"Either on Account of Sex or Color": Policing the Boundaries of the Medical Profession During Reconstruction

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Introduction

In 1866, a formerly enslaved doctor named Josh Donalson sent a letter to the head of the Freedman's Bureau in Washington D.C., General Oliver Howard. In his letter, Donalson complained of his inability to collect his payments from those he had treated, and of the refusal of the local Bureau agents to recognize his professional status as a doctor. Donalson wrote that the Austin, Texas Bureau agents concluded, "he's got no license; Nor no Deplomer. Don't pay him." The lack of intervention from the Austin Bureau on Donalson's behalf, and their active antipathy, heavily impeded Donalson's ability to practice medicine. To continue practicing, "I had to insure every Case. No Cure No Pay."[1]

Donalson's story was only one of many for Black doctors as they sought to establish themselves as professionals after emancipation. During enslavement, they used their knowledge of healing herbs and minerals to treat patients. In other words, they were homeopaths. In the antebellum era, medical groups like the American Medical Association (AMA) campaigned against homeopaths, midwives, and healers, whom they called *irregulars*. Medical societies and state boards established strict medical licensing laws that worked to prevent *irregulars* from practicing. At the first meeting of the AMA, the delegates there described *irregulars* as "a swarm of locusts."[2] It was in this climate that homeopaths like Donalson, freed from bondage, entered the medical marketplace but only found policies that further discriminated against them. Without a diploma from a medical school, or a license from a state medical board, *irregulars* like Donalson had few options. However, this did not prevent Black physicians from pushing for professional equality as the political climate of Reconstruction opened the door to activism.

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[1] Gretchen Long, *Doctoring Freedom: The Politics of African American Medical Care in Slavery and Emancipation* (Chapel Hill: University of North Carolina Press, 2012), 106-109.
[2] *Proceedings of the National Medical Conventions* (Philadelphia: American Medical Association, 1847), 71.

For Donalson and many others, Reconstruction symbolized hope and political opportunity. As power shifted away from local and state governments and centralized in the Federal Government, citizens' rights were redefined.[3] Black and feminist activists took the opportunity to petition the government for full enfranchisement. Furthermore, arguments for suffrage went hand in hand with arguments for professionalism to round out full citizenship inclusion in the reunited United States. Thus, for Black and female physicians that had been discriminated against, Reconstruction also represented an opportunity to push for equality in the medical profession.

To the American Medical Association, though, Reconstruction represented a challenge to its policies that had protected the social boundaries of medicine since the AMA's founding in 1847. In 1868, northern members would push for the inclusion of female delegates, and in 1870, a Black delegation would seek entrance to the AMA. Both meetings ended disappointingly for activists and neither group was invited to join the AMA.

Medical historians have long considered these two meetings to mark the official entrenchment of sanctioned racial and gender discrimination within the AMA and its feeder societies. Scholarship has primarily focused on the role of Chicago physician Dr. Nathan Smith Davis in establishing discriminatory practices that had lasting repercussions through the twentieth century. Davis certainly was exceptional as a northern doctor who continually sided with the southern delegates and was primarily responsible for rooting discrimination within the AMA. Still, it should be recognized that his views were representative of the majority of the AMA's delegates prior to, and during the 1868 and 1870 meetings. Additionally, these scholarly

[3] Eric Foner, *The Second Founding: How the Civil War and Reconstruction Remade the Constitution* (New York: Norton, 2019), 15.

works do not fully recognize the historical moment in which these meetings occurred and therefore they miss important context in developing their narratives.

This paper seeks to provide the full context for the 1868 and 1870 AMA annual meetings and provide reasoning as to why the "woman question" and "Negro question" were asked of the AMA at that time. Despite the American Medical Association's attack on *irregulars*, which disproportionately affected Black and female practitioners, momentum for their inclusion in medical societies had been growing throughout the nineteenth century. The establishment of female and Black medical schools supplied them with a *regular* education while the work of Black and feminist activists put pressure on the AMA to extend professional recognition to these groups. Finally, the political upheaval of Reconstruction provided the perfect opportunity for activists to petition the Federal Government for enfranchisement, and for marginalized physicians to petition the AMA for membership. In analyzing the two meetings and responses to them, this paper expands upon previous arguments on the influence of Nathan Smith Davis in the refusal of the AMA to admit diverse delegations. Hence, the meetings of 1868 and 1870 are important pieces of Reconstruction history that emerged as a consequence of the political uncertainty of the era. These meetings offered hope to Black and female physicians, but ultimately did not extend membership to either group due to the actions of Davis. He, along with other AMA members, reaffirmed the social boundaries of the profession as white and male.

Black and Female Practitioners in the Antebellum Era

Even before the American Revolution, women actively participated as medical practitioners in America. While the professional status of doctors had not yet been cemented into society, women freely entered the medical marketplace as midwives, healers, and homeopaths. After the Revolution, and by the time the Cult of Domesticity had found a strong foothold in

American culture, female healers were forced to marry their work with their status in the domestic sphere. They were restricted to concerning themselves with matters of domesticity—obstetrics, gynecology, pediatrics, and geriatrics. [4] But even these branches of medicine were soon closed off to female practitioners as apprenticeships, difficult for women to get in their own right, gave way to medical colleges as the primary form of medical education in the early nineteenth century.[5] Thus, the war on *irregulars* took its first casualties as educated white men replaced midwives with accoucheurs, and the fields of obstetrics and gynecology became heavily populated with white men.[6] To regain their status as societally sanctioned healers, it was of critical importance that women gain access to a *regular* medical education.

Efforts to create women's medical colleges in the early nineteenth century presented an avenue towards professionalization and activism, but they elicited intense pushback from male physicians. The few women's medical colleges that existed at this time were situated in the Northeastern United States, and this geographically primed these institutions to marry with the abolitionist and feminist movements emerging in the North. Indeed, in 1849, Elizabeth Blackwell, a staunch feminist credited as the first woman to graduate from an American medical school, graduated from Geneva Medical College. Geneva was located adjacent to Seneca Falls, New York where one year prior to Blackwell's graduation, the famed Seneca Falls Convention on women's rights had convened.[7] The founding of women's medical colleges increased in the mid-century, and so too did their class size. The Woman's Medical College of Pennsylvania, the leader in women's medical education for decades, increased its class size from eight women in

[4] Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (New York: Oxford UP, 1985), 14, 61.
[5] Mary Roth Walsh, *"Doctors Wanted: No Women Need Apply": Sexual Barriers in the Medical Profession, 1835-1975* (New Haven: Yale UP, 1977), 5.
[6] Morantz-Sanchez, *Sympathy and Science,* 98.
[7] Walsh, *"Doctors Wanted: No Women Need Apply",* 64.

