

An Illness in the Family: Dr. Maude Abbott and Her Sister, Alice Abbott

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Abstract. This paper explores Maude Abbott's internationally significant career in medicine and her parallel commitment to caring for her sister, Alice Abbott. An examination of Abbott's life reveals the difficulties faced by an ambitious Canadian woman in medicine from the 1890s to the 1920s; difficulties compounded by caring for a sister with a mental illness. The Abbott archive suggests that it was far more difficult for a woman doctor to make the kind of sharp distinction between public and private life that might be expected of professional men.

Keywords. Woman doctor, mental illness, siblings

Résumé. Cet article explore la carrière reconnue internationalement en médecine de Maude Abbott, de même que son engagement parallèle dans les soins donnés à sa soeur, Alice Abbott. Un examen de sa vie révèle les difficultés rencontrées en médecine par une ambitieuse femme canadienne de la décennie 1890 à la décennie 1920, difficultés auxquelles s'ajoutait la prise en charge d'une soeur atteinte de maladie mentale. Les archives d'Abbott suggèrent qu'il était beaucoup plus difficile de dissocier clairement vie publique et vie privée pour une femme médecin que pour un professionnel masculin.

Mots-clés. Femme médecin, maladie mentale, fratrie

"I am very much encouraged about my medical capacities," wrote Maude Abbott from Vienna on 17 November 1895, "since I have such success with Alice—for she is on the safe way to recovering now, and everyone tells me, what is true, that I have pulled her through."¹ This was no ordinary patient for the 26-year-old doctor pursuing post-graduate training in Europe. It was, in fact, her beloved elder sister, Alice Abbott, who had had a severe breakdown. Maude Abbott's years of

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European post-graduate study, described by her biographer as the happiest of her life, can be read very differently through the Abbott correspondence held in the Osler Library.² Maude Abbott's medical education and her subsequent career were shaped by her sister's mental illness. In the sisters' correspondence with their cousins, Grace and May Houghton, and in Maude Abbott's diaries, we can trace both sides of the doctor and patient story. This paper explores how a pioneering Canadian woman doctor negotiated the terrain of a private life filled with difficulty and sorrow while maintaining a commitment to excellence in her chosen career. The meticulous and detailed order Maude Abbott brought to the Pathological Museum and research on disorders of the heart at McGill University kept the pain of her sister's disorder at bay.

An examination of the adult lives of the Abbott sisters provides insight first into the role of an ambitious woman in medicine in Montreal in the late 19th and early 20th centuries, the training she sought, and the obstacles she encountered. Second, it reveals the familial responsibilities of single women and the importance of sibling relationships. Finally, it allows an assessment of the impact of mental illness on family members. The Abbott archive suggests that it was far more difficult for a woman doctor to make the same sharp distinction between public and private life which, Stephen Garton suggests, was expected of late 19th-century professional men.³

By the 1920s, because of her work on congenital heart disease, Maude Abbott was one of Canada's internationally best-known, if little rewarded, physicians. When Diego Rivera came to paint his great mural commemorating the pioneers of cardiology in the early 1940s at the Institute of Cardiology in Mexico City, Maude Abbott was the only woman doctor (and Canadian) to be included. The subject of two biographies, a number of articles, and most recently, a novel based loosely on her life, the public Maude Abbott has received due attention.⁴ What has been ignored is Maude Abbott's role as a woman doctor with a perpetual patient in her care, her beloved sister.

The barriers facing women in Canadian medicine have been outlined by Carlotta Hacker in *The Indominable Lady Doctors*. Hacker devotes an entire chapter to Maude Abbott's pioneering status in Montreal as McGill's medical school was particularly slow to admit women. She notes, with irony, that Maude received an Honorary Degree in Medicine from McGill in 1910 while the university continued to refuse women entry into the study of medicine for another eight years.⁵ Through Abbott's career, we can see many of the barriers women faced in the profession, such as the difficulties in securing clinical training and post-graduate education.⁶

However, while some of the barriers to Maude Abbott's success in medicine had the potential to be surmountable, Alice Abbott's illness

seemed increasingly unlikely to be so. Like others with mentally ill family members, Maude Abbott struggled to provide at-home-care for Alice refusing, apart from a short time, the option of institutionalization.⁷ This pattern of families' short-term use of institutions for mentally ill members during crisis situations was not uncommon.⁸ The story of the Abbott sisters, however, is distinguished by Maude Abbott's determination to pursue her medical career in spite of the familial care-giving role expected of women in the late 19th century. In contrast, male doctors were usually free to put their career aspirations ahead of familial expectations.

