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I am submitting herewith a thesis written by Margaret Jay Jessee entitled "'The Third Sex': Interpellation of the Woman Physician in Nineteenth-Century Literature." I have examined the final paper copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in English.

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"THE THIRD SEX": INTERPELLATION OF THE WOMAN PHYSICIAN IN NINETEENTH-CENTURY LITERATURE

A Thesis Presented for the
Master of Arts
Degree
The University of Tennessee, Knoxville

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May 2004

Thesis
2004
.J47

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Dedication

I dedicate this project to my mother, Jan Jessee, who was able to balance both a successful profession and three children with grace and humor. I have been fortunate enough to love and be loved by a woman who is smart, tenacious, ambitious, and always supportive of her children. My mother is and always has been my role model.

Acknowledgements

I would like to thank those who have helped me to pursue my Masters Degree, especially my supportive committee. This project would not have been possible without the guidance of Dr. Mary E. Papke whose patience with me and dedication to all of her students is unparalleled. Dr. Thomas Haddox and Dr. Nancy Goslee challenged me to think more critically and express my ideas more clearly; I owe a great debt to them for helping me to become a better writer. I wish to thank my committee for making the experience of writing a thesis a pleasure.

I would also like to thank my greatest supporter, Chris Minnix, for helping me to work through each argument, for teaching me how to research more thoroughly, and for always reminding me that I can reach any goal through hard work. More importantly, I thank Chris for wanting to be my partner in all areas of life.

Abstract

As American women entered the medical profession for the first time, the literature of the late nineteenth century America reflects the debates surrounding women professionals. I will focus on three novels written during this controversial and interesting time. William Dean Howells's *Dr. Breen's Practice* (1881) and Elizabeth Stuart Phelps's *Dr. Zay* (1882) deal with similar subjects, both novels portraying a female doctor and her struggle to decide between marriage and a career. Published in 1884, Sarah Orne Jewett's *A Country Doctor* was the third novel seen in three years with a female doctor as the main character.

The focus of this project will be to investigate the historical framework surrounding these novels in greater depth than has been done in the past. Many critics either largely ignore the historical context, or they only touch on it superficially. It is important to revisit the ongoing debates of the time concerning women professionals to determine how gender ideology is both subverted and supported in these texts. That is, the debate over woman's role in society is the rhetorical/historical exigency out of which these novels are produced. It is therefore important to read these novels closely and to locate the origin of the discussions that take place within the novels about the professionalization of women in order to understand how each novel is a representation of the limitations placed upon women who wanted something other than a family.

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Introduction

While this project will deal with the first generation of American women physicians in the late nineteenth century and their representations in literature, the story of the origins of women doctors actually begins much earlier. Women have practiced various forms of healing since ancient Greece. The history of the woman doctor in and around the fifth century B.C. is a fascinating one as it foreshadows some of what will come in modern times. Similar to the women healers through much of modern history, women in ancient Greece served primarily as midwives, and only men were able to study medicine legally. Agnodice was one of these midwives, but circa 300 B.C., she dressed as a man and entered the study of medicine: "She studied under the great physicians of her day" (Levin 37). Agnodice was ultimately found out to be a woman and was condemned to death for her deceit; however, because she was so well-respected, there was a public outcry for her release, which successfully saved her life. Agnodice was subsequently acquitted, "and the law that forbade women the right to study medicine in Greece was annulled" (37). Agnodice went on to study women's health issues, and more women followed in her footsteps. In fact, "women were healers in Greece until the Golden Age [for women doctors] ended with wars, invasions, and the Turkish occupation in the fifteenth century" (38). This invasion marks a shift to a more acute prejudice against women, which reflected the Turks' conception of women as "chattel," and it was not until 1896 that a woman was able to become a professional doctor again in Greece (38).

Though women were kept out of medical schools and the professional practice of medicine in most western countries until the late nineteenth century, they did continue to

perform duties as midwives, herbalists, and women's healers. Modern history contains many examples of the importance of women in healing, and much of their work resembled what we now think of as practicing medicine; they diagnosed illnesses, prescribed drugs, delivered babies, and provided comfort to the sick (Tannenbaum 8). In early America, "men were always excluded from attendance at normal births" (47). Any woman having a baby in colonial America was expected to have a group of women with experience and expertise in attendance at her time of delivery (47). The woman healer had, at this time, social authority. Not only was her care required and deemed important in homes, but her expertise also played a role in the judicial system as well. Midwives testified in court on matters of unmarried mothers and sexual assault (94). These midwives were valued and trusted in a court of law, and "much of this trust came from the court's respect for the women's medical knowledge" (94). It was the midwives, healers, and women herbalists who understood women's bodies, and much of their social authority was based on the belief that women knew how women's bodies worked better than men did (94). While men performed surgeries and had successful medical practices, men and women often worked together; men trusted and relied upon women healers (95).

Just as women healers came to the homes of other women, the women of these households were placed in charge of medical care (Tannenbaum 47). That is, the woman of the home was responsible for getting the prescriptions filled, administering drugs, and seeking advice on medical issues from other women healers. A community of women surrounded the sick and pregnant (47). While business and religion played enormous roles in the foundations of communities and dominance in Colonial New England, "the medical network was one structure where women were at the center" (60). In other

words, while sexism and patriarchy kept women out of much of the community building, they, in fact, dominated the medical community (60).

By the time of the Revolutionary War, the medical profession saw a number of drastic changes; not surprisingly, dominant gender ideologies began to shape and limit the woman's role in the field of medicine (Tannenbaum 136). In the mid-eighteenth century, "more male practitioners were able to earn European degrees" (136). As time progressed, the profession of medicine became increasingly specialized, and as more and more male doctors received professional training, they began to gain social authority (163). Women still dominated midwifery, but they began to lose the prestige they had acquired (136). By the end of the eighteenth century, it became the "fashion" for a "regular" doctor, or a formally trained male physician, to attend to middle and upper class patients (Ehrenreich and English 23). Though this training often varied drastically from physician to physician, and though these "regular" doctors prescribed cures such as bleeding, laxatives, and opium, they were still able to gain power in American medicine at the time (23). In other words, men wrestled social authority from women who were not allowed to attend medical schools, while women lost their authority even though their services did not change. Medical schools began to multiply in America, and the professionalization of the male doctor grew at the cost of women's medical authority.

Since the medical profession adamantly worked to keep women doctors out, those who could not fully access the profession lost power in society. Michel Foucault's *The Birth of the Clinic* investigates the institutionalization of medicine in the late eighteenth century. He argues that what was once a practice located in the domestic sphere (doctors going to people's homes to help them get better, deliver babies, and so on) changed into a

system of hospitals and clinics in which large groups of people could be housed in one place and undergo medical treatment in a sterile, efficient, institutional sphere. This created the doctor's "gaze," focused upon the patient as the subject of examination (11). This institutionalized view of medicine gave rise to a new medical discourse, one that became increasingly impersonal and simultaneously informed by medical knowledge. This new discourse and the concept of 'patient as subject' threw into question what the human body represents and what the medical practice means to society. By creating an 'objective' discourse about such subjects as life and death, the medical profession was able to establish a high level of "prestige" and power within society (198).

In the nineteenth century, medical schools were built in large numbers in America, and the American Medical Association was established (Walsh xv). As Foucault's ideas of the institutionalization of medicine indicate, medicine became more specialized. Mainly because of the rules of the AMA, women were not allowed to attend medical schools in America, and though they were still called to the bedsides of women in delivery, they were no longer allowed to prescribe medicine (Walsh 34). Male doctors were increasingly in high demand while the practice of "doctresses," a term most often used to describe a woman healer who charged a fee (Tannenbaum 113), became isolated to rural towns that had no 'real' doctors. As Barbara Ehrenreich and Deidre English argue in *Witches, Midwives, and Nurses: A History of Women Healers*, "when women had a place in medicine, it was in a *people's* medicine. When that people's medicine was destroyed, there was no place for women – except in the subservient role of nurses" (22). The stage was set for women to make their way into the medical profession; at this time, they began

the battle to regain the social authority stripped from them by the AMA. As a first assault, women wanting to be doctors fought for inclusion in medical schools.

One of those women was Elizabeth Blackwell, who is widely considered to be the first female physician in America; yet there is some debate about this 'fact' because Harriot Hunt trained to be a doctor through apprenticeship and practiced earlier than Blackwell. Elizabeth Blackwell, however, won a medical degree from Geneva Medical College, making her possibly the first woman physician with a specialized degree (Walsh 1). She thereafter spoke frequently on behalf of women's right to earn specialized degrees (1). Harriot Hunt, in turn, is credited with beginning the push for admittance of women in medical schools across the country. Hunt applied to Harvard twice, once in 1847 and again in 1850 (xiv). While both attempts were unsuccessful, her act gained the attention of the growing women's rights movement taking shape in New England at the time (xiv). Hunt's publicity gained her many supporters, including Samuel Gregory, a man with no medical training whatsoever but who wanted to open a "proprietary institution" of higher learning for women (31). In 1848, Gregory's Boston Female Medical College opened its doors to the first generation of women to be trained to be professional doctors (Walsh 35).

Not surprisingly, as women gained more and more influence in the medical community, they faced opposition to their attempt to regain what had once been theirs: social authority in the area of care giving and health. The rigid gender ideology of Victorian America placed many obstacles in the way of these pioneering women, and while I will go into greater depth in subsequent chapters about this growing gender ideology, it should be noted here that the progress of women in their attempt to create a

more inclusive AMA faced a severe backlash. The dominant gender ideology of the time, which, in part, argued that women were physically incapable of becoming professionals, as well as the AMA, which worried that women would "feminize" the medical profession, both worked assiduously against these women (130-139). Many male doctors thought that women would turn the profession into a "second-class" job because "second-class citizens" would enter it (Luchetti 35). Spencerian notions of evolution and the belief that women's role was to produce children for the betterment of the nation countered the fight for a more inclusive AMA, and as more women entered the profession, the backlash grew more pronounced (Cf. Haller and Haller 65-76).

The gender ideology of the time also affected how the morality and ability of women doctors was seen. In particular, there was a great deal of debate about woman's moral role, especially in Boston where a strong feminist movement was expanding. By the 1880s, "medical" books had been published arguing that women who used intellect would suffer harm to their reproductive organs, Spencer's reconstruction of Darwin had supported scholars who believed that women were biologically inferior and weaker, and the AMA argued that women doctors would stunt the growth and production of the medical profession as well as the strength and growth of America itself (Theriot 83, Walsh 141). Women doctors were deemed negligent as producers in the home, and they were not valued as productive members of the medical profession. In fact, the AMA deemed their role parasitic in nature. The resentment toward these women professionals led the Boston Gynecological Society to call them "the third sex" (Walsh 140). We can even see some of this "third sex" designation reflected in the fact that some women performed a similar masquerade to that of Agnodice: They dressed in men's clothes and

disguised their names to make others think that they were men (Luchetti 35). As they confronted the dominant gender ideology of the time, they began to find themselves in a trans-gendered place; they were not men, but they subverted what many would call a 'woman.'

As women entered the medical profession for the first time, the literature of the late nineteenth century reflects the debates surrounding women professionals. I will focus on three novels written during this controversial and interesting time. William Dean Howells's *Dr. Breen's Practice* (1881) and Elizabeth Stuart Phelps's *Dr. Zay* (1882) deal with similar subjects; both novels portray a female doctor and her struggle to decide between marriage and a career. Published in 1884, Sarah Orne Jewett's *A Country Doctor* was the third novel seen in three years with a female doctor as the main character. There are, of course, other works written in this time with female doctors as characters which I will not be discussing in this project: Henry James's *The Bostonians* (1886), Hamlin Garland's *Rose of Dutcher's Coolly* (1897), and Annie Nathan Meyer's *Helen Brent, M.D.* (1891) are a few other notable texts. I have chosen to focus on Phelps, Howells, and Jewett primarily because of space restrictions for this particular project but also because these novels fall within three years of each other. While these three novels make vastly different claims, the fact that they all address the same debate at the same historical moment makes them telling points of historical reference.

It should also be noted here that while this project looks specifically at women physicians and their representations in literature at this time, I hope to expand this project to deal with the successful entry of women into other professions. To some extent, then, the larger concept of the professionalization of women frames this project because, while

women doctors faced obstacles specific to their profession such as the stigma that they were only abortionists or a "third sex," much of the dominant gender ideology that said that women were inferior to men, physically incapable of higher learning, and a threat to the growth and expansion of America can be applied to other professional women beyond female physicians. It is not just that female doctors faced a backlash; any woman trying to gain a specialized degree and enter into a male-dominated profession faced similar reactions. This time in America saw the first generation of middle-class women professionals of any kind on a relatively large scale; this project concerns only one of these professions, but in investigating one, we can gain insight into the woman professional in more general terms.

In order to approach these novels as reflections and subversions of the dominant gender ideology of the time, I must begin with a model of investigation. The twentieth-century French philosopher and neo-Marxist Louis Althusser provides a useful framework in which to place the discussion of gender and the woman professional in his 1971 "Ideology and State Apparatuses." This model helps us in investigating how ideology shapes the individual and what happens when that individual subverts ideology. Althusser's essay attempts to describe the process by which social relationships reproduce themselves. For a capitalist state to continue, there must be a reproduction of the conditions for its existence. Althusser claims that there are two significant types of "State Apparatuses" that work to enable this reproduction (144). "Repressive State Apparatuses," or RSAs, function through violence, and they include "the Army, the Police, the Courts, the Prisons, etc." (144). The "Ideological State Apparatuses" function through ideology, and they consist of (but are not necessarily limited to)

churches, schools, family, law, political parties, trade unions, communications, and culture (144). Ideology, for Althusser, is a series of imaginary relationships between the individual and his/her material reality, imaginary but experienced as real and concrete. That is, Ideological State Apparatuses create a "certain number of realities" by which people identify themselves. It is through these RSAs and ISAs that our system of capitalism maintains its place, and capitalism, in turn, reproduces ideology; the circle of repetition and reproduction is inescapable, according to Althusser. It is rather obvious how RSAs function to maintain this status quo, but it is Althusser's claim as to how ISAs and ideology in general function in his model that proves to be a more complicated argument yet a more useful one for this project.

In order for ideology to function as a state apparatus, it must first gain some kind of control or hold on the individual. This hold must then be reproduced repeatedly in social relationships in order to maintain the hold. That is, we must reproduce social relationships so that we can continue to reproduce the modes of production necessary for capitalism. This reproduction takes place as a series of acts of "mis-recognising" our relationship to our material realities (161). Althusser claims that we "mis-recognise" ourselves as individual subjects in this system. We are the subjects of our own reproduction of the system, but when we think we see ourselves as autonomous subjects, we think we have discovered what is "obvious" or what is "true" when, in actuality, it is a mis-recognition or an imaginary truth (161). We act as subjected beings even though we believe that we act as individuals with subjective agency (for our subjective agency is also a misrecognition). Thus, ideology "hails" us, and we are "interpellated" into the system by answering to that hailing (169). That is, ideology calls to us as individuals,

offering the illusion of autonomous agency, and we answer that call, sure that the ideology is calling our individual person. An example Althusser uses is that of the Religious ISA: God is the supreme caller, and if God hails us, it is the ultimate ideological hailing. If God (the dominant figurehead in the ideology of the religious ISA) speaks to you, says unto you, or addresses you, you identify yourself as the person God is hailing. You are, thus, interpellated into the ideology of religion. That is, when the "absolute subject" (God) hails the individual, "the individual is interpellated as a (free) subject in order that he shall submit freely to the commandment of the Subject, i.e. in order that he shall (freely) accept his subjection" (169). For Althusser, there is no way out of this overdetermined system. If an individual subverts one interpellation, he/she is only interpellated into something else. As an example, I resist dominant gender ideology. I then am interpellated into the ideology of feminism. My conscious decision to resist dominant gender ideology and to align myself with the gender ideology of feminism carries with it a series of imaginary relationships with reality even though there are social benefits to my shift.

