

Against the Odds: Becoming a Female Physician in Midcentury Indiana

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In 1950, Elsie Meyers (née Flint) was one of seven women to graduate with her class of 98 students from Indiana University School of Medicine. This was a remarkable achievement, not only because Dr. Meyers succeeded in what was decidedly a man's world, but because of the many more particular odds that were stacked against this accomplishment.

Born northeast of Wolcottville in 1922, Meyers grew up on a farm with her parents and several siblings. From an early age, she learned the skills of survival and acquired a strong work ethic. Coming of age during the Great Depression, Meyers faced constant challenges. Her family struggled to make ends meet by raising sorghum, trapping rabbits and squirrels for meat, selling homemade butter, cream, and eggs, and, during the summer, foregoing shoes and socks. Demonstrating her dogged determination, Meyers managed to attend and excel in school despite

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Indiana University School of Medicine lecture, 1942.
Women made up fewer than 10 percent of American medical
school graduates at the time that Elsie Meyers attended IU.

Courtesy Indiana University Archives

being burdened with numerous household demands. As the Depression gave way to World War II, life gradually improved for the Flint family; they finally purchased an automobile and acquired electricity and plumbing for their home.

In the following excerpt from her self-published memoir, we meet Meyers in spring 1940, after she has graduated from high school and as she is embarking on the circuitous path that would take her to college in Bloomington and medical school in Indianapolis. Like many people who are called to a particular vocation, Meyers was drawn to medicine at an early age. As a child, she writes, she was deeply affected by witnessing the birth of her baby sister. Yet given expectations for women at the time, Meyers initially set her sights on becoming a nursing instructor. During a brief stay at the local hospital, however, disappointment at the limited range of tasks assigned to nurses disabused her of this plan. From that point on, Meyers harbored a burning desire to go to medical school. Determined to achieve her goal, Meyers charted an independent course that required guts, self-confidence, and an ability to endure much loneliness and personal hardship.

This memoir excerpt allows us to follow Meyers on the rocky journey that ultimately led her to become part of the small minority of female physicians who graduated from American medical schools in the mid-twentieth century. In Indiana her matriculation was even more notable; while women comprised 10 percent of the nation's medical school graduates in 1950, they accounted for only 5 percent in Indiana.¹ Furthermore, as she explains, 8 of the 15 women in her incoming class eventually dropped out (compared to 22 of the 105 male students). Like the pioneering female medical students who had preceded her, Meyers frequently found that she was held to a higher standard than her male peers, and was more readily and harshly grilled in class.² Yet Meyers consistently rose to the challenge, bolstered along the way by supportive male and female colleagues as well as by the smattering of male professors who appreciated her intelligence and no-nonsense approach.

Perhaps even more difficult than the demands of medical school were the years leading up to it, when Meyers worked to save money for college and became a green undergraduate on the Bloomington campus. As she describes in this excerpt, Meyers saved up for college by taking the unglamorous position of office girl with two physicians in private practice in northeastern Indiana. Although she learned an enormous amount on the job, slowly becoming more of a physician's assistant than secretary, Meyers endured a variety of unsettling and humiliating experiences. She regularly improvised—with little or no supervision—during visits to patients living in remote rural areas, including Amish families. In many cases, she was called to assist with what we would today term “high-risk” deliveries, and had to work with families living in dilapidated homes with scant essential supplies (for example, to sterilize medical equipment) to try to ensure the healthy delivery of a baby in a compound or breech position.

From today's vantage, we can situate Meyers's experiences in a waning era, as the hospital and not the home became the predominant place for delivery. This important shift had begun as early as the late-

¹American Medical Association, *Women in Medicine in America: In the Mainstream* (Chicago, 1991), 3.

²On women in medicine and medical education in America see Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (New York, 1985); and Ellen S. More, *Restoring the Balance: Women Physicians and the Profession of Medicine, 1850-1955* (Cambridge, Mass., 1999).

nineteenth century among middle-class and urban women, but it was only in the 1940s that a majority of rural women began to deliver in hospitals. Rural hospital delivery rates only equaled those of urban women in the 1970s, when they both approached 100 percent.³ Indiana's slower pace of urbanization (45 percent of Hoosiers were still rural dwellers in 1940) meant that this transition occurred later in Indiana than it did in many other states.⁴

If Meyers learned some clinical lessons from these rural house calls, she likely carried only emotional scars from one of the most dramatic episodes of her three-year contract at the private medical practice in LaGrange. One day one of the physicians, who up until that point had often hugged her inappropriately, raped Meyers. Like other women during a time in which the sexual availability of female subordinates in white- and blue-collar jobs was assumed by many male superiors to be an unquestioned right, Meyers had no recourse, either to leave her position or to mount a legal or public challenge.⁵ Reflecting the times and her determination to complete her contract and continue on to medical school, Meyers not only endured more sexual humiliation at the hands of her employer but kept this violation secret for many years.

After finishing her stint as a medical assistant, Meyers was understandably eager to begin her pre-medical and undergraduate coursework at Bloomington. She was acutely aware of the fact that she was an anomaly: a young, rural white woman from an economically disadvantaged background, arriving at the state's flagship university with a substandard middle and high school education. She faced difficulties on many sides. Her family and neighbors believed she was crazy to think she could become a physician, and they offered little support or enthusiasm. If this skepticism made Meyers more determined, her lack of math and science expertise, as well as the instillation of a black-and-white worldview in

³On the history of childbirth and urban versus rural delivery patterns see Richard W. Wertz and Dorothy C. Wertz, *Lying-In: A History of Childbirth in America* (New Haven, Conn., 1977); and Judith Walzer Leavitt, *Brought to Bed: Child-bearing in America, 1750-1950* (New York, 1986).

⁴James H. Madison, *Indiana through Tradition and Change: A History of the Hoosier State and its People, 1920-1945* (Indianapolis, 1982), 20-21.

⁵On gender norms and sexual violence during this period (and how they helped to catalyze the 1960s women's movement) see Ruth Rosen, *The World Split Open: How the Modern Women's Movement Changed America*, rev. ed. (New York, 2006).



Meyers (at right) and a friend as freshman medical students, 1947. As a young, rural woman from an economically and educationally disadvantaged background, Meyers bucked the odds in midcentury Indiana.

Courtesy of Dr. Elsie Meyers

her early schooling, made the nuances of topics such as chemistry and physics initially impenetrable.

Over time, however, Meyers shined. She studied sedulously and lived frugally, taking factory jobs over the summer in order to continue to amass her savings. By the time she applied to medical school in 1947, Meyers had mastered many medical and scientific topics and earned the respect of her professors. She clearly impressed the faculty during her interview at the Indiana University School of Medicine, which, because of in-state tuition, was her only option. That she was accepted during a period when universities were committed to enrolling as many returning veterans as possible, most of them subsidized by the G.I. Bill, further testifies to her superb undergraduate record and emerging professional poise.

Meyers's story of becoming a female physician against the odds in midcentury Indiana is as moving on an emotional level as it is historical-

ly instructive. Her memoir opens a window onto life in rural northern Indiana in the 1940s as well as onto the tribulations of future female physicians during an era in which institutional sexism in higher education was still very much the norm. Ultimately this excerpt captures a decade in the life of a forthright and exceptionally intelligent woman who, despite declarations that she would happily become an “old maid doctor,” eventually married, became the mother of three children, and pursued a successful career as an anesthesiologist in St. Louis, Missouri, where she lives today.