In "The Heart of the Matter," Margaret Gillett has written a sensitive analysis of how Maude Abbott's career "was haunted by a reservation," that of being a woman in the male medical world.⁹ Maude Abbott's caring for her troubled sister created a further reservation. Such a role was at odds with both her medical ambitions, and her medical training, which advised against physicians treating family members. The Code of Ethics of the Canadian Medical Association warned the doctor in 1868 that "the natural anxiety and solicitude which he experiences at the sickness of a wife, a child, or anyone who by the ties of consanguinity is rendered peculiarly dear to him, tend to obscure his judgment and produce timidity and irresolution in his practice."¹⁰ The 1922 Code reiterated that it was "unwise for a physician to treat members of his own family or himself."¹¹ Male physicians, who were not expected to undertake daily caring tasks, could comply with this ruling much more easily than women doctors who might be expected to adopt the role of nurse.

We can assume, however, that in the past, as today, doctors readily responded to requests from families and friends for diagnoses and treatments. Michael Bliss's biography of William Osler, for example, suggests how often he was called upon when family members were ill.¹² On 26 March 1917, Osler wrote to his Canadian friend and colleague Maude Abbott, by then a lecturer in pathology at McGill, "What a weary trouble your sister's long illness must be."¹³ That illness continued until Alice's death in 1934.

BACKGROUND

Loss and illness, and the question of care for family members, were themes woven throughout Alice and Maude Abbott's lives. Alice was born on 23 July 1867, the first child of the Reverend Jeremiah Babin and Frances Elizabeth Seymour Abbott. The family history of the Abbott sisters was marked by tragedy which unfolded when their father was accused of murdering his severely disabled sister. After a dramatic trial, Babin was found not guilty, but the taint of scandal was not easily washed away.¹⁴ Maude was born on 18 March 1869 and her mother died of tuberculosis about seven months later. Babin soon abandoned his

young daughters to the care of their maternal grandmother who adopted the girls, made a happy home for them, and had their names changed to Abbott through an act of Parliament.¹⁵

From a comfortably off family, Maude Abbott was able to pursue her goal of receiving a high school education, which resulted in a scholarship to study at McGill University. The younger sister, it seems, outshone her elder sibling in academic pursuits, or at least her will to pursue them. Maude thrived in the academic environment at McGill where she embarked on study in 1886. Two years later, Alice had an initial breakdown later described as "Hystero Epilepsy" with convulsions.¹⁶ While Alice's illness forced Maude to drop her third year Classics course, she still did brilliantly, graduating with the Lord Stanley gold medal.

Maude Abbott wished to pursue medicine at McGill but her academic successes were not sufficient for the Medical Faculty to overturn its position on training women and she was denied entry. The first Canadian woman to qualify in medicine, Emily Stowe, had to leave the country and train in New York. She graduated in 1867. In 1883 at the Toronto School of Medicine, Stowe's daughter, Augusta, was the first woman to qualify in Canada. Octavia Ritchie, the first woman to give a valedictory speech at McGill in 1888, called unsuccessfully for women to be admitted to the Medical Faculty. Maude Abbott's campaign for entry was well supported by leading men and women in Montreal but to no avail.¹⁷ Her family ties kept her in Montreal; she did not emulate Octavia Ritchie's move to Queen's University. Bishop's College, wishing to upstage McGill, offered to admit Abbott and she accepted the College's offer. At Bishop's College, Maude won the Senior Anatomy prize and the Chancellor's Prize for the best examination in the final branches of medicine in 1894. Like many ambitious medical women and men of her generation, Maude Abbott sought further training in centres of medical excellence in Europe.¹⁸

TRAVELS ABROAD

In July 1894, Maude and her sister Alice boarded a ship bound for England.¹⁹ The company of her older sister, Alice, made Maude's quest for education in foreign cities much less lonely than it might have been. Two years older than the 24-year-old Maude, Alice was a less driven and clearly more fragile individual. She did not have a university education but she was a promising pianist and was to study music in Europe. Once a companion to their beloved grandmother, Alice now became Maude's companion. Alice's companionship protected Maude from homesickness and obviated the need for a chaperone. Alice gloried in Maude's successes and shared her anxieties about her medical studies. In turn, Maude worried about Alice's progress in music and her loneli-

ness and isolation in the foreign cities they visited where Maude was busy with her medical studies.

