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Photographic Memory:

Revising the History of Women Physicians at Massachusetts Eye and Ear

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The story goes like this: In 1921, Dr. Maud Carvill became the first woman to hold a surgical appointment at the Massachusetts Charitable Eye and Ear Infirmary (known today as Mass Eye and Ear, or MEE). She was followed by otolaryngologists Dr. Isabel Kerr in 1922 and Dr. Margaret Noyes Kleinert in 1931. In 1937, Dr. Elizabeth DeBlois joined the ophthalmology department, where she would build a 33-year career in surgery and have an operating room dedicated in her name. None of these women ever rose beyond the rank of assistant surgeon. It took until 1968 for MEE to take on its first woman resident, Dr. Deborah Pavan-Langston, and until 1979 for Dr. Elaine Carroll to train as the first woman otolaryngology resident. In 1984, when Charles P. Snyder wrote his history of the hospital, those were all the women there had been.¹

Tell a story enough times and you create a fact. Before 1921, there were allegedly no women physicians employed by MEE. Dr. Carvill's place as first woman doctor has long since become part of the hospital's mythology, as true as anything else we know about its early days.

But in a 1911 photograph, Dr. Kerr and Dr. Kleinert gaze toward camera, dressed in surgeons' gowns. The back of the photograph declares "Staff."

A Grant Against Silence

In the spring of 2021, MEE's Abraham Pollen Archives was awarded a spot in the inaugural cohort of Harvard Library's [Advancing Open Knowledge Grants Program](#), which seeks to “advance open knowledge and foster innovation to further diversity, inclusion, belonging and anti-racism.”² The program was designed to support short-term projects, or projects that could be completed in approximately six-month phases, with funding of up to \$10,000. Our proposal, “Uncovering the Diverse History of Massachusetts Eye and Ear,” was designed with the goal of amplifying the voices of women physicians and physicians of color in the history of the hospital. The grant would help us take major strides toward better visibility for our collections, which were never before searchable online, by providing us with access to collection discovery and management resources: Alma, Harvard Library's library services platform, and the archival information management application ArchivesSpace. The bulk of the work would consist of a deep dive into our records and beyond to identify not only firsts in their fields but women and physicians of color who had made significant contributions to MEE's legacy and the wider medical field.

At the intersection of medicine and the archives, the silences compound each other.

Systemic misogyny and racism are inextricable from the history of medicine, from practices and norms that actively prevented or discouraged women and people of color from gaining entry to the field based on false notions of biologic determinism to a legacy of unethical experimentation on vulnerable populations.³ Women in particular—the focus of this article—still “receive subtle and not-so-subtle hints that medicine is inherently masculine and thus they may be less suited for it” ; while “women now enter the medical profession in equal numbers to men [...] gender parity at matriculation has not resulted in social equality, with further underrepresentation of women of color” due to “norms that limit pay and opportunities.”⁴ Because clinicians from traditionally underrepresented backgrounds face barriers to achieving leadership positions or wider recognition for their work, they also risk disappearing from the historical record. In hindsight, it is difficult to tell if a lack of women and people of color in our records is because they were not there or because they were simply not documented. The effect of absence reverberates across time, as “the social impact of archives in particular manifests itself in issues surrounding the development of personal and community identity, the preservation of culture, broadening understandings of history and the positive representation of communities.”⁵

The very presence of marginalized voices in the archival record hinges on issues of power and who wields it. Traditional archives, established with the intent to document institutions

and people of influence, are in fact what Rodney G.S. Carter refers to as “spaces of power,” not neutral repositories for the traces of human activity. Archives influence society, collective memory, and identity through their unique ability to give shape to the historical record, to include as well as to exclude, to enshrine or confine to the ephemeral.⁶ What we document and what we don’t is meaningful in itself. With the support of the Advancing Knowledge Grant, our goal was to identify and fill gaps in MEE’s historical record, creating a clearer picture of our past.