Althusser himself worked very little with gender as an ideology, and when his ideas of interpellation and subjectivity are applied to gender, a whole series of negative implications emerge. In fact, the literature arguing against Althusser's model only in terms of its implications for describing ideology in capitalism is too vast to rehearse here. It would better serve my argument to break down the problems with using Althusser's model for gender to the simplest of terms: If there's no way out of a system of reproduction of social relations, then how can there be any subversion of dominant

gender ideology? Further, if the individual has no subjective agency, then there is simply no point to any work by or on those who attempt to subvert ideology.

In other words, how could this project, on the one hand, say that women were subverting the dominant gender ideology of their time while using a model that implies this subversion only leads to other interpellations? The issue at stake is whether it could be argued that this project carries with it the implication that women's entering the professional world was negative or does not deserve valorization. If I use a model that is so overdetermined that there is no meaningful agency for the individual, the implication could be that there is no point in trying to subvert dominant ideology of any kind. If these women did attempt to subvert dominant gender ideology and failed, how could I see their act as important or profound? I do not want to make any claims that the first generation of women professionals did not advance women in society; they surely opened doors and made accomplishments to which future societies owe generous debts. Their strength, courage, and accomplishments are not in question. What is in question is a closer look into what that act, the act of entering into a male-dominated field, meant for these women as well as professional women in the future. Thus, belief in subjective agency may produce changes even if belief in changes in the 'big picture' is misguided.

In order to address why I chose this model for my particular approach, I should start by stating that this is not the first project that has attempted to apply Althusser to gender. Subjective agency in Althusser is certainly a difficult problem for any approach using his model, but notable feminist critics have used Althusser successfully despite his troubled thesis. Catherine Belsey's "Constructing the Subject: Deconstructing the Text" uses Althusser's argument in order to discuss the "cultural construction of subjectivity"

(657). By combining the theories of Althusser, who did not fully develop his argument concerning literature, with those of Roland Barthes and Jacques Lacan, Belsey is able to argue that language constructs the self, and thus literature, in part, constructs the subject, the person. This social construction both recognizes our ideas of class, race, and gender as well as calling these into question. Belsey's article is an attempt to argue that literature itself "interpellates the reader" and creates both the "position of the *subject in (and of) ideology*" (657). According to Belsey, the person is both the subject (like a subject in a sentence that creates some action) and subjected to dominant ideology. In part, literature is implicated in the fact that patriarchy still exists: For Belsey, we maintain patriarchy by reproducing the dominant gender ideology.

Alison Assiter's 1990 *Althusser & Feminism* also addresses the limitations of and problems with Althusser's approach, but she ultimately argues that though Althusser had "little to offer us as Marxists," he has "much to give us as feminists" (ix). Most of Assiter's book points out the flaws in Althusser's model, yet her overall analysis and argument does find Althusser offering us insight into how ideology shapes our notions of gender and why, as Belsey also asks, women have not banded together and toppled patriarchy. Assiter argues that a Freudian reading of the family applying also Althusser's ideas of interpellation to the family structure reveals an ideological process that is, on the one hand, oppressive but is, on the other hand, able to be subverted and ultimately rejected through better understanding of what it is that women need to reject. In fact, as a model for understanding ideology and its reproduction of social relationships, Althusser's basic model works quite well.

Before I elaborate on why I chose Althusser's idea of the subject in ideology, I should first lay out how I propose to apply the model. Interpellation plays a profound role in these novels on two levels: Jewett, Howells, and Phelps all respond to a historical exigency, that of the woman doctor entering the profession for the first time. Their characters reflect women in actual history, and thus these authors and their characters represent in detail the woman doctor's interpellation. Secondly, the literature itself is part of the cultural ideology that helped interpellate the readers themselves. The authors' contribution in the form of these novels is part of the cultural ISA that interpellates the individual, as Belsey argues. The characters are further interpellated in these works to reveal limitations and places for further subversion. The character's interpellation allows readers to understand and thus subvert the same interpellation.

The woman professional has a unique interpellation that may best be described as a *sub*-interpellation. She is interpellated into the dominant gender ideology of the time, even as she is interpellated into the ideology of the schools, as she must obtain a specialized degree in order to fulfill her calling. She is interpellated into the professional world as someone who gains capital and has a use value, and her interpellation into the family ideology is relevant as well because, usually, women physicians were unable to balance both a career and a traditional family with a husband and children. The woman professional makes conscious decisions that often create unconscious interpellations. Her position is thus quite unique; by her very subversion of the dominant gender ideology, which argued that she was better suited to be a wife and mother, she found herself in a unique sub-interpellation: that of the defeminized woman professional. As many Spencerian thinkers as well as the AMA were concerned, a woman who failed to have

children was not a true 'woman.' For those who wanted expansion of the American state, a woman who did not fulfill her primary role in the home did not successfully reproduce future workers. She, then, stunted the growth and expansion of a capitalist society. She denied her primary interpellation.

Because women had lost their social authority as doctors with the institutionalization of medicine and professionalization of healing, women were not considered equals to men even after they gained specialized degrees and began their practices. Women, in this time, faced ridicule and slander that made necessary their uphill battle to gain respect in the medical field. Especially at the point at which these three novels were written, women had very little prestige as doctors. Interestingly, they are often called "doctresses" in the novels; this term applied to women who had no formal training, yet the novels indicate that even those with formal training found themselves being called "doctresses." The literary female physician was often limited to small, rural towns in the country, and her success even in that field was often qualified. Thus, for a woman doctor, her oppression is bound to her gender, but it is a distinct 'otherness' that better describes her complex identity. She is 'othered' in her profession because she is a woman, even as she is distinctly 'othered' as a woman because she is a professional (assuming it is common knowledge that by the mere fact that she is a woman she is already an 'other' in dominant gender ideology). This makes her oppression distinct from her first oppression as a woman. There is no hierarchy in my argument; that is, I do not claim that she is *more* oppressed than other women who did not become professionals are. She does, however, experience a unique sub-interpellation by virtue of her subversion of the role of the woman in the home and the larger society. Her quest for

more than a family carried with it a new set of ideological categories, imperatives, and costs.

I posit, then, that Althusser's model does provide a useful framework for this analysis because in order to subvert any ideology or interpellation, we must first identify and recognize (even if it *is* a mis-recognition) the interpellation we are trying to subvert. In this case, we must investigate the sub-interpellation of the woman professional in order to locate the specific problems or obstacles the woman professional must overcome. While one interpellation may lead only to another interpellation, that does not mean that we should give up on resisting dominant ideology that oppresses. It *does* mean that we must accurately identify ideology that continues to oppress in order to subvert that ideology. While there may not be a way out of interpellation, that does not necessarily mean that there is no benefit to working against interpellations which oppress. In fact, we have historical proof, and literary proof in these novels, that such opposition does improve conditions. Althusser's model helps in the identification of what happens when women subvert the dominant gender ideology. As women doctors subverted the dominant gender ideology of the time, they helped lead to a more egalitarian society; in order to continue this progress, more investigation must be done on what they were and were not able to accomplish so that more subversion can lead to greater progress in the future.

Virtually no critical work has been done on what the implications are for the woman doctor as she represents the professionalization of women in literature, and, in fact, very little critical work has been done on female doctors in literature at this time at all. I will appropriate the derogatory term used against these women in order to name

this separate ideological category: "the third sex." My project will argue that this "third sex" is the separate, specific sub-interpellation of the woman professional. This is not to say that I am arguing that the woman professional is an actual gender category. That is, I do not claim that there are men, women, and women professionals as our three sex identities. I use the term to name what has not been named as of yet; the distinct 'otherness' that comes with becoming a woman professional has not been discussed. I will discuss it here, and I will term it "the third sex," reappropriating the term and subverting its negativity.

I begin with Sarah Orne Jewett's *A Country Doctor* (though it is the last novel chronologically) because her work best exemplifies all of the various components of my argument. Jewett's character gains success by completing medical school and opening a small practice, but she reveals the limitations placed upon her by the "third sex" interpellation because she is forced to choose between a career and a family. She fails to access her profession with the success and prestige that a man can, and Jewett herself seems to acknowledge her character's limitations. In the end, Dr. Prince looks toward a brighter future in which the woman professional can escape her binding 'otherness.'

The next two chapters deal with Phelps and Howells respectively. Phelps's novel argues that professionalization of women will lead to a more egalitarian society in terms of gender; however, like Jewett, Phelps also reveals limitations placed upon women professionals who face having to balance a career with a family. While Howells's work portrays a woman who was never suited for the profession in the first place, he does not have any female characters who *do* seem fit enough to be professionals. Not surprisingly, his resolution to the novel supports the dominant gender ideology; his character must

sacrifice her career in order to experience any positive interpellation--that of a wife and mother. Howells's character is able to avoid the third sex sub-interpellation precisely because she refuses to subvert her interpellation as a 'woman.'

Ultimately, this analysis will reveal not only the positive aspect of the woman professional, but it will also uncover the oppressive ideology that pushed professional women out of any secure, established category with which to identify. Women doctors have been called 'pioneers,' and this hailing seems even more appropriate since they were also pioneers in establishing a distinct and sometimes deemed negative, though vitally important, new category of identity. Many women now identify with the woman professional category. We should, then, investigate the origins and beginnings, opening up the possibility for greater understanding of our present interpellation of the woman professional.

I. Jewett's Representation of the Female Physician as 'Other'

There are a great many women nowadays who are sadly dissatisfied with their work and their position in life. Things seem unequal to them, and they envy not only the greater freedom of their fathers, their brothers, and their husbands, but the better pay these receive sometimes for doing exactly the same work as themselves. Their own lot in life seems to them an inferior one; they begin the race of life lame-footed and hindered; they believe themselves to have not a chance to win from the very nature of things. (Sarah Orne Jewett, "Every-Day Work" 1)

Sarah Orne Jewett was born in 1849 to Theodore and Caroline Jewett. Caroline's father and Theodore were both prominent physicians, and as Paula Blanchard, one of Sarah Orne Jewett's biographers, notes in *Sarah Orne Jewett: Her World and Her Work*, Jewett's relationship to her father was one of a very close mentorship. Theodore and Caroline taught their children that they could do and be anything they chose, and it seems, at least in her childhood, that she wanted to become a doctor (Blanchard 24). Sarah Jewett accompanied her father on his medical visits to patients' houses, and his influence on Sarah is described by Blanchard as "teacher, comrade, and model" (24). If she had pursued medicine, there is little doubt that Theodore would have supported her career, but, as Blanchard argues, "medicine was still largely closed to women, and the struggle to gain a degree and establish herself would have been enormously difficult" (25). Not only did Jewett have some health problems that might have interfered with a career that demanded so much hard work, Jewett had already published her second short story by the time Elizabeth Blackwell opened a school that accepted men and women on equal terms (25). Blanchard also notes that Elizabeth Blackwell applied to Theodore Jewett's alma matter and was turned away because of her gender (25).

Arguably, *A Country Doctor* is somewhat autobiographical. Jewett's character, Dr. Leslie, bears many striking resemblances to Jewett's father. Dr. Leslie and Theodore Jewett both act as mentors to a bright and curious child; both men support a young girl's interest in science and nature. Much of the novel can thus be read as a reflection of Jewett's own childhood. More interesting than a biographical study of the novel, however, is a closer examination of what the novel says about the dominant gender ideology that Blanchard alludes to as Jewett's obstacle between her affinity for medicine and her entrance into a medical school.

What makes *A Country Doctor* worth deeper investigation than it has previously received is its ability to counter almost every contemporary objection to the professionalization of women in the late nineteenth century. Jewett's novel responds to the debate with a most persuasive and all-encompassing argument. This chapter will posit that critical analysis of Jewett's work has focused too closely on marriage and thus ignores the critical issue of professionalism. Unlike Phelps and Howells, Jewett does not set up her love story as the central theme of the work; rather, she instead addresses much of the dominant ideology of her time regarding women entering the medical profession. Although Jewett's female doctor, Nan Prince, is forced to choose between a family and her medical practice, most of the novel does not concern itself with this issue. Jewett does not introduce Mr. Gerry (Nan's love interest) until two-thirds of the way into the novel. Ultimately, Nan is forced to give up marriage and family so that she may pursue her career, but the choice between marriage and a medical career is only one of the many issues Jewett deals with in her novel.

Further, many critics have misread the ending and have argued that Jewett was making the claim that God made only a few women more capable of being professionals than wives and mothers. I will show that Jewett was writing the novel in response to the historical exigency of the time; her work was meant to persuade, and though she may very well have believed that God chose a very few women to become professionals, she argues more than that. Ultimately, Nan does not successfully enter the medical profession, and she does not successfully create production in the home. Thus, Jewett wrote the ending purposefully to reveal the limitations of women doctors at the time. Nan does not triumph completely, and Jewett consciously wrote it that way. Nan is thus a fitting introduction to the sub-interpellation of the woman professional because she represents well "the third sex."

Much of the critical analysis of *A Country Doctor* does note some connection to the historical influences on Jewett, yet there is very little that goes into any real depth about what that connection means to the book. Joseph Church's 1998 "The Healing Arts of Jewett's Country Doctor" offers a psychoanalytical and biographical critique of Jewett's work. He claims that those who read *A Country Doctor* only as a story of a woman who counters stereotypes and follows a different path actually have misread the work. Church argues instead that Nan's relationships with women are filled with strife while her relationship with her male guardian is sexual and oedipal in nature. Church also identifies lesbian undertones, but he argues that though Nan is attracted to women, she identifies with and thus desires men more. Church then applies all of this to Jewett herself by associating her with a character who has lesbian desire but who more aptly identifies and connects with men. Church ignores much of the debate surrounding

women doctors in the 1880s; thus, he is able to argue (incorrectly) that Jewett was not countering a stereotype.

While Church believes readings that argue that Jewett was countering the dominant gender ideology of the time are actually misinterpretations, Valerie Fulton insists that the novel is a response to and a rejection of the 1880s debate concerning women professionals; however, Fulton's essay is one that deals with several novels of the time, and she focuses too heavily on the issue of marriage in Jewett's work. Fulton's 1994 "Rewriting the Necessary Woman: Marriage and Professionalism in James, Jewett, and Phelps" argues, first, that Henry James' representation of women and the inevitable necessity of their having to get married supports canonical representations of women in which women often see marriage as their only option. Women were often portrayed in nineteenth-century works as desiring something other than marriage, but they have no choice in the matter. Fulton then posits that Jewett's Nan Prince and Phelps's Dr. Zay are characters who defy this representation: they are an attempt to subvert the idea that women had to chose between marriage and profession. Nan defies the "necessity of marriage" by refusing to marry even though she is tempted by love, and Dr. Zay, though she does marry, does so only because she has found a man who will support her career. According to Fulton, Nan might have married if her suitor had allowed her to work after marriage, and Dr. Zay would have refused marriage to anyone who was not willing to support her profession. Fulton then argues that while James' version of a female doctor might have received more critical attention, it is because Jewett and Phelps are writing against the standard conception of women at the time and not in support of it. Fulton's analysis ignores so much of the book in order to discuss the single issue of marriage that

she neglects much of what makes this book such an important and persuasive piece of rhetoric.