1850 to more than thirty by 1879.[8] Also, between 1847 and 1900, 37 medical schools that originally only admitted men, opened their doors to women. Thus, women's medical colleges assaulted the patriarchal medical profession in more ways than one: they encroached upon the social boundaries that the war on *irregulars* created, and they reinforced feminist and abolitionist policies. However, the AMA still made access to women's medical colleges extremely difficult. The educational guidelines they passed in 1847 required medical schools to expand their curriculum, extend their term lengths, hire a minimum number of professors, and ensure the standards of their students' preliminary education.[9] For newly founded medical colleges, meeting these requirements would not be possible, and for the women applying, the requisite preliminary education was not readily available. Thus, male physicians reinforced the gender boundaries of their profession by attacking the status of women's medical colleges.

In turn, many feminist writers issued their support for the education of female physicians. "The mildness and amiability of woman," wrote Virginia Penny, economist and social reformer, in 1862, "her modesty, her delicacy and refinement, all tend to make her acceptable at the bed side. Her quick insight into the ailments of others, and her promptness in offering a remedy, enhance her value."[10] Penny draws upon the common characteristics attributed to a woman at the time and uses them to argue that women, in many ways, can practice medicine better than men. According to Regina Morantz-Sanchez, the strategy of accentuating the "natural" caretaking roles of women to argue for their fitness as physicians was widespread among activists.[11] Unlike

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[8] Clara Marshall, *Woman's Medical College of Pennsylvania: An Historical Outline* (Philadelphia: Blakiston, Son, and Co. 1897), 10; Ruth J. Abram, *"Send us a lady physician": Women Doctors in America* (New York: Norton, 1985), 133.

[9] *Proceedings of the National Medical Conventions* (Philadelphia: American Medical Association, 1847), 74.

[10] Virginia Penny, "The Occupations of Women: Female Physicians," *New York Evangelist*, New York, 24 June 1862, 2.

[11] Morantz-Sanchez, *Sympathy and Science,* 5.

the post-Revolution era, when female practitioners' domestic sphere confined their professional options, antebellum activists argued that their domestic characteristics innately prepared them for medicine.

Many male physicians also wrote in favor of female physicians, but this support often came with a catch. The *Christian Advocate* in 1880 detailed the writings of Dr. Chadwick who believed that it was in the best interest of the community to "give to women the fullest instruction in accordance with the most improved systems, and under the most eminent teachers" and that "their proficiency should be tested by the most rigid ordeals."[12] While promoting the medical education of women, Dr. Chadwick also suggested that this education be accompanied by rigorous testing. Similarly, an anonymous physician penned the same year in *The Physicians' and Surgeons' Investigator*, "Woman has a more delicate sense of touch, is more gentle, and sympathetic than man, and particularly for her own class, and children." Again, we see the emphasis of these inherent characteristics being used as a persuasive tactic. However, the author's reliance on anonymity raises the question of how widespread support for female practitioners from male physicians truly was. If it was common enough, he ought to have had the confidence to sign his name. Furthermore, his support came with a caveat that a woman must first "obtain a liberal education."[13] In other words, a *regular* education. This conditional support was incredibly common within the writings of male doctors because it allowed them to support female practitioners publicly while at the same time disparaging the quality of their education that did not meet the high standards of the AMA.

Unfortunately, the record is less detailed regarding the work of Black practitioners during slavery. Enslavement, as a creator of "social death," has a way of silencing voices, and the voices

[12] "Health and Disease: Women as Physicians," *Christian Advocate*, New York, 6 May 1880, 302.
[13] Maintien Le Droit, "Women as Physicians," *The Physicians' and Surgeons' Investigator*, 1, no. 2 (1880): 343.

of enslaved medical practitioners were similarly silenced. What can be said, is that despite enslavement, slaves worked as healers and midwives, and could even establish reputations among patients in local communities. Their practice relied heavily on African herbalist and spiritual traditions, a marriage of science and faith, that worked on healing the body and the mind. In fact, slave healers and midwives were so successful in their treatments that they were often called upon by their owners for healing advice or child deliveries.[14] However, treatment success did not mean that they were integrated into the professional medical sphere. Their labor was still owned, and southern white physicians commonly exploited the knowledge of enslaved healers to promote their own practice.[15] But this exploitation was only one layer of the horrific combination that was medicine and slavery.

Slavery was crucial to the advancements of American medicine. Torturous experimental treatments were performed on enslaved persons so that white practitioners could hone their skills and discover new medicines. In *Medical Apartheid*, Harriet Washington details the history of medical experimentation on Black Americans. According to Washington, slaves endured experimental vaccinations, surgeries, and other treatments, often repeatedly, to satisfy the professional ego and sadistic nature of their white physician owner. Dr. James Marion Sims earned the epithet "the father of gynecology" thanks to his discoveries from repeated, forced surgical procedures on the enslaved women that he owned. Medical schools in the South kept supplies of cadavers of formerly enslaved persons and even went to such lengths as to exhume buried corpses for dissection. Freed Black doctors attempted to speak out against the atrocities committed at the hands of white physicians, but their numbers were too low to wield any power,

[14] Harriet Washington, *Medical Apartheid*, (New York: First Anchor Books, 2006), 48.
[15] Shryock, *Medical Licensing in America,* 33.

and their voices were drowned out.[16] The institution of slavery was built into the fabric of American medicine, just as it was built into the fabric of the nation, and emancipation threatened to upend both.

During the mid-nineteenth century, momentum was gathering for Black and female physicians as their numbers gradually increased with every passing year. They were entering the professional sphere and sought to contribute to American medicine in a meaningful way. However, the roadblocks of licensing and education placed by the American Medical Association, as well as many of the state medical societies, still stood firmly in the path of these practitioners. All they needed was an opening, and on April 12, 1861, when cannons fired upon Fort Sumter and the Civil War began, they sensed their opening. Many Black and female physicians served as army doctors during the war, proving their mettle as effective practitioners.[17] When the fighting was over, and emancipation had been won, their moment of opportunity was fully upon them, not only just for physicians, but equal rights in all spheres.