The Photograph

The one thing I thought we knew for sure as we began our grant project was the order in which MEE’s first women joined our staff. I entered their names into a spreadsheet for later while I dedicated whole days of research to finding documentation around physicians of color in ophthalmology and otolaryngology, searching for any trace of a connection to the hospital. It was almost by mistake that I found a folder labeled “Women in Infirmary History” tucked away in a filing cabinet at the back of the archival supply closet, a room we open a few times a year at best for extra housing materials. As I rummaged through miniature boxes, a faint instinct compelled me to—*while I’m here*—take a closer look at what was in that cabinet.

The folder contained the materials for a 1993 “Celebration of Women in Infirmary History,” complete with a pamphlet of historical sketches of women administrators, nurses, physicians, and researchers. Serendipity is one of our repository’s strong suits, our stacks a mix of neatly arranged Hollinger boxes and medical instruments squirreled into nooks and crannies, archives as adventure. Flipping through the packet, I noticed two names grouped together: Dr. Isabel D. Kerr and Dr. Margaret Noyes Kleinert. Then-archivist Judy Weinland wrote: “Both women are pictured in a 1911 Infirmary photograph as members of the aural surgical staff, leading us to conclude they served the Infirmary in some capacity much earlier than our records document.”⁷



Figure 1. Massachusetts Eye and Ear Infirmary ENT surgical staff, January, 1911. Dr. Margaret Noyes Kleinert stands third from right, next to Dr. Isabel D. Kerr. The woman standing third from left is a nurse, as indicated by her uniform.

It was true: in a small, blue-grey toned photograph, “Surgery staff” was written clear as day in pencil on the back; MEE’s two earliest women ear, nose, and throat surgeons stand with 10 men and a nurse (see fig. 1, above).⁸ Behind the group is a chalkboard where each physician has scrawled their name, and Kerr and Kleinert have signed at the top right. Here these two women were, working on MEE’s surgical staff a full decade before Dr. Carvill would be dubbed MEE’s first woman surgeon. I couldn’t stop thinking about the words “in some capacity”—whatever the capacity, it appeared that this one “first” is no longer so simple. In front of us was an irresistible opportunity to reevaluate the facts we had taken for granted about our history.

Dr. Isabel D. Kerr: A Life in Medicine

Everyone was sick except for Isabel Kerr, or at least it seemed that way. Growing up in a “malarial district” in Cambridge, Massachusetts, she became fascinated with the question

of why some people got sick while others stayed well. Kerr dreamed of becoming a nurse, but with her father's encouragement she changed paths to become a doctor, a career few women were pursuing in the late 1800s.

"I said I'd never heard of a woman in medicine," she told Dr. Margaret Kleinert in a 1955 oral history interview the two conducted at Kleinert's home on Beacon Street. "I'd never seen one; I didn't know. And [my father] said, 'Well, we'll find out about it.'"⁹

Kerr enrolled in Tufts University School of Medicine and graduated with her MD in 1903. After receiving her medical degree, she worked as a surgeon in clinics around the Boston area, including the Boston Dispensary and the New England Hospital for Women and Children. In 1922, Kerr became the first woman physician hired to the Otolaryngology Department at MEE and the Massachusetts General Hospital Throat Department, where she accepted a position working as an assistant surgeon. In the same interview, Kerr confided that "a note accompanied my appointment, saying no further promotion could be expected, as the trustees of the hospital would not grant it to a woman." She retired from her position at MEE in 1934.

Kerr's personal interest in ancient Greece led her to study sculpture and plaster casting, which she used to create before-and-after casts of broken noses to demonstrate the effects of surgery. She was also interested in throat problems caused by poor singing and speaking technique and dedicated part of her career to researching these issues.¹⁰ Kerr died in 1960, at the age of 78.