Similarly, Jennifer Campbell's 1998 "The Great Something Else': Women's Search for Meaningful Work in Sarah Orne Jewett's *A Country Doctor* and Frances E. W. Harper's *Trial and Triumph*" focuses on the issue of marriage too exclusively. Her essay looks at the similarities in plot between Jewett's *A Country Doctor* and Harper's *Trial and Triumph* as they are both about "a young girl (the offspring of a seduced/abandoned mother and an irresponsible/absent father) raised by a kind but fairly ineffectual grandmother who is aided, to various degrees, by members of the community. The young girl, exceptional, rather a misfit, finds herself with a special gift that requires she weigh carefully her decision about marriage" (83). Though the plots are similar, the resolutions to the stories are not the same. Jewett's character, Nan Prince, decides to forgo marriage for her profession as a doctor while Harper's character, Annette, is able to have both a marriage and a career as a teacher. Campbell argues that it is the difference between the races and classes of these authors that results in the different endings to the novels. Because many upper-class white marriages were a legal contract that held women in the place of service and granted them no power, marriage was seen as confining, a form of legal slavery. For black communities at the time, there was little power for either sex, and the legalities of the marriage contract were often avoided by couples that had small ceremonies performed by religious leaders but without legal certificates and official documentation. The legal slavery aspect of marriage was markedly different in the black community, and thus the concept of the ability to handle

both a career and a family was treated differently. Though the essay is quite interesting, it again focuses too heavily on the issue of marriage.

Jean Carwile Masteller's 1984 "The Women Doctors of Howells, Phelps, and Jewett: The Conflict of Marriage and Career" also deals with Jewett's work as it relates to other novels of the time. She focuses on the institution of marriage in these novels while iterating the frequently made argument about the nature of Nan's decision to practice medicine rather than become a wife and a mother: Nan Prince represents the changing mood of the 1880s toward a more individualistic society. Masteller calls Nan "more than a symbol of the future"; she is gifted by God to become a doctor. Masteller also posits that Jewett herself believed that God meant her to become a professional writer, so Nan is somewhat an embodiment of Jewett. Paula Blanchard's biography also claims that "the religious argument for vocational choice set forth so persuasively in *A Country Doctor* was, of course, Jewett's own rationale for her career as a writer" (175). Thus, the criticism on Jewett's novel seems to follow two major lines of argument: Jewett was making a comment on the state of marriage for a woman professional, and the novel is biographical as it reveals Jewett's stance that God intends for some women to choose a career over a family, just as she was chosen to write.

Karen L. Kilcup's 1999 essay "Challenge and Compliance: Textual Strategies in *A Country Doctor* and Nineteenth-Century American Women's Medical Autobiographies," in turn, compares Jewett's novel to autobiographies written by female doctors in the late nineteenth century. Her argument about *A Country Doctor* also addresses marriage and Jewett's own beliefs and religion. Kilcup notes Spencerian thought at the time that argued women's inferiority, and she addresses books like E. H.

Clarke's 1874 *Sex in Education* which claimed that women would do themselves bodily harm if they educated themselves in subjects like medicine. She then connects the memoirs of Harriot Hunt and Elizabeth Blackwell to Jewett's novel. All of these works, Kilcup argues, show that these women were aware of the argument that women were not considered as able to be doctors as men were. Kilcup's essay is much more thorough in its connections between the debates surrounding women doctors and the inclusion of those debates in Jewett's own work, yet the connections made are brief, and she also simplifies the ending to the idea that some women simply have a gift from God to become doctors.

Further, though Kilcup's essay investigates Jewett's work in a more in-depth and persuasive way, she misreads the text to argue that Jewett was consciously supporting what Barbara Welter calls the "Cult of True Womanhood" (Kilcup 126). Kilcup posits that Jewett supported the idea of a pious and passive woman by creating Nan as a "womanish" and "special" lady (127). She argues that while Jewett was subverting much of the thought of the time, she nevertheless "accedes to some of the dominant precepts as if to alleviate the threat they pose to the prevailing gender ideology" (127). Unlike Kilcup, I argue that Jewett was not supporting the Cult of True Womanhood in order to alleviate a threat; rather, *A Country Doctor* subverts this ideology by showing Nan as a character who does not gain success in any aspect of her life. Nan is left alone, unable to access her profession fully, and in the end, she stands on a riverbank thinking back to her grandmother, then her mother, then herself; she looks toward a future when women doctors will fully establish themselves in their careers and be able to have successful professions. Nan does not stand there as a glowing representation of either a 'woman' in

the 1880s' sense of the word, nor does she stand there as a fantastical or utopian image. Jewett wrote what was real; Nan made it as far as was possible at the time, but Jewett also clearly indicates that this is not far enough.

Lilian R. Furst's 1997 "Halfway Up the Hill: Doctresses in Late Nineteenth-Century American Fiction" investigates the history of literature featuring female doctors in the 1880s. Furst does a reading of five novels, and though her essay is informative, she does not go into any great depth about any one novel. Furst does note some of the connections between the dominant gender ideology of the time and its appearance in Jewett's *A Country Doctor*, yet she neglects any consideration of what Jewett's response to this ideology actually was. Furst does indicate that Jewett's work reveals a more "individualistic" (225) theme than do the other novels she considers, but her essay is more informative about the nature of all five novels as they are thematically similar with various resolutions than about Jewett's differences and, therefore, specific contribution to the debate.

Because much criticism has focused so exclusively on the issue of marriage in Jewett's *A Country Doctor*, many have neglected a key scene in the novel. This scene is Jewett's forum for her persuasive argument, and if Jewett was indeed following Howells's idea of realism, this scene would not be in the novel. Dr. Leslie, Nan's father figure, and his college friend and colleague Dr. Farris have a long discussion about Nan and her desire to become a doctor. Nan is still a child at this point in the book, but she is already showing signs of an affinity for medicine. Dr. Leslie is respected in his small community, and he is certainly a noble and caring doctor, yet, perhaps like a 'doctress,' he has settled in a small, rural town. Dr. Farris, however, has become a widely known

and successful physician in Boston; he represents the growth and expansion of the medical practice. He is a world traveler, and his practice has made him rich and famous. The two doctors represent both the altruism and morality of helping others (Dr. Leslie) and the strength and expansion of American capitalism and the AMA (Dr. Farris). Dr. Farris is, at first, quite unsure about how realistic or positive it is for Dr. Leslie to support Nan's desires. Dr. Leslie is able to persuade a skeptical Dr. Farris, and in so doing, Jewett is able to show that the dominant ideology of the time limits and restricts those worthy of pursuing a profession, but that this ideology can and should be subverted.

This scene is the venue through which Jewett addresses the three major arguments against women becoming doctors: that women who become doctors are immoral, that women are physically and mentally inferior to men, and that women must produce primarily in the domestic sphere in order to be useful to society. Jewett responds to each claim through her two male characters. As noted earlier, women doctors were often called abortionists and considered morally repugnant. Further, as Haller and Haller write in their *The Physician and Sexuality in Victorian America*

> Many doctors thought [...] that the feminist movement had grown out of an unholy alliance of unproven ideas, and its stubborn crusade would ultimately culminate in a macabre finale. The feminists had gambled recklessly with the laws of nature and lost, and those who had taken part in the naively contrived movement would suffer the ultimate barbarism—loss of femininity. (76)

Haller and Haller also note that at the end of the nineteenth century, sex manuals written by doctors were passed out by the clergy: "With the sex manuals[,] the clergy, who were declining in their function as moral advisors (possibly due to their involvement in the

social gospel movement), and the physicians, who were attempting to widen their function as spiritual as well as physical healers, met to reform both medicine and morals" (92). The AMA thus adopted religious piety as one of its major concerns. Nancy M. Theriot also addresses the dominant ideology of morality for women in her work *Mothers & Daughters in Nineteenth-Century America.* Theriot argues it is the generation of women that grew up in the early nineteenth century that influenced the gender ideology propagated by men in the latter part of the century. One of these major influences is the role of the mother; as Theriot posits, "Mother's sphere was not only 'pure,' religious, divorced from carnality, but mother also was a representative of chaste womanhood: sexless, good, moral, loving" (93). A woman who sacrifices a family for a profession thus loses her morality; she sacrifices her God-given role as 'mother.'

Jewett responds to this developing gender ideology by having Dr. Leslie compare Nan to Christ in his conversation with Dr. Farris: "The world moves very slowly, doesn't it? If Christ were perfect man, He could hardly tell us to follow Him and be like Him, and yet know all the while that it was quite impossible [...]" (Jewett 86). Dr. Leslie goes on to argue that Christ was an exception, a gifted man, and the implication is that God has also given Nan a gift. Dr. Farris responds by stating that "Christ's glory was his usefulness and gift for helping others; I believe that there's less quackery in our profession than any other, but it is amazing how we bungle at it" (86). Nan, then, is not immoral; rather, she, like Christ, has a calling, a gift to help others. Rather than focusing exclusively on Jewett's theme of God's intending only some women to become professionals as autobiographical, it is also appropriate to read Jewett's claim as a

rejection of and a response to the ideology that called women who 'denied' their role as mothers immoral.

Of course, the irony is that women were blamed for *choosing* to forsake marriage for a career. Jean Masteller argues that "to Jewett, the special, gifted woman could choose to pursue a career, and in that career she could be useful" (145). Kilcup and Fulton also discuss Nan's significant "choice," but none notes the lack of any self-possessed choice Nan has. The idea that there was any real choice made in Jewett's text is a flawed idea. There is little evidence in *A Country Doctor* that Jewett thought that it was good or right for Nan to have to choose one over the other. Her 'choice' is, instead, quite limited. Mr. Gerry refuses to marry Nan if she continues her profession. He gives her an ultimatum. A man forces Nan to give up hope of a family if she wants to remain a doctor. There is actually little agency or free will for Nan on this issue; Nan is forced to sacrifice one or the other, and Jewett does not give her character a third choice. Thus, the conversation between Dr. Leslie and Dr. Farris sets up the situation: Nan has a God-given talent she should pursue. Later in the novel, another man tries to force her to deny this gift. Because Nan would be immoral to deny God, she cannot be deemed immoral for having to sacrifice a family.

Another argument against women entering professions was the Spencerian notion that women were biologically less capable of intellectual success than men were. As Haller and Haller write, "Some clinicians argued that education beyond high school was both physically and mentally destructive for women. The smaller brain weight was proof enough of a striking natural limitation to intellectual attainment" (37). While many male doctors, scientists, and Spencerians believed women to be biologically inferior and better

(more naturally) suited for the production of children, their cause was greater than just a medical claim. These anti-feminists accused women who neglected their biological role of damaging American expansion and growth (42). Women who attempted to become professionals "attempted to create through a process of 'unnatural selection' a race of monstrosities hostile to men, women, society, and the future of the race" (67). Further, Mary Roth Walsh's book *Doctors Wanted: No Women Need Apply* argues that many male doctors attacked female physicians by arguing that they would end the natural progression of the species that was their biological calling. For instance, Dr. Horatio Storer, Vice-President of the AMA in 1866, argued that women's bodies are built around their uteruses and that "if women remained in their proper sphere all would be well with the world" (Walsh 111).

Dr. Leslie directly refutes the idea that women who deny biology will ruin society and their own health by arguing that Nan has "inherited" her gift from her deceased father (who was also a doctor) and that her talent is purely "natural" (Jewett 78-79). Biology has thus predestined Nan to become a doctor beyond a calling from God. Those who countered the Spencerian notion that biology led women to produce only in the domestic sphere, including Elizabeth Blackwell, argued that social restraints on young girls, not nature, created their weaknesses. As Nancy Theriot writes, "according to late-century women, the little girl grew into the frail woman precisely because her early education led only in that direction. If girls were given a different sort of education, these women urged, they would grow into strong women. Socialization not nature was the source of feminine weakness and illness" (85). In other words, if a young girl were given the same treatment as young boys, she would prove to be as strong and capable (85).

Little boys were given the freedom to run and play while little girls were taught to "stay at home and sew and read, and play quietly, and take demure walks" (Elizabeth Duffey quoted in Theriot 85). Jewett's Nan Prince grew up with this very freedom that young boys were given, and Dr. Leslie shares with Dr. Farris his philosophy which is in keeping with the ideas expressed by anti-Spencerians of the time: "I believe she has grown up as naturally as a plant grows, not having been clipped back or forced in any unnatural direction. If ever a human being were untrammeled and left alone to see what will come of it, it is this child" (Jewett 79). Thus, Dr. Leslie represents the idea that women are potentially biologically equal, and Nan is not unnatural at all; indeed, she is quite the opposite.

Surprisingly, critics of *A Country Doctor* (possibly because they neglect the conversation between Dr. Farris and Dr. Leslie entirely) fail to mention Jewett's telling reference to Henry Thomas Buckle. Dr. Farris, after hearing Dr. Leslie's argument that Nan is biologically and naturally meant to be a doctor, quotes Buckle to his friend: "Do you remember how well Buckle says that the feminine intellect is the higher, and that the great geniuses of the world have possessed it?" (85). Dr. Leslie acknowledges his awareness of Buckle's claims, yet he prefers to maintain a more Christian doctrine that holds all of humanity to the same plane. Though Dr. Leslie does not completely agree with Buckle, Jewett's inclusion of this controversial thinker of the late nineteenth century is a crucial one. Henry Buckle was a prominent and well-known student of thought in the nineteenth century though his work is now largely obscure (Aubyn ix). Buckle's most famous work was his 800-page *History of Civilization* in which he argued that intelligence and progression is largely attributed to the evolution of societies based on

climate and the ability to produce food (Aubyn 31). It is Buckle's beliefs about women's superiority that Jewett was using in her passage. Women such as Susan B. Anthony and Elizabeth Cady Stanton also quoted him. Buckle delivered the speech Dr. Farris refers to in this particular passage in 1858 at the Royal Institution (Sarah Orne Jewett Text Project 1). In this speech, Buckle argues that women are better at deductive reasoning than men are and that their knowledge and intellect played an enormous role in the success of European society (Buckle 4). Henry Buckle was controversial in his time, and his reputation as a bigot has further pushed him out of most anthologies and textbooks today, yet this speech came well before his *History of Civilization,* his most controversial work (Aubyn ix). Dr. Farris's use of Buckle's ideas reveals Jewett to be cognizant of the ideological refutations used by the first-wave feminist movement. Buckle's argument directly contradicts Spencerian notions of women's inferiority, and, subsequently, Dr. Farris, who represents the growth and expansion of the medical profession, is aligned with anti-Spencerian thought.

The third issue addressed and responded to in Dr. Leslie and Dr. Farris's conversation is the argument that women's use value lies in their production in the home. There was certainly an economic factor in the backlash against women physicians. The fear that women would stifle the progression of the medical profession left many male doctors leveling attacks against "doctresses" (Walsh 134). In the mid-nineteenth century, the medical profession was becoming overcrowded; physicians "were concerned about what they perceived to be the depressed state of the profession" (133). If women entered this profession, male doctors would then have to compete even further for their place and position. It was argued that women would hinder the masculine expansion of the AMA,

and they should thus remain in the home (136). This opinion was propagated in journal articles as well as cartoons such as one that depicts a beautifully dressed, successful woman doctor offering a carriage ride to a male doctor with holes in his trousers (137). If women were to hinder the material gain of male doctors, they further would deny their usefulness as wives and mothers as well as limit exchange value and production of the medical profession. As the AMA stated, the strength of the profession relied upon the "material success and financial independence of its members," and these members were predominantly male (AMA quoted in Walsh 139).