After emancipation, formerly enslaved healers, herbalists, and physicians' apprentices sought to exercise their new freedom by entering professional medicine, but their attempts were blocked. While enslaved, healers could practice homeopathy without any scrutiny because they were not considered professionals, but now that their citizenship was affirmed by the 14th Amendment, the restrictions on *irregulars* fully applied to them. Directly after the Civil War, no Black medical schools existed to provide *regular* educations, and there were no Black medical societies to issue licenses. Black practitioners had very few options. The few freedmen that

[16] Washington, *Medical Apartheid*, 64, 114.
[17] Morantz-Sanchez, *Sympathy and Science*, 97.

received medical licenses typically had to rely on white physicians, former masters even, petitioning the state boards on their behalf.[18]

Achieving licensure placed freedmen in a unique position. Brian Powers writes that "Black professionals have been bound by a dual obligation: to pursue excellence and success in their profession, and to leverage their professional stature to help improve the condition of their communities."[19] Early Black physicians were living proof that the barriers of the AMA, and those of the larger white-dominated society, could be broken, and in doing so, they could participate as full members in their communities. Thus, Black physicians' professional status was directly linked to their citizenship and their activism. To continue to grow and affirm these attributes, much like their female physician counterparts, they would need their own medical schools.

The Howard School of Medicine in Washington, D.C. officially opened in 1867. Its primary purpose was to train "colored doctors" in the manner of a *regular* education, but it also openly enrolled white and female students. Howard set itself apart from its contemporaries in this way. At the time, no other medical school in the country admitted female and Black students to the same program, and Howard did it while also keeping tuition costs low so that freedmen could enroll and work their way through.[20] Before Howard's founding, if a free Black wanted a medical education, they had to travel outside of the United States to Canada or Europe. Howard's first graduating class in 1868 included only 8 individuals, but by 1900, a total of 552 physicians had earned a degree, 35 of whom were women.[21] The Howard School of Medicine

[18] Gretchen Long, *Doctoring Freedom,* 117, 118.
[19] Brian Powers et al., "Practice and Protest: Black Physicians and the Evolution of Race-Conscious Professionalism," *Journal of Health Care for the Poor and Underserved,* Vol. 26 (2015): 73.
[20] Wilbur Watson, *Against the Odds: Blacks in the Profession of Medicine in the United States* (Piscataway: Transaction Publishers, 1999), 23.
[21] Thomas Ward, *Black Physicians in the Jim Crow South* (Fayetteville: University of Arkansas UP, 2003), 4.

was crucial to expanding access to education during Reconstruction as it led the way for the establishment of other successful Black medical schools such as Meharry Medical College, Knoxville Medical College, and Chattanooga National Medical College.[22] With expanded education for both freedmen and women, their numbers as *regular* physicians increased, but they still needed the consent of state and national medical associations for licensing. Reconstruction had created a political climate for activism to thrive. Now it was time to petition the American Medical Association for recognition and full acceptance into the profession. But whose moment would it be? Black physicians, female physicians, or both?

Reconstruction Activism

The political reconfiguration during Reconstruction provided an opportunity for feminists and Black activists to petition for equal rights. Before the Civil War, Americans used to talk about the United States in pluralities. They would say "these United States," signifying "a less coherent nation." It was not until after the war that they began referring to their nation as "*the* United States," heralding the country as singularly unified.[23] Within this shift towards unification existed a redefinition of States', and citizens', relationships to the Federal Government. During the war, President Lincoln centralized power in Washington, stripping away much of the legislative authority from the States, and would maintain this policy after the war. This transition redefined how the rights of the American people were ensured. Now, the Federal Government was responsible for protecting and upholding the constitutional rights of its citizens. A new direct line was drawn from the highest seats of authority, circumnavigating State legislators, and reaching out the laymen, and this line signified political opportunity for feminists and Black

[22] Watson, *Against the Odds*, 26.
[23] Laura Edwards, *A Legal History of the Civil War and Reconstruction: A Nation of Rights* (Cambridge: Cambridge UP, 2015), 4-15.

activists to achieve equal rights.[24] Faye Dudden's book, *Fighting Chance: The Struggle Over Woman Suffrage and Black Suffrage in Reconstruction America*, details the complex relationship between feminists and Black activists as they both fought to seize the moment.

In the beginning, there was a harmonious relationship between feminists and Black abolitionists. The Seneca Falls Convention of 1848 sparked the beginning of the feminist movement towards equal rights, with their largest goal being total enfranchisement for women. There, Susan. B. Anthony, Elizabeth Cady Stanton, and Lucy Stone emerged as the suffrage stalwarts, but also present at the meeting was Frederick Douglass. Douglass fully supported the push for women's suffrage as he hoped that their success would lead to emancipation and the eventual enfranchisement of all Black persons in the United States. Thus, a deep connection formed between Douglass, Stanton, Anthony, and their respective movements. Each was hopeful that success for one movement would translate into success for the other.[25]

Feminists successfully built momentum for their cause throughout the 1850s and early 1860s, and shared their progress with the abolitionist movement. However, once the Civil War was over, and the best opportunity for political action presented itself, cracks in the special relationship between feminism and Black activism began to show. First, Wendell Phillips, abolitionist and good friend of Anthony and Stanton, declared that Reconstruction would be "the Negro's hour." Phillips was anxious that pushing too hard too fast for both woman suffrage and Black suffrage would destroy the chances for either. He, along with other abolitionists and Black activists, urged Stanton and Anthony to wait and let freedmen ride the momentum of emancipation to full enfranchisement, and then the woman question could be properly addressed.

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[24] Eric Foner, *The Second Founding,* 19.
[25] Faye E. Dudden, *Fighting Chance: The Struggle Over Women's Suffrage and Black Suffrage in Reconstruction America* (New York: Oxford UP, 2011), 17.