In London, Maude took the opportunity to visit the London School of Medicine for Women, founded by Sophia Jex-Blake in 1874. Elizabeth Garrett, the first woman to win a medical degree in Paris, and Elizabeth Blackwell, the first American woman medical graduate, both supported the school that became a Mecca for British women seeking medical training.²⁰ Maude had been furnished with a letter of introduction to the British founder of neurosurgery, Victor Horsley, a remarkable surgeon and advocate of many causes, including women's suffrage. Maude found that with the facilities offered by the London School and through the opportunities provided by Victor Horsley, "I had all the medical sight seeing I could carry."²¹

Soon Maude and Alice crossed the English Channel and headed to Heidelberg, Germany where they awaited a reply from the University of Leipzig, where Maude hoped to study. Imperial Germany and Austria were exceedingly conservative regarding women's education, banning women from medical study from the 1870s to the late 1890s. Prominent German professors argued that women had smaller brains than men, that they were too delicate for medical practice, and that if women studied they would sacrifice their femininity.²² In Heidelberg, a few women were able to audit lectures but not to matriculate. Maude found, however, that the letter of introduction provided by Victor Horsley enabled her to observe private operations performed by the outstanding surgeon, Vincenz Czerny.

Switzerland was the next destination for the Abbott sisters. Zurich led the world in opening its universities to women. In 1867, the Russian Nadezhda Suslova had successfully requested permission to sit the examinations for the medical degree. News quickly spread and two Englishwomen, Frances Elizabeth Morgan and Louisa Atkins, followed in Suslova's path, and soon American women arrived to take advantage of the unique opportunity Zurich offered.²³ From Zurich in November 1894 Maude wrote: "for the 3rd time behold me matriculated as a student of a new Alma Mater."²⁴ The city also brought the delightful company of old friends: "the Miss McFees of Montreal are here we see a good deal of them." Anna McFee graduated in Medicine from Trinity, Toronto, while Donalda McFee was a member of the first class of women admitted to McGill, taking her BA two years ahead of Maude. A brilliant student, Donalda McFee became the first McGill woman to earn a PhD, graduating *cum laude* from the University of Zurich in 1895. The success of other McGill graduates no doubt spurred Maude in her own educational endeavours.

In Zurich the sisters hoped "to become quite familiar with German, and to get off some of [Maude's] minor work as Eye, Ears & Throat work

etc before going to Vienna or Berlin where the courses are much more expensive & not any better." Maude wrote that she:

did not go direct to Berlin because the information I got in London was very doubtful as to the possibility of women working there & I thought it better to come first to the place where I knew I could get work without any difficulty, and where I could make enquiries at my leisure. Zurich is not a very large city but the medical part of the university is very good indeed, and I am very much pleased with the advantages I am getting.' ... I am enjoying my work so much—more than I have done since I left McGill. The teaching is so thorough & the material so good. It makes one thirst to turn into a typical German student & dig away at the mine of knowledge forever.²⁵

In addition to her studies, Maude took a temporary position as an "under assistant in the Women's hospital," no doubt to supplement the sisters' limited income.²⁶ This involved night shifts and Alice recorded her dependence on Maude, writing how when she left for the evening, "the door closes on my doctor and she does not return for hours while I sleep with one eye open under my feather bed."²⁷ Alice was increasingly thrown on her own meager resources as Maude's medical work and education became all-absorbing.

At first both sisters were very busy "with music and medicine" in Zurich.²⁸ Alice acted as a willing patient when Maude wished to practice her new skills. Maude, wrote Alice, "has a little instrument for examining the eye too & one for the throat which she practices on me. She punches me about and finds out where the different organs are when I will allow her."²⁹ But gradually Maude's work and study commitments took her away from Alice and she noted that although they were cozy in their rooms, "The only trouble is I have to be out nearly the whole time; but I am enjoying my work so much."³⁰ By December, Alice was desperately lonely and homesick. She expressed her desire to be back among her beloved cousins in Canada, "I wish we were there too. Maude says I am a silly—and only blue but I think I am not quite such a goose as I seem to her. Maude has that way of acting as a tonic to my nerves ... We jog along very well together—for you know she is a very festive and long suffering old Doctor."³¹ By January, however, Alice had become very discouraged about her music. She reported her music teacher found her playing "like a sketch—some parts of which are very well done but in which there are glaring faults—the finely finished bits fade into the background when held at a little distance and the false values stand out."³² She was determined to remedy her deficiencies, but she was lonely.

