Doctors are men: Dr. Elinor Black and second-generation woman physicians

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Women have long been a part of the history of healthcare in the Western world, taking on the roles of midwives, healers, and patients. (1) Once the modern profession of “doctor” began to coalesce, women were largely excluded from formal medical education and practice. This article focuses on the unique obstacles faced not by the first wave of women to achieve recognition as physicians in Canada, but by the second generation of women entering professional medicine.

It examines the consequences of the impediments faced by these doctors. This analysis concentrates on the example of Dr. Elinor Black (1905-1982), a prominent Winnipeg obstetrician and gynecologist, who earned a plethora of firsts for women in Canadian medicine. Dr. Black’s experience will be contextualized within that of second-generation woman physicians, or those who trained in medical school and practised medicine in the first half of the 20th century. This study contributes to literature on this little studied group of women and shows that there were ongoing barriers for medical women, even after pioneering woman doctors had gained access to the profession.

Dr. Black’s career is of interest due to its uncommonly successful nature. After earning her medical degree at the University of Manitoba in 1930, she went on to head a medical department at the University of Manitoba and run the Obstetrics and Gynecology department at the Winnipeg General Hospital, in addition to maintaining a private practice. Even though Dr. Black had a distinguished career and often paved the way for women in medicine, very little has been written about her. The most substantial work is Julie Vandervoort’s biography, Tell the Driver, published in 1992, which offers a detailed and interesting description of Dr. Black’s private and public life using Black’s own archives. This article expands on Vandervoort’s biography by considering Dr. Black in the context of generational differences between the waves of women entering the profession. Although prominent with many achievements to her credit, Dr. Black faced gender bias throughout her education and career. This affected her identity as a doctor and as a woman. (2)

Elinor Black’s fonds at the University of Manitoba, Faculty of Medicine Archives and contemporary articles from medical journals and the Winnipeg Free Press are used to investigate and analyze Dr. Black’s life, education, and career, via a feminist analysis of women in medicine. Black’s experience as a second-generation female practitioner, is framed here in comparison with the better-studied lives of the pioneering generation who graduated from Canadian and American medical schools in the 19th century. I draw on both Canadian and American historical literature regarding the experience of early women in medicine. Although medical women in each country had separate fights for equality, they enrolled in similar schools and faced some similar obstacles, such as a bias against women receiving higher education. (3)

The struggles of the first women to enter the medical profession in North America have been well documented in works including Veronica Strong-Boag’s article in A Not Unreasonable Claim, Mary Kinnear’s In Subordination,...

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Explore
Elinor Miller Greenberg. From Wikipedia, the free encyclopedia. Jump to navigation Jump to search. Elinor Miller Greenberg. Born. Elinor Miller. 1932. Brooklyn, U.S. Elinor Miller Greenberg (born 1932) is a nationally known American expert in the field of adult education and experiential learning, as well as a speech pathologist, author, and lecturer. A former civil rights activist, she sees access to education as a social justice issue, and has spent over thirty years creating higher education programs for non-traditional students. In Our Fifties: Voices of Men and Women Reinventing Their Lives. Jossey-Bass. ISBN 9781555425135. And if women doctors are more maternal, what does that mean? Do they talk more, reassure more, spend time with patients? Do any of these things make patients more satisfied and, more importantly, healthier? To answer the above: maybe, yes, yes, sometimes and it depends. If gender influences your choice of doctor--or, more likely, your chosen ob/gyn--it might say more about you than it does about your doc. According to Dr. Chen's article, studies do show that female doctors spend up to 10% more time with patients, and they may be more encouraging or reassuring. But what's really interSome women work less than men but there are men doctors who work less than some women doctors. The studies recently published ignored many variables in their conclusions and I don't think you can make any generalizations from the results. – Linda. A meta analysis published in Patient Education and Counseling found that patients spoke more to female physicians and disclosed more biomedical and psychosocial information, but also interrupted female physicians more. If we define better as the level of comfort a patient feels in communicating with a doctor, then presumably one can say that women, generally speaking, are probably better in this very specific context. Dr. Black's experience will be contextualized within that of second-generation woman physicians, or those who trained in medical school and practised medicine in the first half of the 20th century. This study contributes to literature on this little studied group of women and shows that there were ongoing barriers for medical women, even after pioneering woman doctors had gained access to the profession. Dr. Black's career is of interest due to its uncommonly successful nature. Elinor Black's fonds at the University of Manitoba, Faculty of Medicine Archives and contemporary articles from medical journals and the Winnipeg Free Press are used to investigate and analyze Dr. Black's life, education, and career, via a feminist analysis of women in medicine. Despite the barriers that many women physicians face, studies suggest that female doctors achieve patient outcomes that are as good or better on average than those of their male peers. In 2013, researchers in the Journal of the American Board of Family Medicine reported that patients of female physicians had comparable mortality rates to patients of male physicians. “There's many fewer women speakers at grand rounds at academic medical centers than there are men, and even when there is a female grand round speaker, she's more likely to be introduced by her first name rather than 'doctor,'” Dr. Anna Parks, an internal medicine chief resident at UCSF, told Healthline. “I think those kinds of things have insidious effects,” she added. What changes are needed.