However, Stanton and Anthony had just waited 20 years for the right time to push, and they were determined not to let this opportunity slip away from them. Second, while Phillips and the other activists championed "the Negro's hour," it became clear that the Black suffrage that they spoke of was more accurately Black *male* suffrage. Once again, the women would be marginalized and forced to watch as another group of men earned full enfranchisement. It became clear to Stanton and Anthony that action was required to salvage the moment.[26]

In response, Stanton took to her newspaper, *The Revolution*, to share her thoughts, and in doing so, severed the relationship between feminists and Black activists. "Black men have been citizens in the District of Columbia for two years," wrote Stanton in 1869, "Have they made any move for the enfranchisement of women there? Nay, nay they are at this moment more hostile to woman than any class of men in the country." Stanton called out the lack of reciprocity for the promotion that women had done for the abolition movement. She also employed racist stereotypes of Black men and their attitudes towards white women in the hopes to shift the conversation away from Black suffrage and towards woman suffrage. Stanton continued, "manhood suffrage creates an antagonism between black men and all women, that will culminate in fearful outrages on womanhood, especially in the southern states." By describing Black men as "hostile" and conjuring up images of "fearful outrages," Stanton drew on the racist stereotype of the Black rapist. Thus, she argued that passing over women and securing the vote only for Black men would result in further "degradation" of women by the Black rapist, and by her country by keeping her disenfranchised.[27]

In another speech at the Woman Suffrage Convention in Washington, D.C. in 1869, Stanton made her racism much more explicit. "Think of Patrick and Sambo," she said to her

[26] Dudden, *Fighting Chance,* 70.
[27] Elizabeth Cady Stanton, "Women and Black Men," *The Revolution Newspaper*, New York, 2 February 1869, 88.

audience, "who do not know the difference between a monarchy and a republic, who can not read the Declaration of Independence or Webster's spelling-book, making laws for Lucretia Mott, Ernestine L. Rose, and Anna E. Dickinson."[28] Stanton knew well the oratory powers of former slaves: she had been allied with Frederick Douglass not long before this speech. Here, though, she debased all freedmen to the childlike "Sambo" archetype thereby diminishing their intelligence. To Stanton, they were unworthy of the vote compared with the likes of Lucretia Mott. This was a further attempt to start the "woman's moment," but to do so, she also had to put down the "Negro's moment." Dudden judges that Stanton's attacks on Black suffrage, were not fueled entirely by racism, which Dudden acknowledges certainly did exist among feminists, but mostly as a political tactic to refocus political activism towards the woman's moment.[29] It is this strained climate when the questions of Black or female enfranchisement in the medical profession were proposed the American Medical Association.

The Meetings of 1868—The Woman Question

Officially, the question of female practitioners was first placed on the docket of the American Medical Association in 1867.[30] Dr. Washington Atlee of Pennsylvania and Dr. Henry Bowditch of Massachusetts, both strong supporters of female physicians and outspoken members of the AMA, motioned that the Association permit the consultation and induction of regularly educated female physicians. Dr. Atlee was instrumental in writing the Code of Ethics for the American Medical Association, and he strongly supported the inclusion of women in the

[28] Elizabeth Cady Stanton, ed., *History of Woman Suffrage,* Vol. 2, Rochester: Charles Mann Printing, 353.
[29] Dudden, *Fighting Chance,* 2.
[30] *The Transactions of the American Medical Association* (Philadelphia: American Medical Association, 1867), Vol. 18, 43.

profession of medicine. In his home state of Pennsylvania, Atlee had previously lobbied the state medical society for the formation of the Women's Medical College in Philadelphia.[31]

Dr. Bowditch, too, had championed the inclusion of female practitioners in Massachusetts. A professor at Harvard Medical School and senior member of the Massachusetts Medical Society (MMS), Bowditch staunchly advocated for the medical education of women. He ensured the induction of the first female and Black physicians into the MMS. For Bowditch, who was also a fervent abolitionist, "the woman's struggle was an extension of the principles of the abolitionist movement."[32] With these two activists leading the charge for inclusion in the AMA, one would think that their motion stood a good chance of passing. However, after a "brief discussion" by Dr. N.S. Davis, as recorded in the minutes, the question of female physicians was redirected to the Committee on Medical Ethics.[33]

At the time of the 1868 meeting, Nathan Smith Davis was one of the most influential physicians in the United States. Branded as "the father of the AMA" for his role in establishing the Association, his career began in New York where he first proposed the formation of a national medical convention to oversee and establish medical education curricula and licensing procedures.[34] He was awarded a chair at Rush Medical College in Chicago, but soon left to establish the Chicago Medical College.[35] Throughout his career, Davis focused heavily on medical education, and thereby directly contributed to the marginalization of *irregulars* from the profession. Furthermore, Davis founded the *Chicago Medical Examiner*, which became one of

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[31] Steven Peitzman, "Why Support a Women's Medical College? Philadelphia's Early Male Medical Pro-Feminists," *Bulletin of the History of Medicine* 77, no. 3 (2003): 585.
[32] Walsh, *"Doctors Wanted: No Women Need Apply",* 149.
[33] *Transactions,* 1867, 43.
[34] Nathan Smith Davis, *History of the American Medical Association* (Philadelphia: Lippincott, Grambo, and Co., 1855), 42.
[35] Thomas Bonner, "Dr. Nathan Smith Davis and the Growth of Chicago Medicine," *Bulletin of the History of Medicine* 26l, no. 4 (1952): 365.

the most important medical publications in the country. With Davis at the helm, medical education in the United States entered into a reformation, expanding and lengthening the training, and making it more difficult for supposedly improperly trained practitioners to practice medicine.

Davis also served as president of the American Medical Association from 1864 to 1866 where his political opinions influenced its policies. Just as the country emerged from the Civil War, so too did the American Medical Association, as many of the delegates served as army doctors for both sides. During the war, Davis politically aligned himself with the Copperheads, a party of Northern Peace Democrats that opposed President Lincoln's wartime policies, especially the Emancipation Proclamation.[36] The Copperhead movement had an especially strong foothold in Illinois, Davis' home state. As such, Davis' tenure as President of the AMA focused heavily on reconciliation with the southern delegates. Douglas Haynes argues for the importance of the southern delegates to the AMA's success. "At the first convention in 1846," Haynes writes, "nearly a third of all state delegations came from the slave South," and that number only increased as the AMA grew its influence.

Therefore, as "father of the AMA," Davis could not let the fracturing of the United States destroy a part of his life's work. To further appease the South, Davis made sure that every other annual meeting would be held in either the South or a border state.[37] In his presidential address in 1865, Davis worked to put the horrors of the Civil War in the past: "Our congratulations, to-day, are still mingled with a deep shade of sadness," he stated, "sadness that so many of our

[36] Bonner, "Dr. Nathan Smith Davis," 372; Jennifer L. Weber, *Copperheads: The Rise and Fall of Lincoln's Opponents in the North* (New York: Oxford UP, 2006), 2.