Dr. Leslie makes it quite clear in his discussion with Dr. Farris that Nan would actually be *more* useful to society if she were to become a doctor. This claim challenges notions of women's production value resting merely in the home. Dr. Leslie claims, "And if I can help one good child to work with nature and not against it, and to follow the lines marked out for her, and she turns out *useful* and intelligent, and keeps off the rocks of mistaking her duty, I shall be more than glad. I don't care whether it's a man's work or a woman's work; if it is hers I'm going to help her the very best way I can" (Jewett 82, my emphasis). Though the dominant gender ideology claimed that women's role was to produce future workers, Jewett sets up Nan Prince as the productive worker herself. Her material value will be in her answering a demand: She would provide good medical care for those who need it. Jewett's response to the argument that women would stifle male production is simply that women will compete and produce outside the home. If Nan is useful to society, then her production strengthens rather than weakens expansion and growth of the profession and, subsequently, the nation.

I have chosen to spend a great deal of time discussing this exchange in Jewett's text because it reveals a more complicated rhetorical act on Jewett's part than just a claim that God made some women better suited for professions. Jewett was clearly aware and influenced by the debates of her time, and this conversation between the two doctors that takes place so early in the book sets up Jewett's intention to reveal the limitations of the dominant gender ideology confronting women professionals at the end of the nineteenth century. Going back to Catherine Belsey's claim that literature can subvert while working within dominant gender ideology, we can see in even greater detail from the rest of the novel that Nan both rejects and is subjected to the ideology of her time.

One of the reasons Kilcup argues that Jewett upholds the ideology of the Cult of True Womanhood is that she describes Nan as a feminine creature. The problem with this reading is that it does not take into account George Gerry's emasculation. Though Nan is not masculine in her dress or conduct, her mere presence in a profession threatens it (the profession) with the possibility that it will be emasculated or feminized. For instance, Gerry is forced to witness Nan setting a young farmer's dislocated shoulder; as Nan uses great force to pop the shoulder into its joint, Gerry feels faint and light-headed. Gerry "felt weak and womanish, [and] somehow wished it had been he who could play the doctor" (Jewett 199). Many critics have noted this moment in the text, but there is a further connection to be made to the AMA and its reluctance to welcome women into the medical profession. Walsh argues that men saw "women doctors [as] something more than professional competitors. Women were competing for the power that had been a man's right in a patriarchal society" (141). Walsh then claims that male doctors were worried that women would "feminize" the medical practice and that "this explains why

so many doctors were fond of describing their work in highly masculine terms" (139). This feminization, Walsh writes, "was the antitheses of all that led to achievement in the field" (139). Ironically, then, George Gerry and Nan Prince's relationship could not work because Gerry refuses to be emasculated by the "feminine" Nan. That is, Gerry refuses to allow Nan to remain a doctor after their marriage, and Nan decides that she would rather follow her talents than marry Gerry. Ultimately, Nan does not successfully enter marriage and a domestic sphere not only because she is a professional but also because that professionalization threatens the masculinity of her lover. This scene represents well the professional woman's threat to the dominant, masculine society.

Ultimately, Nan does not find her success in her profession either. Though Nan seems content with her life in the country, Jewett makes it clear throughout the book that the true success for a physician lies in the city. Dr. Farris is a city doctor, and he has garnered wide acclaim and respect. The fact that he travels all over the world implies his material success in his profession. While Dr. Leslie is well-off compared to the neighbors in his small, New England town, he is not successful like Dr. Farris. Those who became medical philosophers like Dr. Farris are set in opposition to doctors like Dr. Leslie whom Farris describes as a "workman" (85). Jewett writes that as Dr. Leslie has grown older, "he felt less and less inclination to break the old ties and transplant himself to some more prominent position of the medical world" (73). Those who know how bright Dr. Leslie is "thought it a pity that he should be burying himself alive, as they were pleased to term his devotion to his provincial life" (73). Though it is doubtful that Jewett believed that the country was worse than the city, she does indicate that the city is the place of material success for a doctor.

Jewett reinforces the idea that Nan's return to the country is something less than a triumph as she states that "Sometimes he [Dr. Leslie] wished that she [Nan] were beginning a few years later, when her position could be better recognized and respected, and she would not have to fight against so much of the opposition and petty fault-finding that comes from ignorance [...]" (247). Dr. Leslie enjoys the idea that Nan was a pioneer, but there is also the implication that she has not gained full admittance into the profession. As Nan stands on the riverbank at the end of the novel, she says, "O God, I thank thee for my future" (261). She thinks back to generations before her. Her grandmother was a simple country woman who cooked, cleaned, and sewed. Her mother worked in factories and other jobs before she married, but that marriage and its end through a separation ultimately signaled her own death. Nan stands there as a woman who has gone one step farther; she has gained some access to a previously closed profession, but though she has become a doctor, she is also forced to give up any hope of a family and a prestigious career. That is, Nan, though she is a doctor, is unable to access her profession with the same type of social authority that a man could obtain. Nan is not thanking God for just her own "future." She thanks God for the future that will allow generations of women greater access to their professions and possibly the chance to have both a family and a career.

Jewett's ending reveals the accomplishments and the limitations of her female professional character. Nan's interpellation is not as a woman because she is living in a barren, old community. By virtue of her profession, she is forced to live a nun-like existence. Jewett makes it clear that while she obviously believes that women should be treated as equals in the professional world (in Dr. Leslie's conversation with Dr. Farris),

because of her gender, Nan cannot find this equality, and she ultimately goes back to her simple, country life. Nan's interpellation, then, is unique. She is the 'other' not because she is a woman or a doctor but because she is a woman professional: the "third sex."

II. Gender Role Reversal: Sub-Interpellation in Elizabeth Stuart Phelps's *Doctor Zay*

While Sarah Orne Jewett's' *A Country Doctor* deals less with the issue of marriage than it does with issues of professions, Elizabeth Stuart Phelps's *Doctor Zay* and William Dean Howells's *Dr. Breen's Practice* are devoted to love stories and the ultimate outcome of decisions to marry. Phelps's novel, published in 1882, was a virtual contemporary and accidental foil to Howells's. That is, when *Dr. Breen's Practice* was made available to the public, *Doctor Zay* was already being printed. Though Phelps and Howells share the major plot element of marriage for a professional woman, Phelps's novel portrays a woman doctor who is ultimately able to have both a marriage and a career, unlike Howells's Grace Breen who forsakes her career in order to have a family. Doctor Zay, then, counters the argument that women's primary role should be in the home. It furthers the argument of this project, then, to discuss *Doctor Zay* as it represents the sub-interpellation of the woman professional in similar ways to Jewett's novel before examining how Howells's novel argues against the subversion of dominant gender ideology in the nineteenth century.

As a precursor to Jewett's Nan Prince, Dr. Zaidee Atalanta Lloyd shares important similarities with Jewett's character. Both characters' names endow them with mythic qualities: Nan *Prince* and Dr. Zaidee *Atalanta* Lloyd. As is the case with Nan Prince, Doctor Zay's father was a doctor and a mentor to his daughter's interest in medicine. Also, Doctor Zay becomes a country doctor and takes over her father's practice. Both characters deal primarily with women's health, and both characters meet and fall in love with men after they have begun their careers as physicians. Neither of the women doctors acts like a man, but both, by virtue of their professions, emasculate the

men they love. The love story in each novel has significant differences; while Jewett's character is forced to give up marriage for her career, Doctor Zay is not forced by her lover to make that sacrifice. Waldo Yorke, in contrast to Mr. Gerry, encourages Doctor Zay to continue her career even after their marriage. This difference in the novels is striking because the ending of *Doctor Zay* leaves readers somewhat confused as to what Phelps's argument about gender roles and the professional woman ultimately is.

Because the ending of the novel is a point of disagreement among many of Phelps's critics, there is little consensus about the implications of her literary argument. There is, however, some consensus on the importance of gender roles and the subversion of dominant gender ideology in Phelps's work. *Doctor Zay* has been the subject of more accurate and more extensive critical analysis than either *A Country Doctor* or *Dr. Breen's Practice*; yet, relative to many other popular novels in the nineteenth century, critical analysis on *Doctor Zay* is still quite minimal. The fact that there has been more critical attention paid to this novel is, in large part, due to its significance as a representation of a major theme in much of Phelps's work. *Doctor Zay* is one of several of Phelps's novels and short stories that deal with career women. *The Silent Partner* (1871) and *The Story of Avis* (1877) contain a female mill owner and a female artist, respectively. These novels also concern themselves with the same type of gender and class roles as are illustrated in *Doctor Zay*. Phelps, then, lends a large voice to our understanding of the tensions between marriage and career for the professional woman in the nineteenth century.

Further, Phelps was an extremely popular writer in her time. Christine Stansell's 1972 "Elizabeth Stuart Phelps: A Study in Female Rebellion" argues that because Phelps's first

novel, *The Gates Ajar*, is the century's second best-selling novel by a woman writer (Stowe's *Uncle Tom's Cabin* is the first), this shows that Phelps "was one of the most influential figures of this [first] wave of feminism" (239). Indeed, Phelps was so widely read in her time that it seems tremendously neglectful, not to mention surprising, for there not to be more critical analysis of her work than there is now. Further, many of the analyses of *Doctor Zay* that do exist rightly focus on this popularity as, these critics argue, it reveals Phelps's success at persuading her female readers to work for greater equality for women in nineteenth-century America.

For example, Stansell's article examines how Phelps's own feminism influenced her works. Stansell argues that while many women were "emerging from domestic cloisters to campaign for equal rights" (239) in the mid nineteenth-century, most women were left out of this campaign, left, that is, in the homes to take care of their families. Thus, the "more significant battle for the emancipation of women was being fought" through influential writings these women could read (239). It is easy to overlook Phelps as a "great writer" because many of her works seem sentimental and purely romantic on the surface, probably contributing to her popularity; however, as Stansell argues, "concealed beneath the shabby plots and platitudinous melodramas of her fiction is a devastating analysis of the nature of heterosexuality and its implications for the liberation of women" (239). While Stansell's article concerns itself, in part, with Phelps's own psychology and its influence on her writing, she uses the term "heterosexuality" to mean gender roles and the material relationship between men and women in nineteenth-century society. She argues that Phelps's analysis of these gender roles reached the masses, and,

as it did so, Phelps's work becomes not only a representation of the social conditions of her time but also stands as an effort to change those social conditions for women.

Similarly, Susan Ward's 1986 "The Career Woman Fiction of Elizabeth Stuart Phelps" studies how Phelps's own view of the role of women in the nineteenth century influenced her writing and how her own cause was proliferated throughout the country; because she was "a successful woman author who had begun her career with a best-selling novel, she could speak and expect to be listened to by both housewives and ladies of leisure who might have turned away from a Victoria Woodhull, a Lucy Stone, or even an Elizabeth Cady Stanton" (212). Ward also notes that Phelps wrote at least eight short stories that deal with women and careers beyond the three novels (213). Indeed, most of Phelps's fiction, as well as the non-fiction she wrote for the *Independent* in the 1870s, argues against the dominant gender ideology of the time, which held that women should remain in their roles as primarily wives and mothers.

It is central to any analysis of *Doctor Zay*, then, to examine what the message is that acts as a widely read subversion of dominant gender ideology. Primarily, what sets Phelps's novel apart from those of Jewett and Howells is the explicit role reversal of its main characters, a role reversal that interrogates woman's submissive role in nineteenth-century America. Waldo Yorke is a young man from Boston who is technically a lawyer but who is described as an "idle" man whose own mother forgets from time to time what his profession is. He stumbles upon Doctor Zay, and his idleness is in stark contrast to her exhausting work ethic and unwavering professionalism. After a carriage accident, Yorke is badly injured, and it is Doctor Zay who becomes his physician. For close to a

year, Yorke is an invalid while Doctor Zay is the consummate professional doctor who saves his life and manages his recuperation.

The reader is told, almost immediately, that Doctor Zay is "unmistakably a lady" (17). It is through Waldo Yorke that Phelps tells her story and through his eyes that we see Doctor Zay. This female doctor intrigues Yorke from the first, primarily because she is a woman professional who manages to avoid masculine characteristics. Though Phelps has York notice Doctor Zay's lady-like demeanor, Phelps begins her role reversal as early as the first chapter. Yorke daydreams as he rides along in his carriage, causing him to miss the sign to Sherman. Doctor Zay has to help him find his way. He fails to keep up with the speed of her phaeton, and his lack of skill as a driver is a plot device carried throughout the novel. Phelps sets up their relationship, then, as one between a practical, experienced, and efficient woman and an idle, daydreaming man who loses his way and must be saved by a woman. Further, from the outset, Yorke depends on Doctor Zay for qualities that are not stereotypically feminine in nature. He is intrigued by her femininity for that very reason; she defies the stereotypical gender role assigned to her by dominant gender ideology.

Some critics argue that this role reversal happens *after* Yorke is injured. An example is Valerie Fulton's "Rewriting the Necessary Woman: Marriage and Professionalism in James, Jewett, and Phelps." Fulton argues that it is Yorke's injury that precipitates Phelps's "deliberate reversal of gender role stereotypes [that] helps to illustrate the idea that women are not inherently inferior to men, but instead must as a matter of course be weak and indecisive unless given the opportunity to prove their capabilities through demanding work" (248). Fulton's reading, then, makes Doctor Zay

the dominant person in the relationship only by virtue of Yorke's injury. Further, Christine Stansell also claims "the natural position for a man beside a Phelps heroine is [...] on *his* knees. Typically, she gains power over the man in the course of her professional duties, instead of through marriage. Thus, in *Doctor Zay*, the male's position becomes even more pleasantly prone, as the sick hero is forced by circumstance to submit himself to a woman doctor" (250). For Stansell, it is chance that makes the role reversal necessary, for Yorke must rely on a woman's help.

Conversely, Jean Carwile Masteller's "The Women Doctors of Howells, Phelps, and Jewett: The Conflict of Marriage and Career" argues that though the role reversal is "intensified" after Yorke's carriage accident, the fact that he is described early on as a "nervous young man" and "idle" begins the reversal earlier in the novel (138). Masteller's reading of this element is more accurate than either Fulton's or Stansell's. On simply a practical level, if the role reversal takes place after Doctor Zay must help Yorke, then why would Phelps describe him as "idle" and "nervous" at all? Why would he have trouble finding Sherman? Simply by looking at the text, it seems unlikely that readers are supposed to assume that Yorke is the dominant figure because he is a man and yet already be forced to challenge that idea.