The Search

Photograph in hand, my colleagues and I began scouring our collections for any information that would clarify what Drs. Kerr and Kleinert were doing at MEE more than a decade before either's presence had been documented in writing, but it wasn't long before we realized we had gone as far as our records were likely to take us. Kerr and Kleinert were absent from our 1911 annual report and every report around it until their respective start dates.¹¹ We checked vertical files and subject files for more photographs—any photographs—of either doctor with no luck. Human Resources wouldn't have employment records from the early 1900s, and checking patient logs was unlikely to provide much insight into the nuances of the physicians' employment status. Complicating matters, in 1911 the hospital did not yet have a formal laryngology department to trace.¹²

Fortunately, although Snyder's history had failed to mention the earlier presence of Kerr and Kleinert, it held an important lead for our research. Having met Kleinert, he describes

her as a “warm and gracious person” who focused much of her later career on “gathering material for a history of women in medicine in Massachusetts.” That research, “a real treasure,” had made its way to Harvard University’s Schlesinger Library.¹³

To call the Margaret Noyes Kleinert papers and her oral histories a treasure is an understatement. Kleinert surely fulfilled her mission to recognize the accomplishments of her women colleagues, gathering as many traces of their existence as she could. And along with this dedication came a clear understanding of her position as a pioneer in her own right. The folders are packed with newspaper clippings, personal statements, and correspondence on her professional activities. These papers helped us begin to pin down a career trajectory, a journey from Massachusetts to Pennsylvania and back again, where Kleinert would carve out a place for herself as an expert in otolaryngology. Paging through these traces of her life, the yearning for women’s stories to be remembered and retold is palpable.

Dr. Margaret Noyes Kleinert: Treating Patients, Documenting Doctors

Margaret Noyes Kleinert was born in Lowell, Massachusetts, in 1879. A lover of horseback riding, she first became interested in the medical profession watching a woman physician driving her buggy. She attended the Women’s Medical College of Pennsylvania (WMC), where she received her MD in 1903. Following her graduation, Noyes completed an internship at the New England Hospital for Women and Children (known simply as the New England Hospital) before returning to WMC for additional training and to serve as an assistant demonstrator in anatomy. By this time, she had settled on otolaryngology as her specialty, and she devoted her studies to the head. In 1905, Noyes traveled back to Massachusetts to work as a surgeon at the New England. During her early years in Boston, she built a private practice and, in 1916, became Dr. Kleinert upon marrying civil engineer Albert E. Kleinert. The couple went on to have one daughter, Margaret.¹⁴

In 1930, Dr. Kleinert was hired as an assistant surgeon at MEE in the Otolaryngology Department, the second woman physician hired by the department and only the third woman physician hired to the hospital’s clinical staff. She resigned from her position at MEE in 1937, but this was far from the end of her medical career. She held the position of chief of service in otolaryngology at the New England from 1910 to 1948 and she was instrumental in establishing the New England’s first residency in 1936. Always busy, she maintained her private practice, treated patients at the Boston Dispensary each morning

(primarily performing tonsillectomies and adenectomies), and served as a consultant at the children's organization Home for Little Wanderers. Kleinert died in 1971.

Dr. Kleinert's legacy consists not only of her own career as a pioneer and prolific author in the field of otolaryngology but her dedicated efforts to document the lives and achievements of other early women in medicine. As historian for the New England branch of the American Medical Women's Association, she recorded a series of oral history interviews with fellow influential women physicians, in addition to collecting newspaper clippings and other records related to the subject.¹⁵ These materials can still be accessed today at Schlesinger Library.

Separate and Together

Throughout our research, one name kept coming up: the New England Hospital for Women and Children. Established in 1862 by Dr. Marie Zakrzewska, one of America's earliest women physicians, the New England Hospital was founded as a training ground for women in medicine at a time when they were explicitly excluded from many of the educational opportunities open to men. It also furnished women patients with a space to be treated by fellow women. This was not seen as a misfortune. In her history of the establishment, Virginia G. Drachman writes that "the New England Hospital was both unique and typical" in its status as an all-women's institution, "this 'female institution-building' of the late nineteenth century... a consequence of the changing status of women in antebellum America."¹⁶ In the throes of industrialization, women and men increasingly occupied separate spheres, with women forging their identities in private, domestic spaces. Separatism as a fact of modern life "became the springboard from which nineteenth-century women sought to change their lives," with separate institutions playing a key role in allowing women to develop themselves in parallel to men. Separatism, not integration, was a fundamental part of a feminist life.¹⁷