[37] Douglas Haynes, "Policing the Social Boundaries of the American Medical Association, 1847-1870," *Journal of the History of Medicine and Allied Sciences* 60 2 (2005): 174, 186.

professional brethren have constrained to abandon the peaceful pursuit of their human calling."[38] And "brethren" was the crucial word here. Davis emphasized the brotherhood of the profession to erase the political barriers that threatened to tear the AMA apart and to rebuild the community around their shared vocation. Focusing on the brotherhood of medicine also reified the boundaries of the AMA as a white, patriarchal hegemony. As a leader of his profession, and a Copperhead, even considering Black people and women in the brotherhood would have been inconceivable. In Davis's eyes, as the AMA entered Reconstruction, the boundaries of sex and race should remain as they always had been, and in 1868 he ensured the walls stood firm.

At the 1868 annual meeting in Washington D.C., the Committee on Medical Ethics, now chaired by Dr. Bowditch, issued their report. Seeking to answer, "whether or not it be proper and right for members of this Association to consult with well-educated women, who have studied and received degrees or diplomas from properly constituted medical schools," Bowditch once again argued on behalf of female practitioners. He pointed out the successes of famous European physicians such as Madame Boivin and Mary de Medici, and should the United States seek to elevate their medical practices to the heights of Europe, it would seem necessary to consult with female physicians. "Surely there could be no valid reason for refusal," the report stated, "unless, indeed, the fact of sex alone should be deemed reason enough to satisfy a *reasonable* mind."[39] With his argument laid out, on behalf of the Committee on Medical Ethics, Bowditch proposed the following resolution:

> *Resolved*, That the question of sex has never been considered by this Association in connection with consultations among medical practitioners, and that in the opinion of this meeting, every member of this body has a perfect right to consult with any one who presents

[38] *The Transactions of the American Medical Association* (Philadelphia: American Medical Association, 1865), Vol. 16, 71.
[39] *The Transactions of the American Medical Association* (Philadelphia: American Medical Association, 1868) Vol. 19, 88.

> the 'only presumptive evidence of professional abilities and acquirements' required by this association, viz., 'a regular medical education.'[40]

With the resolution read on the meeting floor, what followed was a lively debate between delegates. That debate never made it into the AMA minutes. It could be found in the *Chicago Medical Examiner*, Dr. Nathan Smith Davis's publication. As a consequence, Davis had full editorial control over the discussion of female practitioners.

Taking the floor first to defend Bowditch's resolution was Dr. Atlee. According to the *Examiner*, Dr. Atlee echoed Bowditch's argument, "In other countries, women had achieved the highest honors as medical practitioners, and he thought what could be done in France and Germany could most certainly be honorably done in the United States."[41] He added that the advent of new medical schools for women granted the opportunity for a *regular* education, reaffirming Bowditch's claims that there existed no tangible reason for the AMA to prohibit consultations with female practitioners. Atlee tried to strengthen his argument by emphasizing the honor in admitting female physicians thereby pandering to the southern members' notions of masculinity. In the Antebellum period, "honor" was crucial to the construction of manhood in the South. The main pillars of honor stood upon valor in conflict, a positive reputation amongst the public, strong physical appearance, and male integrity which extended to protecting women and their virtue.[42] The Civil War, and certainly Reconstruction, generated attacks upon honor, especially surrounding the protection of women. Southern feminists, like Rebecca Felton, argued that southern men did not effectively protect women and focused too heavily on maintaining

[40] *Transactions,* 1868, 91.
[41] Nathan Smith Davis, Ed., "Annual Meeting of the American Medical Association," *Chicago Medical Examiner,* Vol. 9, no. 6 (1868): 358.
[42] Bertram Wyatt-Brown, *Southern Honor: Ethics and Behavior in the Old South* (Oxford: Oxford UP, 1983), 34.

their sexual privilege.[43] Thus, Atlee's emphasis on honor worked within the framework of southern masculinity, and preyed upon any anxieties the southern doctors may have been feeling. He asserted that the admission of female physicians could be done "honorably." In other words, the male physicians could still maintain their privilege.

With their arguments laid out, Atlee and Bowditch effectively called the question: was the war waged on *irregular* practitioners more about ensuring proper education and licensing, or was it more about policing the racial and gender boundaries of the medical profession?

Then Dr. Nathan Smith Davis took the floor. Davis opened his remarks by seeking to redefine the AMA's relationship to the question. "This association," Davis explained, "had never taken action upon any matter which distinguished practitioners, either account of sex or color." Davis further explained that the AMA had never restricted the consultations of their members, so long as the consultants were "duly qualified," but "If any local association saw fit to enact a law restricting its members, that was a matter for such societies to determine." Backtracking strategically, the *Examiner* included comments by Davis exalting the position of women in the world. "The law of the Creator had assigned her sphere of duties," he said, and that he was "in favor of the broadest equality. If she was to be equal in the profession, let her be equal on the farm and in the ditch."[44]

Clearly an attempt to obfuscate his official stance on female doctors, Davis first emphasized the proper "sphere" for a woman, the domestic sphere. Although, should she want to leave her God-given locale to become a physician, Davis expected her to then be ready to work in the field and the ditch. In essence, Davis backhandedly told women to "stay in their sphere."

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[43] Crystal Feimster, *Southern Horrors: Women and the Politics of Rape and Lynching* (Cambridge: Harvard UP, 2011), 78.
[44] Nathan Smith Davis, Ed., "Annual Meeting of the American Medical Association," 359-360.

In his final act, Davis moved that the question of female practitioners be postponed permanently. His motion passed despite the grievances of Dr. Atlee.

Davis' actions in 1868 not only further solidified the boundaries of the profession, but aligned with his conception of Reconstruction politics. By comparing gender with race, Davis drew upon common strategies of Reconstruction oppositionists. Unlike Bowditch, who saw strength in cooperation of Black and female activists for universal rights, Davis pitted the two groups against one another and preyed upon racial anxieties that had emerged among feminists like Elizabeth Cady Stanton in the late 1860s.[45] Furthermore, Davis countered Atlee and Bowditch's nationalist and global viewpoint by relinquishing power back to State medical societies. Atlee and Bowditch both sought to elevate a reunified United States to the level of the medical accomplishments of Europe. They wanted the AMA to use its centralized power and make a strong statement for the inclusion of female practitioners in the profession while Davis sought to preserve the power in the states for the restriction of their members. These stances mirrored the attitudes of the nation as the Federal Government argued about the passing of the 14th and 15th Amendments.