A more pressing problem with Fulton's analysis is that her argument carries with it the implication that Phelps's novel argues that injury brings equality as is seen in novels such as *Jane Eyre*. Without injury, Yorke, according to a reading like Fulton's, would force Doctor Zay to play a submissive role. It is crucial to an understanding of Phelps's argument that we see that it is Yorke's *idleness*, not merely his injury, that begins the reversal. The fact that Yorke is "idle" in the beginning is directly linked to his

professionalism, or lack thereof, to be more precise. He has not adequately accessed his profession; he, in fact, lives off his parents' money. From the beginning of the novel, Doctor Zay is the dominant character because she is a professional, and Yorke, unlike many other idle male characters in nineteenth-century novels, is "nervous" because he is idle. Thus, I will argue in this chapter that Phelps reverses her characters' stereotypical gender roles in order to show what it is like to be a woman in nineteenth-century America and to argue that through professionalization, women can begin the fight for equality. Her male character undergoes a similar sub-interpellation that women professionals experience; beyond his idleness, Yorke is nervous and forced (by virtue of his injury) to play a submissive role to a woman. Yorke, then, finds himself as a unique 'other' by virtue of his gender and professionalization. However, he is able to reclaim his dominant gender role in the end, and thus is allowed to escape that sub-interpellation. Doctor Zay would have to sacrifice her career in order to escape her own sub-interpellation. That is, Yorke is able to return to the dominant male position after he accesses his profession while Doctor Zay is still trapped in her sub-interpellation *because* of her profession.

In order to develop this argument about sub-interpellation, the role reversal in this novel must be discussed further. As Masteller claims, Yorke's carriage accident intensifies the role reversal. Yorke is badly injured, and his first conscious encounter with Doctor Zay as his physician unsettles him. In the beginning, he is afraid and shocked that a woman doctor is treating him, but he very soon becomes annoyed with her cool professionalism, a trait he likely would have barely noticed in a male physician. His fear for his own health also causes him to wish that Doctor Zay would treat him with more care and sensitivity, something he would not expect from a male physician. For

example, Doctor Zay enters his room one evening with her pencil and medicine bag, ready to conduct her business with her patient. Yorke is "annoyed" because "he wanted to be talked to, as if she had been like other women" (59). Doctor Zay's professional demeanor makes Yorke feel inferior and helpless, not because she is a doctor, necessarily, but because she is a woman doctor. This annoyance further heightens his nervousness, and Yorke's condition begins to resemble hysteria and neurasthenia, conditions most often attributed to women in the nineteenth century (Haller and Haller 5).

While it is clear that Yorke has suffered severe injuries to his shoulder and foot, Phelps's description of his illness accompanying his injuries is left somewhat vague. Yorke complains of "annoying symptoms in the head and spine," and Phelps states that "his medical advisor returned that finely constituted reply which is the historic solace and resource of the profession, -- that he had received a nervous strain" (69). Later, Yorke, angry that Doctor Zay continues her cool, professional manner, asks, "Are you a woman?" Doctor Zay replies that she is a "doctor" and that he is experiencing "nervous sinking-turns" (193). Yorke is angered by his diagnosis because he feels (or is made to feel) feminine.

Jean Masteller briefly notes the similarity of Yorke's condition to that of the nineteenth-century female hysteric, as does Timothy Morris in his 1993 "Professional Ethics and Professional Erotics in Elizabeth Stuart Phelps' 'Doctor Zay.'" Morris does not address gender role reversal, but he does argue that Yorke begins to prove his masculinity only after Doctor Zay has sufficiently made him feel like a nervous woman (148). Yorke cannot accept Doctor Zay's diagnosis because it makes him feel "like a hysteric girl" (Phelps 197). Morris claims that when Dr. Zay asks him to put himself in

her position, Yorke cannot because "to reverse their positions is to suspect that there is no necessary connection, beyond etymology, between being female and being hysterical" (Morris 148).

It is interesting that Phelps does not merely rely on Yorke's physical injuries to make him an invalid. Phelps's decision to develop a nervous disorder within the character heightens the role reversal, yes, but there is a simultaneous statement about professions made with this move. For many, hysteria and a nervous disorder are directly linked to women's attempts to enter the professional world in the nineteenth century. Haller and Haller's *The Physician and Sexuality in Victorian America* describes this connection by arguing that men suffered from similar symptoms before nervousness became associated with women. Later, as women began to fight for equality and enter professions, they too displayed symptoms of what was later termed "neurasthenia" (5). Soon, the medical profession used women's complaints of depression, insomnia, and anxiety as a reason for women to stay in their roles as housewives and mothers, for it was the 'new woman' who was experiencing neurasthenia. Physicians believed that these problems began when women sought education and that "the young girl needed to conserve the powers of the brain during her formative years" (37). Women were told to "re-orient" themselves with their proper roles in the home, that entering professions only heightened women's susceptibility for developing neurasthenia (35).

Not surprisingly, the male-dominated medical community attributed women's development of nervous conditions with their biological inferiority as a sex. Because physicians deemed education and work outside the home as the cause of neurasthenia, "these nineteenth-century doctors advised women to perpetuate the fantasy of their home

circle in the outside world, a request which if complied with would have made them noncompetitive, ministering angels to the less fortunate of the city" (39). Nervousness was an excuse to argue for women's inferiority and submission. Patricia Vertinsky's 1990 *The Eternally Wounded Woman: Women, Doctors and Exercise in the Late Nineteenth Century* also discusses this idea of nervous conditions linked to the 'new woman' as is exemplified in Charlotte Perkins Gilman's short story "The Yellow Wall-paper." Vertinsky claims that, "confronted with what they perceived to be an epidemic of nervous afflictions, male doctors, especially an articulate group of neurological specialists, pronounced anorexia nervosa, hysteria and neurasthenia the result of the 'new woman's' indifference to marriage and motherhood and attempted incursion into the male intellectual and public world" (211). The solution to this disorder was the "rest cure," now widely known because of Gilman's writings. The rest cure delegated women to a bed and forced them to give up physical and mental activity so that they could recover their health. Gilman, however, suffered increased mental instability through her experience with the rest cure (215). As she and others argued, creating invalids out of women who attempted to enter the professional world was an all too common practice in nineteenth-century American medicine.

Phelps, in turn, creates her woman professional, who does not have a nervous disorder, as a physician who then diagnoses her idle male patient, who has not succeeded in a profession, as having a nervous disorder. While critics like Masteller and Morris rightly note how this diagnosis affects gender roles in this text, it is also significant that this is a disorder most commonly attributed to middle- or upper-class *working* women. In other words, Phelps is turning the argument that professionalization is linked to

neurasthenia on its ear. Yorke is nervous before his accident, and his nervous condition is heightened by his injuries, not caused by them. The character who has entered a profession with relative success avoids neurasthenia while the idle character who has plenty of rest and little intellectual strain develops a nervous condition. It is difficult to separate nineteenth-century pathology from ideology, and it seems as though Phelps is deliberately contradicting assumed gender ideology as well as medical misdiagnoses.

As an invalid, Yorke further takes on the inferior role that male physicians gave female patients in the nineteenth century. That is, Yorke is forced to remain in his room, and Doctor Zay forbids him to venture beyond the premises of the house. Christine Stansell argues that Phelps's own health problems influenced the novel because "she came to define sickness as needing the male. [Phelps believed that in the nineteenth century,] Illness was the archetypal condition of the female and life was for the unexceptional woman an eternal sickbed" (251). Illness, then, is not simply a plot device, but it represents gender oppression as "like an invalid, a woman is confined and controlled; like a doctor, a man can slight her when he will" (251). In fact, whereas Doctor Zay is the professional, Yorke is "like a woman, unable to take the active role in courtship" (251). The role of male/doctor to female/patient is indicative of the dominant gender ideology of the time that argued for women's inferior, submissive role.

Thus, because of Phelps's role reversal, the reader is given the opportunity to see the unique sub-interpellation of the woman professional through Yorke. He is a lawyer who has failed to access his profession adequately; of course, the distinction is that his failure is due to his own laziness rather than social conventions, but he does fail to become a successful professional, as did many women doctors. In his attempt to use his

profession to do some good (he visits Sherman to conduct family legal business), he is diagnosed with a nervous condition and imprisoned in his room. Like the female professional, Yorke vacillates between what are acceptable 'masculine' qualities and 'feminine' qualities. Through Yorke, Phelps is able subversively to describe the 'otherness' created when a woman defies her stereotypical gender categories. Yorke is not necessarily a 'man' because he has not accessed his profession and he is nervous, fainting, and idle. He is also not actually a 'woman,' though he may feel womanly in his invalid position. Thus, Yorke experiences a pseudo trans-gendered identity, and his 'otherness' has similarities with those of the woman professional, particularly her difficulties with gender categories.

Further, though Doctor Zay is a female caregiver, she does not take on the role of nurse or feminine healer. Hers is a professional attitude quite similar to that of a male physician. Doctor Zay's professionalism is contrasted starkly with the qualities of the female character that does play this 'woman healer' role, Mrs. Butterwell, the owner of the house in which both Doctor Zay and Yorke reside. Mrs. Butterwell tends to Yorke in a more sympathetic, maternal way. As Timothy Morris argues, "Doctor Zay's character note is not sympathy but science [...]" (4). However, it is important to the discussion of Phelps's developing argument in the novel to emphasize that Doctor Zay is also not portrayed as a man. Though her professionalism never wavers, Phelps repeatedly reminds her readers that Doctor Zay is quite feminine, yet this femininity "was her servant, not her tyrant; her wealth, not her poverty; the source of her power, not the exponent of her weakness" (Phelps 111). In fact, the 'feminine' qualities Yorke develops such as fainting and hysteria are traits deemed womanly by the medical profession and

dominant gender ideology. Doctor Zay's description is one of strength and power, and Phelps seems to claim that these are essential and not socially determined feminine qualities. Yorke does not have strength and power until the last two chapters. Instead, he is forced to identify with stereotypical feminine gender attributes by virtue of his sub-interpellation and the reversal of gender roles.

Indeed, Yorke attempts to reject his sub-interpellation as soon as he realizes that it is happening. Doctor Zay allows Yorke to go out on the terrace, but he has to watch her drive away while he "leaned back in the easy-chair where she had imprisoned him [...]" (98). As he contemplates his dependence on the doctor, he becomes increasingly angry over his situation, thinking, "let me get well, first; I will be prudent afterwards" (99). Yorke wants his masculine role back. He wants to defy his condition and thus cast off his submissive station. Later, Yorke is troubled because Doctor Zay's visits to him remain only professional: "He lay there like a woman, reduced from activity to endurance, from resolve to patience, while she amassed her importance to him" (119). During Doctor Zay's second visit that day, she informs Yorke that he is able to come to her office in the future and that she will no longer "call on" him in his room. He can then "call on" her, seemingly an important step for Yorke in recovering his masculine role, but Phelps does not make Yorke's transition that easy. After hearing this news, Yorke feels "dizzy and faint" (119). Each time Yorke attempts to recover his role as the dominant figure in the relationship, he is reduced to stereotypical feminine qualities such as fainting and nervousness. His attempts at reasserting his masculinity are futile because he cannot escape his sub-interpellation as long as he succumbs to fainting and nervousness. As long as his surroundings and situation make him the idle invalid, Yorke is trapped.

Doctor Zay reflects upon a similar entrapment as she discusses her role as a female professional: "One ceases to be an individual. One acts for the whole, -- for the sex, for a cause, for a future. We are not quite free, like other people, in little perplexities [...] We pay a price for our privilege. I suppose everything in this world renders its cost, but nothing so heavily, nothing so relentlessly, as an unusual purpose in a woman" (122-23). Here, Doctor Zay articulately expresses her own "third sex" sub-interpellation. While Phelps artfully uses Yorke to reveal the problems with keeping women out of the professional world, she also insists that Doctor Zay is still not free. Phelps outlines the privilege through Doctor Zay's unwavering professionalism and success with patients, but she also outlines the subsequent price, making her novel a statement about women's limited role in her time. That is, she is not able to access her field in the same way men are able to access that same career. Doctor Zay describes her 'otherness' as a female professional: it is not merely because she is a woman but because she is practicing an "unusual purpose" that she is forced into her sub-interpellation. Thus, Yorke and Doctor Zay are both trapped by their surroundings and situations that dictate the acceptable roles for men and women. Because both characters subvert dominant gender ideology in some way, they are both forced into a distinct 'otherness.'

The way Phelps resolves this 'otherness' for both her male and female characters is a tricky one indeed. Phelps's novel of thirteen chapters begins its series of endings at the close of chapter eleven. Yorke professes his love to Doctor Zay, but she tells him that he has not loved her; he has only "needed" her (212). Doctor Zay tells him to go home to Boston, and Yorke finally relents. Doctor Zay and Yorke then say good-bye to each other, and Yorke returns to Boston. Timothy Morris argues that this chapter cannot end

the novel because "at this point in his education, Yorke cannot accept a woman having control in a courtship, even though she has professional sanction for her handling of the situation" (148). For Morris, Phelps here "subtly deconstructs an ideology of marriage proposals: that the choice is all the woman's. When a woman actually takes control of the encounter and critiques the man's offer, instead of offering a 'yes' or a demure 'no' that will be read as a 'yes,' she triggers incomprehension and verbal violence from the man" (148). Morris argues that this deconstruction is part of Yorke's "lessons" (149). Here, Morris's reading is somewhat narrow. The point is not to teach Yorke a lesson about control in the relationship; rather, Phelps cannot end her novel here because she has not yet proven her argument: that professionalization, not biology, is the means to control and advancement, especially for women. At the close of chapter eleven, York is still idle, and he is still, primarily, a nervous invalid. He does not need to learn a lesson about courting; he needs to access his profession in order to end his (gender) imprisonment.

As Susan Ward argues, Phelps's concern with the plight of working women is central to her own feminism. For Phelps, women who entered careers other than those typically prescribed for women (such as teaching and sewing) helped to combat the ideological prescription that women are, and should be, inferior. Ward claims that Phelps argues against the four virtues of the "cult of true womanhood" by revealing characters like Doctor Zay, who have virtue without sacrificing a career. Phelps's short stories, novels, and non-fiction writings all argue for this same cause. In order for women to gain equality, they must work to shatter boundaries and dispel stereotypes that attempt to confine women in the roles of only wives and mothers.

To illustrate further the point that professionalization creates equality, Yorke, while back in Boston, does pursue his profession with more zeal than he showed before his relationship with Doctor Zay. Upon his first return to Sherman after Doctor Zay's rejection, Yorke is described as in perfect health, and his law practice is growing. Yorke seems to have successfully subverted his sub-interpellation. He is now not nervous, hysterical, or an invalid. Interestingly, Yorke returns to Sherman, in large part, because Mrs. Butterwell sends him a letter telling him that Doctor Zay has been ill with diphtheria, a respiratory disease that infects the throat (CDC 1). Doctor Zay's health has suffered all winter, and it is this knowledge that sends Yorke back to propose marriage to Doctor Zay again. Tellingly, while Yorke has regained his health, Doctor Zay's has suffered. York proposes marriage again, but this time, he assures her that he wants her to maintain her profession even after marriage. Yorke urges her by stating, "what kind of a fellow should I be, if I could approach a woman like you, and propose to *drink down* her power and preciousness into my one little *thirsty* life [...]" (239 my emphasis). While Yorke claims that he does not want to "drink down" Doctor Zay's power, it is interesting that diphtheria causes swelling of the neck and throat that makes it difficult to swallow (1). Doctor Zay, then, cannot drink well while Yorke can. Though he denies it, Doctor Zay cannot trust that Yorke would not cause her to play a submissive role. Here, Doctor Zay seems weaker and less resolved in denying Yorke, but she ultimately does argue that she does not want a marriage in which the man would some day become unhappy with her schedule and absences. Again denied, York retreats once more to Boston.

