to inside their institution, and they did not allow Madge to practice medicine in the hospital.¹⁷² So, all the calls that they got from the hospital, John had to take.

¹⁷¹ Madge Baker Gaskin's personal writings, 158. ; Madge also became pregnant for a fifth time soon after the birth of Joe, but after taking a nausea medication for pregnant women, she and two of their patients had severe bleeding and miscarriages.

¹⁷² Her family told me that she was not allowed to work in the hospital early in her career in Albemarle. And after speaking with a retired physician from Albemarle, and local historian, Dr. Eric Johnsen, he confirmed this by sharing that the local hospital had the ability to decide who was approved to practice in their institution.

For years the couple continued practicing medicine in a small office space on West Main Street in Albemarle, but in 1951 the couple purchased a building on North Second Street in Albemarle that became their new office building. They opened their practice in the back of the office space and rented the space's front to their first tenant, Murrel's Pharmacy.¹⁷³ Having a larger space, especially one with a pharmacy, benefitted their practice because it allowed patients to fill prescriptions after appointments. The office space opened many possibilities for the couple, allowing them to see more patients and provide better services for them as well.

During her time in Albemarle, she practiced as the first and only woman physician in Stanly County for forty years. The community loved her. Patients affectionately referred to her as "Dr. Madge," and today, her past patients remember her well.¹⁷⁴ Many aspects of her life and story are groundbreaking but being the only woman physician in her community for forty years is a massive feat. In a small, rural, Southern community in North Carolina, she worked alongside her husband and helped build their medical practice together. She became a large part of her community and impacted Albemarle and its medical field.

3.8 History and Memory

Madge's experiences are historically significant, but her community and family are the only ones who remember them. In Albemarle, her history has stayed alive through

¹⁷³ Lewis Bramlett, "PEEKING INTO THE PAST - The Gaskin Building," The Stanly News & Press, August 27, 2020, <https://www.thesnaponline.com/2020/08/29/peeking-into-the-past-the-gaskin-building/>.

¹⁷⁴ During a phone call with Dr. Eric Johnsen, a member of the Stanly County Historical Society and retired physician from Albemarle, North Carolina, he mentioned that Dr. Madge's patients affectionately remembered her after she passed. Dr. Madge was seen, by the community and her patients, as someone who genuinely cared about her patients and tried to provide them with the best care.

her past patients, community members, and family. When reaching out to the Stanly County Historical Society and many community members, most of the information that they had on her revolved around the legacies of her husband and her son John Jr., also a physician in Albemarle. Members of the historical society know that she practiced medicine, and they remember her community involvement. They remember her as the only woman physician in the county for forty years, but history books do not include this information.¹⁷⁵ The memory of her accomplishments and challenges exist primarily by word of mouth. Similar to the experiences of many women, her story has existed through oral histories. Because traditional sources have neglected women's stories, they pass down their stories through generations and record them through personal accounts.¹⁷⁶ Women's histories are more likely neglected in historical works and recorded through journal entries and stories shared with family members. Finding information on her is difficult, and it required searching through letters, journals, census records, old yearbooks, archives, stories from family members, and many other sources. Furthermore, while Madge's experiences do not represent all women, they provide significant insight into this time and women's experiences in medical programs.

3.9 Conclusion

Dr. Madge Baker Gaskin accomplished much in her life by becoming a woman physician in the 1920s and practicing medicine for more than forty years. However, the most impressive part of her experiences is that they took place in the South. Women

¹⁷⁵ In one of the prominent history books of Stanly County, *Stanly County USA: The Story of an Area and an Era (1841-1991)*, there is a section on medicine and the history of Stanly County and Madge is never mentioned. For a book written in 1990, eleven years after Madge's death, it is surprising that she is never mentioned since she was the only female physician in the county for forty years.

¹⁷⁶ Susan Geiger, "What's So Feminist About Women's Oral History?" *Journal of Women's History* 2, no. 1 (1990): 169–182.

physicians had fewer opportunities in the South, and they faced discrimination when becoming doctors. Contributions to historical scholarship have often neglected women's stories and experiences, especially those who are not the "first" to accomplish something. For women like Madge, the historical scholarship does not often include their experiences. Thus, they exclude women's feelings, everyday life, and women's challenges throughout history from historical narratives and record them as statistics in research.

This research, and the biography of Dr. Madge Baker Gaskin, includes her account of much of her life in the hopes of highlighting her everyday life, feelings, and challenges. This provides historians with an account of a woman in medical school in the South in the 1920s who completed a medical residency in Iowa and the challenges she faced, a mother during the Great Depression, and a woman who practiced medicine in a rural Southern community for forty years. By highlighting the difficulties that Southern women in medicine faced getting into medical school, succeeding in their classrooms, finding medical residencies, and opening their practices, her story contributes to historical research and understanding. As historians move forward, it is essential that we remember and record women's stories. Furthermore, without their contributions, historians will only ever have part of the story. Regardless of a woman's "accomplishments," their experiences are historically significant.

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