The account of the *Chicago Medical Examiner* adds to the intrigue of the 1868 meeting. The full comments are not included in the official AMA minutes, but the *Chicago Medical Examiner* includes the debate. N.S. Davis was the chief editor of the *Examiner* at the time of this meeting meaning he had control of this portrayal of his position to the large audience of his publication. This explains the word choice as the *Examiner* describes Davis' comments as "clearly defined," implying that the comments of his colleagues, and notably Dr. Atlee, were not as precise. The *Examiner* article also makes sure to highlight his "respect, his reverence, his

[45] Dudden, *Fighting Chance,* 21.

love" for women.[46] While Davis argued for states' rights to bar consultation with female practitioners, which he certainly understood would appease the southern delegates and add the barriers facing female professionalism, he also reified his image as a level-headed, reasonable physician. He controlled the narrative from the 1868 meeting and ensured that he, and the American Medical Association, maintain their dignity within the public eye. Effectively, he melted away any malevolent motives.

Furthermore, the historiography of Davis transformed its portrayal of the doctor. Before the Civil Rights Movement, medical historians praised Davis for his revolutionary ideas and leadership in the formation of a high-functioning medical infrastructure. After the Civil Rights Movement, historians focused instead on Davis' role in the exclusion of women and Black Americans from the profession of medicine. Thomas Bonner's 1952 biographical article, "Dr. Nathan Smith Davis and the Growth of Chicago Medicine," reflects that pre-Civil Rights perspective. "Dr. Davis," Bonner argues, "was to acquire a national reputation as a builder of medical and health institutions, a humanitarian reformer in medical and civic matters, and a sane and rational scientist."[47] Bonner gives a glowing review of Davis' contributions to Chicago while minimizing his politics. Instead, Bonner states of Davis that "he bore manfully the stigma which attached to followers of the Copperhead cause during the Civil War."[48] Bonner asserts Davis' manhood and absolves him of any problematic stances. In essence, Bonner justifies Davis as he sought reconciliation with the southern delegates, and any scrutiny he may have faced only contributed to his manliness.

[46] Nathan Smith Davis, Ed., "Annual Meeting of the American Medical Association," 359.
[47] Bonner, *Dr. Nathan Smith Davis and the Rise of Chicago Medicine,* 362.
[48] Bonner, *Dr. Nathan Smith Davis and the Rise of Chicago Medicine,* 372.

After the Civil Rights Movement, historians like Robert Baker have contested Bonner's presentation of Davis. Analyzing the AMA meetings of 1868 and 1870, Baker places Davis at the center of the controversy. "In a series of debates over the admission of female and Negro physicians," writes Baker, "Davis urged 'his' AMA to adopt a policy of deferring such issues to a local level. This would become the AMA's policy until race- and gender-based discrimination was outlawed by the civil rights legislation of the 1960s."[49] Both Baker and Bonner recognize Davis' influence in the profession, but Baker shifts the historical lens to magnify the consequences of his actions. As Baker points out, the Civil Rights Movement elicited a change for the AMA policies, as well. Davis' enabling of local discriminatory practices persisted until the 1960s. All the while, the AMA hypocritically released statements decrying segregation but refused to dismantle its own white establishment.[50] Thus, the historiography on Davis has more recently shifted to highlight his contribution to the discriminatory practices of the AMA.

In the mid-nineteenth century world of American medicine, Davis was powerful. His authority allowed him to control the narrative of 1868 and paint himself as the most reasonably-minded delegate. His adopted policy opened the door to formalized discrimination against female and Black practitioners, especially within southern medical associations.

News of the 1868 meeting spread across the country and garnered strong responses. Dr. C.S. Lozier, writing in *The Revolution*, expressed her excitement with the resolution proposed by Dr. Bowditch at the meeting. "This looks in the direction of Equal Rights," wrote Lozier, "I like the wording of this resolution, it is worthy of educated manhood, to break their own fetters."[51]

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[49] Robert Baker et al., "Creating a Segregated Medical Profession: African American Physicians and Organized Medicine, 1846-1910," *Journal of the National Medical Association* 101 6 (2009): 410.
[50] Ward, *Black Physicians in the Jim Crow South,* 191.
[51] C.S. Lozier, "The American Medical Association at Washington," *The Revolution Newspaper*, New York, 4 June 1865, 339.

Much like Bowditch and Atlee, Lozier emphasized the rationality of permitting consultation with female physicians, but her words also brought an air of disappointment that "educated manhood" had taken so long to consider the question. This attack on their "manhood" echoed Atlee's discussion of honor. This time, however, discrimination against women had ensnared men and prevented them from their honor. To Lozier, Bowditch's resolution was a start in the long walk to "Equal Rights," and the question of female physicians, and professionalism in general, extended from the same branch as voting rights. "You say, 'give women the ballot,'" Lozier wrote, but women's education and voting rights must "reciprocally influence each other."[52] To care for the female body required properly educated, highly skilled female physicians. Similarly, proper democratic representation required female representatives. Thus, the issue of "the women's hour" required the development of suffrage and professionalization side-by-side with one another.

Peculiarly, Lozier seemed not to realize that the AMA did not adopt Bowditch's resolution. She did not comment on that fact which we can only imagine would have heightened her dissatisfaction with "educated manhood." Lozier no doubt was a highly informed individual, so this omission is certainly worth exploring. Lozier is writing in response to the coverage of the 1868 meeting found in the *Washington Chronicle*, but often these newspapers merely reprinted the official minutes of the AMA which, as discussed, did not record the full discussion. It is also possible that the AMA, or perhaps Davis, sought to control the narrative of the meeting. While the AMA minutes were reprinted widely, so too was the *CME* article over which Davis had full editorial control, widely disseminated to medical journals around the country. It is plausible to think that Lozier's misunderstanding of the fate of the resolution stems from white-washing by

[52] Lozier, "The American Medical Association in Washington," 339.

the AMA given that the minutes seem to protect Davis, and that he had control over the republished account that projected him in a positive light. In fact, at the meeting of 1870, the AMA would engage in a similar cover-up for Davis, this time on the topic of race.