Reflecting on the present state of our work, the 1911 photograph of Drs. Kerr and Kleinert is a fascinating piece of MEE's history not only because of how it troubles our understanding of the nature of "firsts" but its representation of a turning point in women physicians' attitude toward separatism. By the late 1800s, tides were turning toward integration at multiple levels of the medical profession, including more opportunities for co-education and entrance into medical societies previously reserved for men.¹⁸ Kerr and Kleinert may have graduated in the same year—1903—but they received vastly different medical educations in the sense that Kerr attended co-educational Tufts University School of Medicine while Kleinert earned her degree from the Woman's Medical College of Pennsylvania. Nonetheless, Drachman includes Kleinert among the younger generation of

women doctors who ultimately benefitted from turning away from women-only institutions in favor of integrated ones, as evidenced by her thriving personal practice and status as a visiting surgeon by 1910.¹⁹

Practicing in the early days of the 20th century, perhaps both surgeons were seeking something new and something more than the women who came before them, a chance to practice beside men in their own operating rooms and thus to achieve a sliver of the same recognition and opportunity. But neither woman, despite reputations as leading physicians in otolaryngology, was ever promoted beyond assistant surgeon at MEE. It is impossible to say whether, like Kerr, Kleinert's file contained a note about MEE limiting her potential for promotion; the records seem to have been lost over time. Other than this photograph (fig. 2),²⁰ few records of either physician exist in the Abraham Pollen Archives today.



Figure 2. Massachusetts Eye and Ear Infirmary Laryngology surgical staff, May 1909. Standing second from right is Dr. Katharine H. Law. Although she was never recorded in official records as an employee, this photograph places her as the earliest known example of a woman serving as a physician at the hospital.

Although I have focused here on Kerr and Kleinert, our reevaluation of the history of women physicians at MEE did not end with them. In the same folder as the 1911 photograph of the two surgeons was another dated 1909 that showed a single woman dressed in a surgical gown, labeled on the back as laryngology surgical staff. For this

photograph, we did not have a former archivist's insight to point us toward the physician's identity, and for months she was unknown to us as we attempted to determine which name on the chalkboard belonged to her. Even if we learned her name, we knew there was a chance that little documentation of her life would have survived. We were thrilled when, during the process of writing this article, archives researcher Sheila Collins announced that she'd identified the surgeon as Dr. Katharine H. Law. We learned that not only did Law have connections to the New England Hospital for Women and Children,²¹ she was an influential figure in public health and the fight against the 1918 influenza epidemic in her home state of Pennsylvania, where she had returned sometime in the same year as she is pictured on our surgical staff.²² At least for now, she is the earliest-known example of a woman physician employed by MEE.

Through our Advancing Open Knowledge Grant project, we have felt the profound impact of questioning the mythologies we build around our institutions and their history, and we look forward to sharing this process more widely in 2022 thanks to a second round of funding.²³ There are many aspects of our past that we can never know for sure, filtered as they are through time and systems of power. Women surgeons had a longer history at MEE than we had known, but the knowledge was obscured over time by systemic barriers to integration in medicine and consequently buried by archival silences. While Dr. Maud Carvill still holds her place as the first woman surgeon formally hired to MEE's staff, we know now that the story of our first women is perhaps infinitely layered. Who came first matters less than the fact that they were here, and now we can remember.

Notes

I would like to thank Harvard Library for making "Uncovering the Diverse History of Massachusetts Eye and Ear" possible through the Advancing Open Knowledge Grants Program. I would also like to thank Louise Collins and Sheila Collins for their tireless support—research and otherwise.

¹ Charles P. Snyder, *Massachusetts Eye and Ear Infirmary: Studies on its History* (Boston: The Infirmary, 1984).