This is the second time Phelps seemingly concludes the story before the novel actually ends. This ending seems to be the most likely one, given the events of the novel.

Doctor Zay would continue her profession, and her illness would be seen as a plot device used only to explain why Yorke returns to Sherman. Doctor Zay, then, would be the professional who pays a price for her career, thus revealing (and accepting) her sub-interpellation, while Yorke would have successfully subverted his. In other words, if the novel were to end with this second denial of a marriage proposal, Phelps would seemingly be making a statement that women entering professions must make sacrifices that men do not have to make.

Some critics argue that Phelps does not end her novel here because the popular literature of the time required an ending that positively portrayed the values of the period. Susan Ward argues that "this mix of the traditional and the new in the ideological makeup of Phelps's heroines, though it may be disturbing to present-day readers, was probably precisely what made them palatable to readers of the 1870's. And their very palatability to an audience with a basically conservative ideology helped to spread Phelps's message" (214). For Ward, then, Phelps could not have her book end at the conclusion of chapter twelve because her audience would reject the novel rather than be influenced by it. However, Timothy Morris argues against this notion because many of Phelps's successful novels did not end conventionally. Morris claims that "if [this] novel's final chapter—whether typologically or not, its thirteenth—had never been written, Doctor Zay would be just as much of a piece with Phelps's other work as it is now. Her readers did not necessarily expect a conventional happy ending [...] " (150).

It is difficult to determine why Phelps felt the need to include another chapter in which Doctor Zay does accept Yorke's marriage proposal, but an alternative reading of her ending becomes possible in light of the sub-interpellation of her character. Doctor

Zay, if she were to deny Yorke, would do so through agency and choice. Unlike Nan Prince, Doctor Zay would show that even in the exceptional circumstances in which a woman can have both a career and a family, a woman professional should choose to suffer and sacrifice her family anyway. Nan Prince is forced into her loneliness, but Doctor Zay is not; she can have both. Yorke, after seeing that Doctor Zay is lonely and tired, says, "I would have *rested* you, poor *girl*" (247, my emphasis). Doctor Zay cannot give herself to Yorke after this comment. She is sure, at this point, that she must reject the man who could try to put her into the role of the sub-adult. She does not refuse marriage as much as she refuses another role reversal in which she would become the idle, dependent wife. She has agency at the end of chapter twelve, but this agency becomes quite limited in the final chapter.

After Doctor Zay's second rejection, Yorke returns to Sherman again after receiving word that a drunken lawyer is handling his uncle's estate. Yorke sees Doctor Zay's carriage on his way into town, and he decides to hide inside it and surprise her. Doctor Zay is still ill -- she has been handling a case all night -- and she has just been shot at by a delirious man. When she finds Yorke in her carriage, she is pale, tired, and shaken. Yorke sees this as his obvious opportunity to win Doctor Zay. York claims that he has "overtaken Atalanta this time. She stopped for a laden apple, -- for a revolver ball [...]" (254). Yorke seizes his chance to take Doctor Zay as a possession. As Jean Masteller also notes, the story of Atalanta is a troublesome analogy (142). Atalanta is Doctor Zay's actual first name, but Yorke's claim that he has "overtaken Atalanta" this time is a reference to the Greek myth in which Atalanta claims that she will marry only if a suitor could beat her in a foot race. She is a skilled athlete, and suitor after suitor fails

to match her speed. Finally, a suitor drops apples along the race path, and Atalanta stops to pick them up. She loses the race and her freedom with it. Upon marriage, Atalanta has to give up her athletic contests. Yorke's claim that he has beaten Doctor Zay in their race carries with it the implication that Doctor Zay, because of her illness and fatigue, will now be forced to give up her freedom as well.

Yorke continues his "overtaking" as the two return to Doctor Zay's rooms. Yorke follows the doctor in, and "she experienced some surprise at this, and vaguely resented his manner, which was that of a man who belonged there, and who intended to be where he belonged" (257). Before Doctor Zay has officially accepted Yorke's proposal, Yorke is acting like the winner, the possessor of his prize. Doctor Zay feebly tells Yorke to leave and return to Boston, but the roles have reversed; Yorke is the successful, healthy victor, and Doctor Zay is now the weak and sick woman. Further, Yorke says, "you have had your way long enough. My turn has come" (258). Though it is Doctor Zay who comes across the room into Yorke's arms, her agency in this last chapter is extremely limited. One might argue that Doctor Zay succumbs to Yorke out of fear, fatigue, and illness.

Indeed, Phelps's ending seems to contradict her feminist stance offered so powerfully and effectively throughout the previous chapters of the novel. Masteller claims "a close examination of the conclusion reveals that it is not nearly so triumphant a victory for women in a new role as the rest of the novel appears to foreshadow" (139). While Morris claims that the ending justifies her character's religious, moral virtues and that this is Phelps's goal with the final chapter, there seems to be little textual evidence for this. In no way does Phelps ever seem to claim that marriage is a woman's only way

to enact virtue. Her ending, then, offers no clear victory for Doctor Zay; Phelps has her heroine stripped of her agency by a man.

Conversely, Valerie Fulton sees the ending as a victory for an egalitarian relationship. She acknowledges that Doctor Zay is weak and tired, but her reading suggests that this only makes her able "to feel the self-imposed loneliness of her position" (249). For Fulton, there is no "reversion to a traditional gender role" because the two are able to "meet on equal terms" (249). The problem with Fulton's reading, though it may be tempting to present-day feminist readers, is that it does not explain why Phelps would have her heroine "overtaken" like Atalanta. Further, Fulton's reading makes Phelps's ending seem utopian, and as she herself admits that her reading makes the novel "arguably more idealistic" than other novels with female doctors as main characters (249). Fulton's reading gives more agency to Doctor Zay than the text itself does.

Like Jewett, Phelps reveals the limitations placed on women professionals in her time. Yorke begins the novel with feminine characteristics and is treated like a woman. He regains his masculinity through his full access to his profession, and he successfully subverts his emasculation. Doctor Zay, on the other hand, subverts the dominant gender ideology of her time by practicing medicine. In this subversion, she is forced to pay a price, and at the end of the novel, she has only limited agency. The text maintains a significant feminist statement: women must enter professions in order to advance their equality. However, if Phelps were to end her novel with a clear victory for her female professional, she would not be able to reveal the dominant gender ideology that prevents women from successfully entering both the professional and domestic realms. That is,

Doctor Zay must have limited success because her third sex sub-interpellation prevents full agency.

Doctor Zay, like Nan Prince, is forced into a separate 'otherness' by virtue of her choice of profession. Her sub-interpellation comes with her decision to continue in her profession. Even though Yorke tells her that she must continue her practice, there is obviously a painful compromise in the end. Yorke wins Doctor Zay because she is trapped by her career. She cannot escape her sub-interpellation, even as Yorke himself has been successfully interpellated into his role as a male professional and a husband. Phelps's ending reveals that gender entrapment does not affect men as it does women. For her novel to have a happy ending, Phelps would have to deny women's limitations at this time, a move that would have made her novel too fantastic to be taken seriously. Instead, *Doctor Zay* stands as a novel that both argues for the professionalization of women to promote equality and reveals the price women must pay for their success.

III. Curing the Sentimental Feminist: W. D. Howells and the Woman Physician

When W. D. Howells learned that Elizabeth Stuart Phelps was writing a novel about a woman doctor, he told her that she would have to wait until his novel *Dr. Breen's Practice* was published in its complete form before she could begin the serialization of *Doctor Zay* in the *Atlantic Monthly*. He also decided to write a preface to Phelps's first installment explaining that she had not borrowed her ideas from him, though the two works were similar in characters and plot (Masteller 135). Phelps, on the other hand, did not feel that this preface was necessary; in fact, she did not think that there were significant similarities between their two works. As she wrote at the time, "I don't feel that Dr. Breen is a fair example of professional women" (Phelps quoted in Masteller 135). Indeed, Dr. Breen is portrayed as a woman who is never suited for medicine, and her virtue lies in the fact that she is a good, Puritan woman rather than a consummate professional like Doctor Zay.

Further, in sharp contrast to Phelps's character, Howells's female doctor wants to give up her career for marriage; she seems to think it is natural to become dependent upon a man. While Phelps's and Jewett's novels portray women who achieve progress but who are limited by social and ideological prescriptions which dictate the role of women, Howells's novel portrays a woman whose failure lies in her misguided attempt to subvert those very prescriptions. As Jean Carwile Masteller's "The Women Doctors of Howells, Phelps, and Jewett: The Conflict of Marriage and Career" claims, "Both women writers realize that the woman doctor faces special conflicts that the male professional does not, and both explore these complexities in detail, while Howells chooses simply to dismiss them" (136). Dr. Breen, then, escapes her third sex sub-interpellation by

rejecting progress for women, a move that supports oppressive dominant gender ideology.

Dr. Breen's Practice has received minimal critical attention. This neglect is particularly surprising because *Dr. Breen's Practice* represents much of what Howells believed at the time concerning the professionalization of women. As John W. Crowley argues in "W. D. Howells: The Ever—Womanly," Howells believed that women were more moral and virtuous than men, and that if they were to enter into professions, they would ultimately succumb to the corrupt capitalist nature that the domestic realm counters (175-176). Crowley posits that "reform, then, lay in the direction of improving woman's lot within marriage" (176). According to Crowley, Howells thought that women should be given outlets for their curiosity and energy, and that the home should not be the place of idle consumption; rather, Howells believed that the domestic realm should be the place for moral cultivation and work for the needy (176-177). As Crowley posits, "Howells opposed those reformers, such as G. Stanley Hall, who urged the transformation of female education into professional training. Howells acknowledged the logic and even the justice of such ideas, but he thought that they would subvert the family" (178). The family itself, for Howells, was not unjust, but many homes contained unhappy women because they felt useless. Howells argued that women should develop crafts and skills, and later he argued that women should vote and avoid becoming idle, but he did not agree with women gaining specialized degrees and entering professions. While there is much debate about Howells and his beliefs concerning feminism, suffrage, and women in literature, there is little doubt that Howells opposed a large-scale professionalization of women because he believed that the home would suffer. Grace

Breen, then, stands as a representative of Howells's notion that women's primary roles should be domestic in nature.

In fact, while Jewett's Nan Prince is forced to sacrifice hopes of a family by a man and Phelps's Doctor Zay is overtaken by a man, *Dr. Breen's Practice* tells the story of women who are saved or cured by men. For Howells's Grace Breen the man who takes her away from her profession and into a domestic realm saves her from misery and self-doubt. Thus, it is not just that Dr. Breen makes a misstep when she decides to pursue medicine; rather, her mistake is her attempt to help other people instead of entering into a marriage in which she could be supported by her husband. As Crowley notes, "a woman was not brought up to support herself, Howells believed, but to be supported in marriage" (176). Indeed, Grace Breen finds solace and relief in marriage, and though she gives up her career, Howells does not portray this renunciation in a negative light. On the contrary, Dr. Breen's sacrifice was made when she chose to enter medicine rather than when she chose to give it up.

Grace Breen's decision to become a doctor is clearly not described as an attempt to advance her sex: "She would not entertain the vanity that she was serving what is called the cause of woman, and she would not assume any duties or responsibilities toward it. She thought men were as good as women [...] and it was in no representative or exemplary character that she had chosen her course" (Howells 15). While her professionalization was not based on a desire for the advancement of women, it was based on a broken love affair. After being left by a man she assumed she would marry, Grace Breen decided to enter medical school because, as she reminds her mother, "I was a woman, and because—because—I had failed where—other women's hopes are" (43).

That is, Grace Breen chose to become a doctor because she did not succeed at a higher calling -- marriage. Because she assumed that love would not come again, she chose to enter a profession, and this poor decision becomes her burden. It is unclear why Dr. Breen chooses medicine rather than teaching or nursing, but it is clear that her choice of a profession is a poor one. As Judith Fryer claims in *The Faces of Eve: Women in the Nineteenth Century American Novel*, "Grace Breen is motivated more by a 'Puritan' sense of duty than by her instincts, which she suppresses because she has been jilted and is afraid to expose the feeling side of herself again" (234). Thus, Dr. Breen's profession is little more than a mistake, and her fear and poor judgment haunt her until a man can save her from her faulty decision.

It is not surprising, then, that Dr. Breen's decisions--both professional and personal--often make situations worse. Though Dr. Breen is a trained professional, her practice is virtually non-existent. Her first patient, Mrs. Maynard, is a school friend who ends up becoming an invalid and taking up all of Dr. Breen's time. Mrs. Maynard is separated from her husband, and she is spending a good deal of time with an old friend of her husband's, Mr. Libby. Though Dr. Breen does not encourage Mrs. Maynard to return to her husband, she does find Mrs. Maynard's relationship with Mr. Libby to be a shocking indiscretion. Grace Breen pleads with Mrs. Maynard to "honor" her husband's name as long as it is hers to "wear" (31). Mrs. Maynard, in turn, reminds Dr. Breen that she is the one who defies "public opinion" by being a female doctor. Interestingly, Grace Breen insists that Mrs. Maynard should go sailing with Mr. Libby after she has been made to feel guilty by Mrs. Maynard's claims that her decisions are "more scandalous" than Mrs. Maynard's are (30). As an act of defiance and pride, she tells the two that they

must go out, and Mrs. Maynard and Mr. Libby are subsequently caught in a storm at sea. After they return, Mrs. Maynard's health deteriorates, and Grace Breen is made to feel all the more guilty because she put her patient second to her own feminine pride. While Mrs. Maynard enjoys the attention Mr. Libby pays her, Mr. Libby is not interested in Mrs. Maynard as anything more than a friend. Nevertheless, Grace Breen seems sure that Mr. Libby's intentions must be bad, and she is angry that the two would ignore the gossip that might surround their relationship. Judith Fryer claims that "Howells further discredits Dr. Breen by showing that her feminine concern about her patient's respectability outweighs her concern about her health" (236).

Mrs. Maynard is first in line to criticize Dr. Breen for "making" them go out on the boat, implying grave fault when she says that she does not "suppose" Dr. Breen wanted to "kill" them (63). Indeed, the women around Dr. Breen are often her loudest critics and her major obstacles. Gail Thain Parker's "William Dean Howells: Realism and Feminism" calls Mrs. Maynard "misogynistic" and argues that Howells "went out of his way to surround Grace Breen with discouraging women [...]" (147). As Grace Breen discusses with her mother Mrs. Maynard's accusations that she herself is more scandalous, she claims, "talk about men being obstacles! It's other women! There isn't a woman in the house that wouldn't sooner trust herself in the hands of the stupidest boy that got his diploma with me than she would in mine" (Howells 44). Often, Howells shows his readers just this sort of criticism as women gossip about Grace Breen and her chosen profession. Mrs. Alger says that she "feels sorry for *girls* who attempt anything of that kind," to which Mrs. Scott responds, "but they say *Miss* Breen wasn't obliged to it for a living" (113, my emphasis). Mrs. Merritt, in turn, notes that because Dr. Breen did

not choose her profession because she needed money, this makes her decision "so much the worse" (113). It is in these passages that Howells makes women seem hypocritical, back-stabbing, and petty. Grace Breen does not help women, and women do not help her. This is not a novel that reveals any progress, then, in women's advancement because these women dislike Grace Breen's career; they reject the professionalization of women and the subsequent advancement of gender equality. Arguably, Howells places his own views of women's roles into the speech of his female characters.