The Meeting of 1870—The Negro Question

The conflict over race and AMA membership began in 1869 when Black physicians from Howard University asked for representation in the all-white Medical Society of District of Columbia (MSDC). The MSDC controlled medical licensing for D.C., so representation in this society would be another step towards legitimizing the professionalism, and in turn the citizenship, of Black doctors.[53] The MSDC rejected the request and refused to admit any Black doctors. In response, Black and sympathetic white physicians formed the integrated National Medical Society of Washington D.C. (NMS) and filed a complaint with Congress accusing the MSDC of racial discrimination. The MSDC retaliated and filed countercharges against the NMS accusing them of trying to dissolve the MSDC "through legislative influence."[54] While a congressional investigation confirmed that the MSDC refused the Black delegation strictly due to the color of their skin, Congress balked and relegated any verdicts to a decision by the AMA's Committee of Ethics.[55] No doubt the temporary transfer of congressional power inflated the ego of the American Medical Association and formalized its position as the preeminent medical authority in the United States. The Committee of Medical Ethics, now with Nathan Smith Davis as a member, was set to read its resolution on the matter at their annual meeting in 1870.

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[53] Robert Baker, "The American Medical Association and Race," *American Medical Association Journal of Ethics,* Vol. 16, no. 6 (2014): 480.
[54] *The Transactions of the American Medical Association* (Philadelphia: American Medical Association, 1870) Vol. 21, 54.
[55] Baker, "The American Medical Association and Race," 480.

The next year, delegates from across the reunified Unites States filled Lincoln Hall in Washington D.C on May 3rd. Among them were the six delegates from the MSDC, but barred from entering was the NMS delegation containing Black physicians Charles Burleigh Purvis, Alexander Thomas Augusta, and Alpheus W. Tucker. They were led by the white dean of Howard Medical College, Robert Reyburn.[56] When it was time for the Committee of Medical Ethics to submit their findings, Dr. Nathan Smith Davis stood up and presented the majority resolution.

> *Resolved*, That the charges lodged with the Committee of Arrangements against the eligibility of the National Medical Society of the District of Columbia have been so far sustained that we recommend that no member of that Society should be received as delegates at the present meeting of this Association.

In issuing this resolution, Davis once again aligned himself with the southern doctors on the Committee, H.F. Askew, and James Keller, while the Committee's two other northern doctors dissented. Davis did not supply any further justification for the exclusion of the integrated delegation, aside from their membership in the NMS. Obfuscating, Davis wrote, "If the Medical Department of Howard had chosen to send any delegates who are not members of that society, there is nothing whatever in the report to prevent them from being received."[57] Clearly, this was an attempt to indicate that the basis for exclusion was their home medical society and not the individuals themselves, and certainly not their race. But as the meeting progressed, it became clear that Davis and the AMA could not commit to that final point.

After the majority report was read, the minority dissent was presented by Dr. Alfred Stillé of Philadelphia. Dr. Stillé was heavily involved in the development of the AMA during its early years. He championed medical education reform in hopes to emulate the strict educational

[56] Baker, "The American Medical Association," 480.
[57] *Transactions,* 1870, 55-56.

requirements of France.[58] While he did harbor prejudice against women and Black Americans, he nonetheless respected those that achieved a *regular* education and believed they should be included as delegates.[59] Stillé's report was far more detailed in its justification for the admittance of the NMS delegation than that of the majority. The report emphasized that the physicians from the NMS delegation were *regulars*. "The physicians so excluded," wrote Stillé, "are qualified practitioners of medicine who have complied with all the conditions of membership imposed by this association." Similar to Bowditch and Atlee during the debate on women professionals, Stillé made clear that these Black doctors had been educated properly and licensed properly, so there could not be any justification for their exclusion besides their race. With both resolutions on the table, the roll was called, and Davis's resolution passed, 114 ayes to 82 nays. All the delegates from the MSDC were allowed to vote.[60]

During the final day of the meeting, in a last-ditch effort to secure some semblance of a victory for racial equality, Dr. John L. Sullivan of Massachusetts offered the following resolution: "*Resolved*, That no distinction of race or color shall exclude from the Association persons claiming admission and duly accredited thereto." The resolution was put to a vote. It failed—106 to 60. The American Medical Association could not even commit to a statement against racial discrimination.[61] Thus, the exclusion of the delegates from the National Medical Society, who were *regularly* educated and properly licensed, was indeed entirely about the color of their skin. The AMA, however, was not done. Their final act was to pass a resolution

[58] "Alfred Stillé," UPenn Archives, Accessed 12/12/21, https://archives.upenn.edu/exhibits/penn-people/biography/alfred-Stille.
[59] Katharine Blackiston Stillé, *Fragments: Being a Sketch of Alfred Stillé* (Philadelphia: Drexel Biddle, 1901), 23; Carolyn Skinner, *Women Physicians and Professional Ethos in Nineteenth-Century America* (Carbondale: Southern Illinois UP, 2014), 147.
[60] *Transactions*, 1870, 55-56.
[61] *Transactions,* 1870, 65.

absolving themselves of any wrongdoing. It read, "it has been distinctly stated and proved that the consideration of race and color has had nothing whatsoever to do with the decision of the question of the reception of the Washington delegates."[62] This resolution passed, 112 to 34. In the final moments of the annual meeting, the AMA attempted to wipe away any traces of racial discrimination. It gave them a headline to present to the public when the truth was that they could not pass the actual resolution that would have prevented racial discrimination. This was whitewashing at its finest. With their hands clean, and their medical association remaining "pure," the delegates at the 21st annual meeting of the American Medical Association packed their bags and left.

This time, Davis did not hide his actions as he had in 1868. This time, the minutes of the AMA recorded the full comments of the delegates. It has been previously argued that male physicians outwardly expressed support for female physicians while also encoding attacks on the legitimacy of women's medical colleges. To do the same, Davis took editorial power of the meeting in 1868 to encode his gender discrimination. However, the nature of racial discrimination was different. White physicians felt no need to hide their distaste towards Black doctors. Discussing the action of "self-preservation" for the AMA, a reprinted article from the *Louisville Medical Journal* stated, "the admission of these Negro delegates would be a wanton and reckless disregard of that principle of action."[63] Racial discrimination was much more prevalent and explicit. Therefore, Davis felt no need to hide his actions through editorial power. He felt supported by the southern delegates that held a majority within the AMA and backed his proposal. Furthermore, the final resolution absolved Davis and the others of any racial discrimination. There was no need for obfuscation in the 1870 meeting.