² "Advancing Open Knowledge Grants," Harvard Library, The President and Fellows of Harvard College. <https://staff.library.harvard.edu/advancing-open-knowledge-grants>.

³ Lawson Ung, Aalok V. Agarwala, and James Chodosh, "Achieving Racial Equity within Medical Institutions: An Appeal for Action," *Mayo Clinic Proceedings* 96, no. 6 (June 2021): 1659, 1662. <https://doi.org/10.1016/j.mayocp.2021.02.031>.

⁴ Anita Raj, Tina Kumra, Gary L. Darmstadt, and Karen M. Freund, "Achieving Gender and Social Equality," *Academic Medicine* 94, no. 11 (November 2019): 1658–64. <https://doi.org/10.1097/acm.0000000000002877>.

⁵ Michelle Caswell, Alda Allina Migoni, Noah Geraci, and Marika Cifor, "'To Be Able to Imagine Otherwise': Community Archives and the Importance of Representation," *Archives and Records* 38, no. 1 (January 2016): 5.

⁶ Rodney G.S. Carter, "Of Things Said and Unsaid: Power, Archival Silences, and Power in Silence," *Archivaria* 61 (September, 2006): 215–33.

⁷ Judy Weinland, "Celebration of Women in Infirmary History," 1993, Abraham Pollen Archives, Massachusetts Eye and Ear, Boston, MA.

⁸ Photograph of 1911 ENT Surgical Staff, January 1911. Photographs, 1899-1989, Box 4, Folder 100. Abraham Pollen Archives, Massachusetts Eye and Ear, Boston, MA.

⁹ Interview with Dr. Isabel Kerr, January 3, 1955. Margaret Noyes Kleinert Oral History Collection 1954–1955 (A/K64), Folder 2, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA.

<http://id.lib.harvard.edu/alma/990077726490203941/catalog>. Hereafter cited as Kleinert Oral History Collection.

¹⁰ Kleinert Oral History Collection.

¹¹ Massachusetts Charitable Eye and Ear Infirmary, *Eighty-Sixth Annual Report of the Massachusetts Charitable Eye and Ear Infirmary for the Year 1911*, Boston: Press of Geo H. Ellis Co., 1912.

¹² See chapter 10 of Snyder, *Massachusetts Eye and Ear Infirmary*, for a perspective on the establishment of laryngology as a specialty at MEE, as well as the history of otology and laryngology in Boston.

¹³ Snyder, *Massachusetts Eye and Ear Infirmary*, 137.

¹⁴ Papers of Margaret Noyes Kleinert, 1849–1969, A-121, Folder 1, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, MA. <http://id.lib.harvard.edu/alma/990006050160203941/catalog>.

¹⁵ "Medical Women of the Year," *Journal of the American Medical Women's Association* 14, no. 12 (December 1959): 1105.

¹⁶ Virginia G. Drachman, *Hospital with a Heart: Women Doctors and the Paradox of Separatism at the New England Hospital, 1862–1969* (Ithaca: Cornell University Press, 1984), 45.

¹⁷ Drachman, *Hospital with a Heart*, 46–47.

¹⁸ Drachman, *Hospital with a Heart*, 103–109.

¹⁹ Drachman, *Hospital with a Heart*, 173.

²⁰ Photograph of 1909 Laryngology Surgical Staff, May 29, 1909. Massachusetts Eye and Ear, Photographs, 1899-1989 (Box 4, Folder 100). Abraham Pollen Archives, Massachusetts Eye and Ear, Boston, MA.

²¹ "Dr. Katharine Wright Services on Monday." *Erie Times-News*, October 2, 1966.

²² Thomas Falasca, "Erie County Medicine History." Erie County Medical Society. <https://www.eriecountymedicalsociety.org/erie-county-medical-society-history>.

²³ Harvard Library, "2022 Advancing Open Knowledge Grant Recipients." March 1, 2022, <https://staff.library.harvard.edu/blog/advancing-open-knowledge-grant-recipients-cohort-2>.