Grace Breen does have one supporter, Miss Gleason; however, this character is a sentimental feminist who is portrayed as silly, ignorant, and a "heroine worshiper" who loves *Jane Eyre* (50). Miss Gleason worships Grace Breen as an "idol," and she is always watching Dr. Breen to see what she will do for their gender (50). After Mrs. Maynard demands that she be seen by another physician for a second opinion, Miss Gleason pleads with Dr. Breen to refuse this request by arguing that "if you yield, you make it harder for other women to help themselves hereafter, and you confirm such people as these in their distrust of female physicians. Looking at it in a large way, I almost feel that it would be better for her to *die* than for you to give up" (79, Howells's emphasis). Howells portrays his sentimental feminist, then, as someone who would rather see another woman die than hurt the cause. Further, as Parker and Fryer both note, Miss Gleason ultimately changes her mind and encourages Grace Breen to be dominated by a man. That is, her feminism is sentimental and vacuous rather than sincere and supportive as she wants to find a heroine rather than to help other women.

Miss Gleason's concern that calling in another doctor will hurt the feminist cause is based on Mrs. Maynard's desire to have this second opinion conducted by "a *man*

doctor" (64 Howells's emphasis). Dr. Breen has already diagnosed Mrs. Maynard with "lung difficulties," and Mrs. Maynard's accident in the storm intensifies her illness. Interestingly, Mrs. Maynard has gotten advice from other ladies that she needs a more aggressive line of treatment than Dr. Breen is giving her. That is, Mrs. Maynard is concerned that her medicine is not "active enough" (65). These masculine terms used to define medical treatment also define a masculine type of medical practice, "Allopathic" (65). Grace Breen is a graduate of the "New York Homeopathic School," and her "pills" are not getting the results Mrs. Maynard wants (65). After Mrs. Maynard insists she see another doctor, Grace Breen is left with no choice but to call on an Allopath because there are no other Homeopaths within the vicinity.

Critical analyses of this novel ignore the distinction between Dr. Breen's and Dr. Muldbridge's types of medical practices, but the distinction is actually quite telling. Allopathic medicine is another term for "regular" medicine or western, specialized medicine. Homeopathic medicine is what we might now call "alternative" medicine. As Barbara Ehrenreich and Deirdre English note in "Witches, Midwives and Nurses: A History of Women Healers," "regulars" were "male, usually middle class, and almost always more expensive than the lay competition" (23). These doctors "were taught to treat most ills by 'heroic' measures: massive bleeding, huge doses of laxatives, calomel, and, later, opium" (23). Out of the moderate, lay competition came sects "to compete with the 'regulars' on their own terms: Electicism, Grahamism, Homeopathy, plus many minor ones" (26). As these alternative medical philosophies gained popularity, "regulars began to look like just another sect, a sect whose particular philosophy happened to lean towards calomel [an extremely potent laxative], bleeding and the other stand-bys of

'heroic' medicine" (26). Because the "regulars" were seeing the specialization of their practice waning in authority due to this increasing number of sects, "the 'regulars' went back on the offensive" and founded an official national organization which Ehrenreich and English call the "pretentiously named" American Medical Association (28). In the latter half of the nineteenth century, "regular" doctors discredited "irregulars" as well as women physicians in general because "the attacks were linked: Women practitioners could be attacked because of their sectarian leanings; sects could be attacked because of their openness to women" (28). Women rarely found access to "regular" medical schools, and so they faced numerous obstacles to accessing "regular" medical practices (29).

The debate between "regular" physicians and alternative sects described by Ehrenreich and English is reflected in the relationship between Dr. Breen and Dr. Muldbridge. After arguing with Mrs. Maynard about her desire to get a second opinion, Dr. Breen relents and decides to seek Dr. Muldbridge's consultation for Mrs. Maynard's case. At first, Dr. Muldbridge does not understand that Dr. Breen is a physician. When he finally realizes that he is talking to a doctor rather than just a concerned friend, he is amused and stares at her "with much of the interest of a naturalist in an extraordinary specimen" (94). Dr. Muldbridge's interest turns to scorn, however, when he learns that she is a homeopathist: "Dr. Muldbridge instantly sobered, and even turned a little pale, but he did not say anything. He remained looking at her as if she had suddenly changed from a piquant mystery to a terrible dilemma" (97). Though Dr. Muldbridge has already agreed to consult, this piece of information about Grace changes his mind; he assures her that it is not her gender that is the problem, but it is her school of medicine that keeps him

from agreeing to consult. As Dr. Muldbridge stammers, "have you never heard that the—ah—regular practice cannot meet Homeopathists in this way? If you had told me—if I had known—you were a Homeopathist, I wouldn't have considered the matter at all" (99). Ironically, Dr. Muldbridge's discrimination against Homeopathy and, though he denies it, against women causes him to reject the chance to help a patient; he illustrates well Miss Gleason's attitude.

Dr. Breen, without putting up much of a fight, accepts his bigotry and has started to leave when she suddenly "sank into the chair which stood in the corner, and passed her hand over her forehead, as if she were giddy" (101). Dr. Muldbridge rushes to her side to check her pulse, and she tells him that she must forsake her own pride and relinquish Mrs. Maynard's case to him. She then asks if she can assist Dr. Muldbridge as his "nurse," to which Dr. Muldbridge is more than happy to agree. In this scene, Dr. Breen's feminine sense of morality prevents her from leaving without Dr. Muldbridge's help. Her near fainting indicates all too clearly the weakening of her resolve. Further, when she asks to assist the male doctor in a more acceptable role for her gender, Dr. Breen relinquishes not just her one patient, but she relinquishes her profession as well. Her third sex sub-interpellation is clearly crucial here. That is, Dr. Breen's gender and her Homeopathic practice are closely linked. Her feminine response to Dr. Muldbridge's refusal marks her inability to access the profession as easily as Dr. Muldbridge is able to access his. The masculine Allopathist has succeeded. While Dr. Muldbridge claims that it is not her gender that is at issue, it is Dr. Breen's femininity that allows her to play successfully a submissive role: While Dr. Muldbridge's pride prevents him from acting as Dr. Breen's partner, Dr. Breen's sense of feminine purity prevents her from achieving

this same position. Her devotion to her friend and her physical weakness force her to give up her profession, for her first patient is also her last.

Howells's novel reflects the debate between Homeopathy and Allopathy more clearly than either Jewett's or Phelps's novels do. Nan Prince learns regular medicine from her mentor, Dr. Leslie, but Jewett does not address any other sects in her work. It is interesting (though not surprising) that Phelps's Doctor Zay is indeed a Homeopathic physician, but Waldo York wants her to continue to be his physician because of this fact rather than in spite of it. Phelps's only mention of this distinction comes as York asks her questions about her ability. After realizing that she is the only Homeopathist in the region, he decides to continue to be her patient. York asks Doctor Zay to send a letter to his mother notifying her of his condition in which note Doctor Zay should leave out the fact that she is a woman but she should assure his mother that she is *not* an "Allopath" (48).

Howells, unlike Phelps, portrays Homeopathy as ineffective and too moderate, too soft, in terms of treatment. Dr. Muldbridge immediately diagnoses Mrs. Maynard as having a severe case of pneumonia, and though Dr. Breen suspected just this, it is Dr. Muldbridge's "medicines" (Howells does not provide any more information about her treatment than this) that save Mrs. Maynard's life. In short, he helps Mrs. Maynard, and Dr. Breen does not. In fact, because Dr. Breen has been treating Mrs. Maynard's "lung difficulties," and because Dr. Breen insisted that Mrs. Maynard go out on the sailboat, it is her role as a physician that has worsened Mrs. Maynard's health and made her an invalid. Dr. Breen has kept her in bed and idle, but Dr. Muldbridge's treatment gives her an active life again. Mrs. Maynard is no longer considered an invalid, and the male

physician, tellingly, has administered the cure. As Dr. Breen sees Dr. Muldbridge cure Mrs. Maynard, she is further convinced that she is not capable of being a doctor; as Fryer posits, "her failure with Mrs. Maynard has so undermined her confidence in herself that she is ready to give up her profession altogether" (237).

While Judith Fryer, Jean Carwile Masteller, and Gail Thain Parker all address Dr. Breen's submission to Dr. Muldbridge by her surrendering her patient, none notes the historical gender significance of this move. Because Howells has chosen Dr. Muldbridge's treatments over those of Dr. Breen's, he subsequently chooses the AMA over fields of medicine that more openly allow women's entry. Further, Howells suggests that only aggressive or masculine medicine will cure the weak female. While Dr. Breen's care and concern only caused Mrs. Maynard's illness to linger, Dr. Muldbridge's scientific coolness effectively ends Mrs. Maynard's dependence upon others. In fact, Mrs. Maynard's husband returns, and the two reconcile. Dr. Muldbridge certainly cures her: he returns Mrs. Maynard to her 'proper' role--that of a wife and a mother.

Dr. Breen's role as a trained physician is further undermined by her lack of a scientific, rational mind. Masteller notes that "she is simply too weak and too dependent" to succeed (137), but beyond this weakness, Dr. Breen also lacks a physician's ability to be objective, and there is an authorial agenda behind this lack. For instance, when Dr. Breen tells Dr. Muldbridge that she blames herself for Mrs. Maynard's condition, Dr. Muldbridge merely finds this confession amusing and cute. He tells Dr. Breen to "take a holiday" and to recuperate because she has been upset and distraught. Dr. Breen, in response, is relieved, and as she goes outside to rest, Howells describes her as "in that

mood, familiar to us all, when we long to be consoled and even flattered for having been silly. In a woman this mood is near to tears; at a touch of kindness the tears come, and momentous questions are decided" (123). Later, Dr. Breen again escapes from Mrs. Maynard's bedside for a few hours in order to go out on the sailboat with Mr. Libby. Here, Dr. Breen is described as "unreasonable" because she is actually tempting fate by risking getting caught in a storm. Perhaps she hopes she will wash away her sins by hurting herself in the same way that she hurt Mrs. Maynard. This is obviously not reasonable behavior, and Dr. Breen seems melodramatic and more than foolish when she hopes the boat will capsize and possibly even cause her own death. She would rather die than live with the guilt of having caused Mrs. Maynard's pneumonia.

Tellingly, it is on this trip with Mr. Libby that Dr. Breen reveals her insecurities about being considered strange and mannish for being a doctor. Mr. Libby, in response, professes his love for Dr. Breen, and he tells her that she is beautiful and noble. Dr. Breen insists that she is neither; rather, she considers herself a woman no man could love because of her chosen profession. Further, she turns down Mr. Libby's proposal at first because she thinks that he must blame her for the boating accident with Mrs. Maynard, but after Mr. Libby assures her that he does not blame her at all, she still rejects him because she feels that he needlessly let her feel guilty. Her behavior in this passage is again without reason, and though "her tragedy had fallen to nothing; or rather it had never been," she continues to be angry with Mr. Libby (Howells 157). Howells suggests, however, that this anger will not continue long because "when a woman says she never will forgive a man, she always has a condition of forgiveness in her heart" (157-158).

Thus, the romance between Mr. Libby and Dr. Breen begins with her lack of reason and overabundance of feminine pride merely postponing its consummation.

When Mr. Libby leaves Jocelyn's, the vacation spot for these characters, after his rejection, Dr. Muldbridge takes this opportunity to propose to Dr. Breen himself. Now arguing that he has changed his mind about working with a Homeopathist, Dr. Muldbridge offers Dr. Breen a professional partnership as well as a marriage, presumably as a way to win her over. Dr. Breen, however, has already decided to give up medicine because, as she tells Dr. Muldbridge, "I judge your fitness with my own deficiency. The first time I saw you with Mrs. Maynard, I saw that you had everything that I hadn't. I saw that I was a failure, and why, and that it would be foolish for me to keep up the struggle" (219). Dr. Breen tries to convince Dr. Muldbridge that it is her own individual failure and not representative of her gender as a whole that keeps her from gaining success in her field, but Dr. Muldbridge makes the argument that it is precisely her gender that prohibits her success. Dr. Breen claims that if she were a man, she might still be "impulsive and timid and nervous," but Dr. Muldbridge argues that if this were the case, she would be "an exceptional man." She is not, however, "an exceptional woman" (219). In other words, Dr. Breen's personal demeanor is like that of women, not men, and it is this that hurts her ability as a physician.

Further, Dr. Breen must concede to Dr. Muldbridge's claims that other women are distrustful of women doctors. Indeed, Dr. Breen tells Dr. Muldbridge that "it is the men alone who give women any chance. They are kind and generous and liberal-minded. I have no blame for them, and I have no patience with women who want to treat them as the enemies of women's advancement" (221). Though Dr. Breen still blames herself for

her own failure, her own statements to Dr. Muldbridge seem to negate the uniqueness of her case; that is, she knows deep down that she has failed because she is a woman. It is not male bias, however, but her own "nervousness" and other women's "distrust" that have forced her to give up her career. Even when Dr. Muldbridge gives her the chance to join him in marriage and a professional partnership so that she can further her own career with a man in order to counter some of the bias against her, Dr. Breen rejects his offer. Dr. Breen does not want to access the medical profession, which Dr. Muldbridge represents. She simultaneously refuses progress and advancement in her career. Instead, she loves Mr. Libby, and she desires a domestic life.

While Dr. Breen is often "nervous" and "unreasonable," her mother is, in fact, "always governed by reason" (233). When Dr. Breen rushes home to tell her mother of Dr. Muldbridge's offer, Mrs. Breen thinks that it might be a good solution. Mrs. Breen does not want Grace to give up her profession, in part because she has worked so hard and studied so long, but also because, as she tells her daughter, "you're bound to consider the effect it would have upon other women who are trying to do something for themselves" (233). Dr. Breen, however, says that she is "sick" of thinking of other women, and she argues that she does not "owe them more than a man would owe other men" (234). Dr. Breen finally convinces her mother that she is terribly unhappy and simply cannot continue in her profession; however, she cannot make this final decision to quit her profession until a man can give her what she actually wants: a chance to be a wife and mother alone.

Predictably, Mr. Libby returns to Jocelyn's, and Dr. Breen professes her love to him. Her boldness is mitigated by the fact that Mr. Libby does not propose again, and so

Dr. Breen must confess her love to him. Mr. Libby, in fact, is amused by Dr. Breen's timidity in proposing, and he laughingly says, "you didn't find it so easy to make love," to which Dr. Breen replies, "Oh, *nothing* is easy that men have to do" (249). Here, Howells's narrative voice authoritatively sums up the proper response to Dr. Breen's confession that men have it harder than women: "there are moments of extreme concession, of magnanimous admission, that come but once in a lifetime" (249). Indeed, Howells's narrative voice works on us throughout the novel as when he tells us what the typical woman thinks or does, but this particular intrusion by the voice highlights Dr. Breen's own realization and confession that men must struggle much more than women. It is also no coincidence that at this point Dr. Breen effectively becomes Mrs. Libby. Gail Thain Parker reads this passage as part of Howells's argument about the role of women that "was rooted in a desire to force women to acknowledge male burden, and implicitly, male superiority" (147). If men face much more difficult trials than women face, the implicit argument is that women simply do not need to fight for better treatment; instead, they should console the truly suffering--men.