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[62] *Transactions*, 1870, 67.
[63] "Professional Association with the Negro," *Macon Weekly Telegraph*, Macon, 12 April 1870, 2.

Davis's role in the outcome of the meeting should not be understated. With him at the helm of the majority decision, he continued his allyship with the southern delegations and placed a discriminatory resolution on the floor. His policy of indifference in 1868 reared its head again in 1870 as the AMA balked at the opportunity to comment on the topic of race. By refusing to make a statement, the Association fulfilled Davis's plan to allow local societies to continue discrimination based on race, just as the 1868 decision allowed local societies to continue discrimination based on sex. The bulwarks of the white, male medical profession were as strong as ever.

Once the news of the 1870 meeting got out to the public, Black activists published explosive criticisms of the AMA and the MSDC. In particular, Sella Martin, editor of *The New Era*, a popular Black magazine in Washington D.C., published unbridled assaults in his editorial columns. In reviewing the AMA's racist decision, Martin wrote, "How demoralizing as well as blind is prejudice, when it can thus control and bind men who, from the education they have received and the position they enjoy, would seem to guarantee that they are gentlemen." Much like C.S. Lozier's critique of the AMA, Martin attacked the character of these so-called "gentlemen." Despite all their education, Martin complained that the white physicians of the AMA had let their perception be clouded by the guiles of racism. "Stranger than all," Martin continued, "it seems that a dead and rotten system, which has made this country to stink in the nostrils of the great powers of the world, should still retain power to benumb the senses of such men, and keep their reason dormant beyond anything else produced in this age of chloroform."[64]

In another powerful editorial, Martin not only attacked the politics of the American Medical Association, but specifically singled out Nathan Smith Davis. Martin accused the annual

[64] J. Sella Martin, "American Medical Association," *The New Era*, Washington, D.C., 5 May 1870, 4.

meetings of the AMA to be nothing more than "social reunions." Martin argued that these meetings served to appease the medical elites and reaffirm the classist, racist, and sexist ideologies entrenched in the profession. If they truly wanted to propel the medical community forward, they would not shy away from the scientific work done by female and Black practitioners. Instead, they opted to stay in their ivory castle. Furthermore, the imagery of a "social reunion" contrasted with the current Reconstruction of the nation. The white medical profession was able to reconvene, through the efforts of Davis, and resume business as they had prior to the Civil War while freedmen struggled to construct their citizenship. "We can readily conceive that a society," Martin continued, "in which 'gentlemen who served during the war in the Confederate army are now prominent in the control of its affairs,' might possibly have at times under discussion matters not likely to enlist the sympathies of colored gentlemen."[65] The AMA still had a majority of delegates come from the formerly-slaveholding South, many of whom were elected to the AMA presidency after the Civil War.[66] In his final words, Martin confronted Davis. He accused the northern doctors that had served for the Union during the war, but then had rejoined the "social reunions" with southerners of "being guilty of treason to their common country."[67] Davis was one of, if the not the most prominent northern member to openly seek appeasement with the South. Thus, Martin's accusation about treason was primarily directed at Davis.

Neither petition that would have made the AMA more inclusive was successful. Within two years, Davis and the AMA had established the local society policy that would exclude Black physicians for another century. Female practitioners would have their moment in 1876 when

[65] J. Sella Martin, "The Medical Profession in the District," *The New Era*, Washington, D.C., 27 January 1870, 1.
[66] Haynes, "Policing the Social Boundaries of the American Medical Association," 194.
[67] Martin, "The Medical Profession in the District," 1.

Sarah Hackett Stevenson would become the first woman member of the American Medical Association, but Black physicians would wait until 1968.[68] Davis concealed the true racial motivations behind his local policy so well that throughout the Civil Rights Movement the AMA issued condemnations of racial discrimination while still invoking Davis's local policy to protect the ability of their feeder societies to racially discriminate. These meetings were but one episode in a much larger history of discrimination in medicine, but they are paramount to understanding the scope of the medical profession.

Conclusion

The meetings of 1868 and 1870 were not independent events from one another, nor were they independent from the events in the rest of the country. These meetings, and the questions of membership, emerged because of building momentum from Black and female physicians. For women, momentum began in the 1840s with Elizabeth Blackwell's graduation and the subsequent founding of more *regular* women's medical colleges. For Black Americans, emancipation started the movement that also helped create Black medical schools like Howard. Black and feminist activists used this momentum in their push for enfranchisement hoping that professionalism and suffrage would go hand in hand. Ultimately, Nathan Smith Davis, and most AMA delegates, were able to protect their brotherhood and refuse entry for both Black and female doctors. While Davis was a product of his time, he also leveraged the other attitudes that surrounded him. As "father of the AMA," he appeased southern delegates to protect the Association, and he used his editorial power to protect his reputation. These meetings were not spontaneous. They were a quintessential result of Reconstruction and its underlying politics and activism.

[68] *The Transactions of the American Medical Association* (Philadelphia: American Medical Association, 1876) Vol. 27, 16.

Only recently has the medical world reckoned with the actions of Davis and the AMA to keep the medical profession white. In 2021, both Northwestern Medical School and the American Medical Association released statements altering their centuries-long praise of Nathan Smith Davis. Northwestern renamed its "Nathan Smith Davis Society," and the AMA CEO wrote a letter grappling with the AMA's history of racism one of its key founders.[69] The letter writes,

> "First, do no harm" is a guiding ethos in medical ethics, reminding us that at its core the art of care and caring for others seeks to reduce and eliminate harms that our patients and communities are experiencing. By continuing to examine our long history, our AMA is reaffirming medicine's commitments to this ethos, and to creating a more just and perfect union for all.[70]

The homage to the Hippocratic Oath is important. One of the first steps to making amends as an institution is recognizing the harm that has been caused through time. Especially in the profession of medicine, acknowledging the harm that Davis and the other delegates started and propagated for a century is crucial to tackling the inequities within healthcare. The AMA barred Black and women physicians thereby harming the patient population. In doing so, they broke the Code of Ethics they fought so hard to maintain.

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[69] Clyde W. Yancy, Alan Krensky, Eric G. Nielson, "A Statement on Nathan Smith Davis," Northwestern University Feinberg School of Medicine, Accessed 12/10/21, https://www.feinberg.northwestern.edu/diversity/anti-racism/statement-nsd.html.

[70] James L. Madara, "Reckoning with Medicine's History of Racism," American Medical Association, February 17 2021, accessed December 2, 2021.

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