Judith Fryer claims that "it is not hard to see why Grace, the ostensibly new woman, not only chooses to marry him, but is willing to renounce her profession to do so. He has been devoted to her from the beginning; he has been gentle; he has not threatened her" (239). Fryer's interpretation of Mr. Libby's relationship to Dr. Breen seems a bit oversimplified here. Mr. Libby, unlike Dr. Muldbridge, does not see how it could be possible for Dr. Breen to continue her practice after their marriage. Mr. Libby has decided to work for his father by running and managing several mills. At first, Mr. Libby is idle, but he works to gain success in a career before Dr. Breen agrees to marry him.

Grace Breen's decision to marry Mr. Libby rather than Dr. Muldbridge clearly affects her professionalization. As a woman doctor, she is distrusted, gossiped about, expected to speak and act for all women, and exhausted by the whole ordeal. Her third sex sub-interpellation is more than she can handle because she is weak, and the deck, in any case, is stacked against her. Mr. Libby can save her from this. Dr. Muldbridge would only intensify her need to confront professionalization, and though he is able to cure Mrs. Maynard, Grace Breen needs Mr. Libby to cure her. In pathological terms, her sub-interpellation is cured by her interpellation back into the dominant gender ideology of the time's role for women to play. As domestic wife, Grace Breen is freed from the confines of a career she is ill-equipped for and the demands of a cause she is unwilling to advance. At the same time, her desire to be dependent upon a man is portrayed as natural, normal, and true of all women. If her mistake was entering into the profession at all, her cure is her rejection of continuing that career.

While it seems evident that Howells's novel suggests that it is more natural for women to be homemakers and mothers than it is for them to be professionals, John W. Crowley argues that "if read superficially," this novel can be too easy a target "for a demystifying feminist attack" (182). He accuses Judith Fryer of just this type of superficial reading because she claims that Dr. Breen is portrayed as a lady before she is a doctor due to Howells's inability to conceive of a successful woman professional. Crowley claims that "if Howells did not conceive of *this* woman's being seriously dedicated to her work, it was because he understood how cultural conditioning had rendered her, and any woman like her incapable of such dedication" (182). It is her socialization, then, that renders her incapable of being a successful physician. As

Crowley posits, "Dr. Breen cuts a pathetic figure as a career woman because she has been bred to be a lady, a wife, and a moral conservator" (182). While Crowley makes his argument in order to shine a more positive light on Howells's novel, it seems to me all the more frightening if Dr. Breen's socialization renders her incapable of progress in her field and if Howells supports this very type of socialization. Howells would then be arguing that women should remain nervous, weak, and dependent even if there is no biological reason for this temperament. While Crowley claims that Howells understood that women were not well educated in professions, I would note that Howells simultaneously opposed professional education for women. That is, if Crowley is correct in his assessment, Howells's novel argues that women are socially conditioned to be weak and better suited for the home, and we should perpetuate that social conditioning. Thus, it is not that women cannot help their inferiority; rather, women are actually taught to be inferior, and Howells claims that we should continue to teach and treasure this enforced sense of inferiority. While an argument that gender is a social construction rather than an essential one may be more promising, the fact that Howells argues that we should perpetuate that construction while simultaneously arguing that it could change is not consoling.

While readings like Fryer's may indeed be too reductive, Crowley's argument that Howells understood women's oppression as a symptom of social conditioning does not rectify this problem. In an alternative reading, Howells's novel can be seen as a series of male cures for what is ailing American women in the nineteenth century. Mrs. Maynard is an invalid with no real purpose in life until Dr. Muldbridge cures her and she is restored to her role as a wife and mother. Her separation from her husband was her

mistake, and this caused (directly and indirectly) her illness. Dr. Muldbridge saves her life, administers her cure, and hands her back to her husband. The nineteenth-century female invalid is thus cured by her reinstated dependence upon men rather than women. Further, Mr. Libby saves Grace Breen by allowing her to choose a dependent role as a wife. The discontented nineteenth-century woman who mistakenly thinks that a profession will make her happy because she "had failed where other women's hopes are" (43) is thus cured by a man who gives her back this hope.

Finally, Howells's text itself can be seen as an attempt to cure the nineteenth-century sentimental women who read novels that perpetuate their idealistic selfishness. As Gail Thain Parker argues:

> Howells recognized that women were discriminated against in American society, and in the early nineties, came out in favor of suffrage and broader job opportunities. He was confident that once women were required to accept real responsibilities, they would abandon their novel-inspired dreams in favor of a hardy realism. And their sacrifices would be well worth it. Only by overcoming a puerile idealism could American girls of all ages hope to become full-fledged adults. (134)

John W. Crowley also addresses Howells's distaste for the novels women read at the time when he claims that Howells wanted women to do something more productive than "reading pernicious romantic novels" (177). In fact, this may be the reason Howells decides to have Grace Libby work with children in the mill town she moves to after marriage. Though she is not a professional physician any more, she "uses her skill" to tend to ill children until she has babies of her own (Howells 271). Saved from a

profession that she is not able to perform, she does not spend her time reading these "pernicious romantic novels"; instead, she plays nurse to children before nursing her own.

It seems plausible, then, to argue that Howells's text functions well as his attempt to cure idealism or romanticism with realism. As a man, he tries to cure women who are dissatisfied with their lives because they read too many romances. It is somewhat ironic that the sentimental feminist Miss Gleason reads *Jane Eyre* and encourages Dr. Breen to play Jane to Dr. Muldbridge's Rochester, foregrounding the romance rather than the feminism of that novel. Howells suggests that Miss Gleason, and other unhappy women, need critical realism to cure them of their idealistic fantasies. Such realism, then, can even cure the nineteenth-century woman who is dissatisfied with her domestic life.

As a series of cures for the nineteenth-century woman, Howells's *Dr. Breen's Practice* argues that women should fulfill their roles in the domestic realm, but they should also be of use to society. This use should not, however, be in the form of professions; rather, women should develop and use some skill to help others, but they should also remain the dependent sex. Considering that this novel was published within three years of Jewett's *A Country Doctor* and within one year of Phelps's *Dr. Zay*, Howells's argument seems all the more regressive. While Jewett successively counters the dominant gender ideology of her time and Phelps argues that gender equality is gained through professionalization, Howells argues that women should remain dependent upon men and be content to be skilled wives and mothers. While limitations are indeed placed on the woman doctor that leads to their third sex sub-interpellation, Howells's

solution that they could avoid that sub-interpellation altogether by surrendering to dominant gender ideology of the time is hardly a productive or real solution for women.

Conclusion

As Nan Prince stands on the riverbank looking ahead to future generations of women professionals, she thanks God for the progress of generations to come. Sarah Orne Jewett was correct in thinking that women would continue to enter professions and so to open more doors for the generations of women to follow. Arguably, Elizabeth Stuart Phelps was also correct in thinking that the professionalization of women would lead to further advancement for women in many areas of American society. Today, women enter professional training in large numbers, and their growing influence as leaders has helped to change much of the dominant gender ideology, one claim of which is that women are not as capable as men in becoming successful professionals in specialized fields. What is frightening, however, and what gives this project its current relevance is the fact that Howells's argument that women are better suited for the domestic realm lingers in the socialization of young girls and young boys today. As professionals, women often face the very same third sex sub-interpellation outlined in these novels, as they are still considered the ones who are better than men at homemaking and child rearing. Women professionals still face questions about their capability and overall aptitude for careers in medicine, engineering, scientific research, academia, and a host of other professions that continue to be male dominated. While we are the future generations Jewett envisioned, we face many of the same problems in our attitudes and gender ideology that nineteenth-century women did. By investigating the origins of this sub-interpellation that all too many women professionals still face, we might be able to recognize some of the same obstacles we now see, and we can hopefully avoid them with more agility than if we had not seen their presence from the beginning.

As an example of the current problems facing women in medical practice, Dr. Frances K. Conley's 1998 *Walking out on the Boys* tells her personal story of combating sexism and sexual harassment at the Stanford University School of Medicine. Conley, the first woman to become a tenured full professor of neurosurgery in the United States, uses statistics from the *AAMC Data Book* to show the progress of women's entry into medical schools and medical practices since her own entry in the 1960s. Currently, women make up 42 percent of students entering medical school, and close to 30 percent of American doctors are women (Conley 4). This number, however, is much higher than the percentage of women who enter the academic arena of medicine as tenure-track professors (4). Academic medicine is, according to Conley, "*the* place for a physician to build a national and international professional reputation; it is not in private practice" (4). In 1993, only around 9 percent of full professors in medicine were women, and "the percentage change in this number over the preceding decade had failed to keep pace with the demographic shifts occurring in the doctor population which began in the early 1970s" (4). While in disciplines such as gynecology and family practice, the numbers of women tend to be higher, in more male dominated fields such as surgery and radiology, women have many fewer practitioners even in private practice (6). As an example, Conley notes, "in 1993, women practicing surgery (including those in training) were only 6 percent of the entire surgical workforce. Out of a total of 4,526 neurosurgeons and neurosurgical residents in 1993, only 155, or 3.4 percent were women" (5).

Conley attributes much of this differentiation in numbers to the fact that while progress has occurred in our laws and rules pertaining to rights of women, the insular "good ol' boys club" in institutionalized medicine has failed to keep up with that

progress. In medical academia, women often have no role models, and the political infighting causes "friends to become two-faced strangers as they self-promote, backstab, and vie with each other for recognition"; further "women have not learned how to advertise themselves or their accomplishments [...], and, as such, are ill equipped to play this game" (55). The maintaining of the status quo is of utmost importance in the academy, and women are often left behind as men climb higher and higher in their positions. After Conley began research on similar problems at other medical schools, she found that "the women were being paid less, not given maternity leaves, found meetings scheduled by their departments were at times when they needed to deliver or pick up children from day care or school, were being asked to do an inordinate amount of clinical work rather than research, and were not being promoted in percentage numbers equivalent to their male peers" (205).

Further, Conley describes many cases of blatant sexual harassment toward female physicians, medical students, residents, nurses, clerical staff, and interns. She tells stories of groping, threatening, sexual innuendo, and aborting of professional careers by male doctors in authority over women. These men repeatedly attempt to reaffirm male dominance and female inferiority. Conley's story describes the situation at Stanford primarily, but she also acknowledges similar occurrences described to her by students and faculty from many other medical schools across the country. If medical students or residents complain, they are likely to hurt their own career, and when they do complain, the victims are hurt, but the issue remains hidden and unresolved. Arguably, it is this very sexist treatment of women by male superiors that causes them to choose private

practice over a life-long academic career in which they will continually need to deal with harassment and unequal treatment based on their gender identity (236).

Conley concludes her last chapter with a letter she received from a twelve-year-old girl, Mary Clare, who dreams of one day attending Harvard and becoming a pediatrician but who wonders if she should change her mind because of the treatment women must endure in the field of medicine (238). Conley writes, "I do not know how I should answer Mary Clare. By the time she, but more probably her daughter, enters medical school, she might find the Stanford motto applies equally to everyone: 'The wind of freedom blows—Die Luft der Freiheit weht.' However, we academic women know we still face a major, uphill battle to make it happen" (238). Like Nan Prince, Conley ends her book by addressing limitations placed upon women by institutionalized medicine and looking to future generations for further much needed progress in the professionalization of women.

A reasonable question to derive from this project would be this: "Should women form a separate medical institution from that of the male-dominated one?" This question reflects the claim that today's medical establishment has no more to do with objective or effective science than the nineteenth-century Allopaths. It is a reasonable assumption, then, to argue that this project carries with it the implication that an alternative medical institution that may be gendered more feminine should attempt to compete with the masculine, male-dominated AMA. While terms such as 'objective' and 'scientific' are used to give legitimacy to institutionalized medicine, they should indeed be questioned. It is difficult to argue that there is such a thing as 'objective science,' and, arguably, women who could call into question these terms by waging a movement to introduce

alternative medicine into the mainstream would help to argue that belief in objectivity is itself something into which we are interpellated.

While this might be a tempting way to provide a solution, it is not a practical one. While there may not be any 'objective science,' the idea that women should form a separate and alternative medical institution harkens back to "separate but equal" gender ideologies of the past. That is, on a theoretical level, it is important to question terms like 'objectivity,' 'scientific,' and 'best,' but on a practical level, most people believe the AMA is indeed a more objective institution for medicine. While this may be true because people have been socially conditioned to think so, the fact remains that, as Foucault argues, western institutionalized medicine has social authority. Women, then, have every right to access that same social authority as male physicians. Rather than form "separate but equal" institutions in which a hierarchy would most likely arise, it is more appropriate for women to fight the oppressive aspects of the medical profession from within and avoid further gendering of medical fields.

Further, in order for women to enter medical academia, they must teach and conduct research at medical schools. It would further damage women's authority in the medical profession if they were not able to attend, work in, research in, and publish from some of the best medical schools in the country. These medical schools and universities are, ostensibly, co-ed and firmly established as the best. Again, it is theoretically important to question our notions of 'best' medical schools, but on a practical level, these schools have immense social authority. If women were to pull up stakes and found their own medical schools and break off from the AMA, they would lose research funding, the hope of publications in top journals, and leadership and advice from those men who do

value equality for women. While a separate women's medical practice might sound tempting, it would most likely result in a devastating loss of power for women in academic medicine.

In order to develop more practical solutions, it is important to recognize the immense progress of women as well as to acknowledge and rethink the gender ideology that has lingered from the 1880s to today: Women are better than men at taking care of the children and running a home. As long as institutions (ISAs, as Althusser would call them) such as the church, family, media, and the arts perpetuate the notion that women make better caretakers of the domestic realm, then women will be automatically considered less capable than men at becoming successful professionals. That is, while it has become rare for someone to argue that all women should stay home and let men go off to work, much of our gender interpellation teaches us, from the time we are young children, that women are better at handling the kids, cooking, sewing, and cleaning. Every major toy store, for example, has a "girl" section painted in pink and filled with baby dolls, brooms, vacuums, and kitchen supplies. Later, Americans are taught women's superiority as homemakers through television, books, religion, and by growing up in their own families in which this seems to be the case. Institutional practices like these can create and perpetuate a repressive gender ideology, and as long as we perpetuate the idea that men are inferior in homemaking and childrearing, we will continue upholding the same ideological claim that implicitly argues for women's inferiority in professional careers. If it is natural for women to take care of their husbands and children, then they will be doing what can be considered unnatural by entering a profession, or any realm other than the domestic.

Althusser's system provides a model for understanding our gender interpellation, but it is important to investigate gender ideology as it is represented in various institutions. That is, multiple forms of oppressive interpellation offer more flexibility for subversion than one large, consolidated one. Rather than examining gender ideology as just one overarching institution, it is important to question gender sub-interpellations. As Catherine Belsey argues, literature is one of those multiple forms that plays an important role in our gender interpellation; thus, it is equally important to investigate representations of other first generation women professionals in order to understand more fully the dominant gender ideology surrounding those professions. As part of a larger project concerning women professionals in literature, this examination of women physicians in nineteenth-century literature is only a piece of the puzzle. If we can flesh out the institutional ideology surrounding women's entry into law, academia, and business, for example, then we might better understand limitations placed upon women through identifying other aspects of the dominant gender ideology that limited these women and that still affect us in our present time. In order to understand our current notions of the woman professional, we must understand their beginnings, and through this type of investigation, we can then begin to change the institutions that subordinate women's roles from within. In order to subvert the dominant gender ideology that keeps women from gaining equal success to men in professions, we must first understand it more fully. Through literature such as *A Country Doctor, Doctor Zay,* and *Dr. Breen's Practice*, we can identify and thus subvert the institutional ideology that perpetuates patriarchy at the cost of women's full self-expression.

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Vita

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