In March, the sisters moved to Vienna and Alice found it difficult to leave the friends they had made in Zurich.³³ By mid-March Alice appeared to be unraveling a little:

I burnt a towel belonging to the old Fraulein—by hanging it to dry on the white porcelain stove—and broke a pane of glass in the shop—do you want to know what I do all day—I am alone. I practice—write—read—and go out and see the sights alone as Maude is in the Hospital all day—You must not think I am lonely—not at all—that would be a silly [thing?] when in a beautiful metropolis studying music under a good master and having many advantages other girls are sighing for. I have tea at four—and Abendessen at 7—But between you and me and the Atlantic ocean Grace [Houghton] it grows a little monotonous at times—You know what it is like.³⁴

By mid-April, Maude reported “Alice and I watch each other with such critical eyes, that there is not much danger of either of us running down unawares.”³⁵

By early June Maude, who packed in as much learning as possible, was exhausted and in need of a holiday. The sisters had been invited to go on holiday with the Hungarian von Possaner family whom they had met through Maude’s introduction to a fellow doctor, Gabriele von Possaner. Gabriele von Possaner had studied at Geneva and Zurich, graduating in Medicine in 1894. Maude described her to her cousins:

Dr v Possauer is a very unusual character. She is most intensely womanly, with very strong convictions, and has thrown the whole weight of her rank and personality against what she considers a great injustice [not being allowed to practice in Vienna]. She is the first woman in Vienna who has taken this stand although I believe she has many sympathizers. Her petition to be allowed to practice here has been before the Ministry now and is creating a good deal of excitement. She is so nice.³⁶

It took “One Emperor, two Home Secretaries, three Secretaries of Culture and Education, four Rectors of the University of Vienna and four Deans of the Faculty of Medicine” to decide that Gabriele von Possaner had to repeat all the principal exams in Vienna in order to practice. Twenty-one examinations and nine months later her qualifications were recognized. She then began her own practice and became “a member of the so-called ‘Arztekammer,’ the professional organization of medical doctors.”³⁷

Despite the fact that it was Maude who began the friendship, it was “giddy” Alice who really enjoyed the von Possaner family of five daughters, who shared her passion for music. The Abbott sisters found a place to holiday on the Austrian lake Traunsee, near the von Possaner family. Alice, “the belle of Traunkirchen” was full of energy. On holiday it was Maude who was suffering homesickness. Away from her all-absorbing medical work, Maude found the company tiring and longed to return to Canada and was making plans with that in view. Maude was happy to leave Alice in the company of the von Possaners when she returned to Vienna at the beginning of September.³⁸

Alice Abbott felt her separation from Maude keenly. "Your card says you are well and do not need me—nevertheless I should like to go to you" she wrote to Maude in mid September.³⁹ Alice depended on her sister's companionship for her sense of self. She wondered how Maude liked being without her and worried about her health: "I am so well if I were only certain that you were all right. Remember your winter work depends on your not getting run down again let me know at once if you need me."⁴⁰ Here the letters stop and the reason, it seems, is that Maude was not all right.

ALICE'S BREAKDOWN

On her return to Vienna, Maude Abbott became seriously ill with diphtheria and was hospitalized. The fear of losing her one family member, exacerbated by being far from home, precipitated Alice's breakdown. She became "melancholic with morbid anxiety" and two weeks after the onset of illness had 11 convulsions within 24 hours. She then began refusing food, slept little, and had delusions "mixed up with being away from home." Maude cared for her and was forever grateful for the assistance Bertram Welton Sippy, a fellow student in Vienna, and the von Posaner family.⁴¹ By mid-November, Maude was sure that Alice would be an invalid all winter:

Of course I avoid all responsibility as far as possible and see Wagner[?] whenever any new symptom arises, but still with the bad [nurses?] and foreign ideas I needed everything I knew myself. She is ever so much better now. Has been up for about three hours a day for the last three days, and takes plenty of nourishment. Everyone says her improvement is perfectly marvelous. She has been talking so much of her dear [cousin the] last two days, and asked me to take her home to Canada.⁴²

Maude was hopeful that their "troubles" were passing but it was not to be. They had planned to be back in Quebec by May 1896. By March of that year Maude noted that Alice was "subject to severe relapses." Alice had become excited, restless, uncleanly in her habits, and sometimes aggressive.⁴³ Alice's illness prevented their return to Canada and limited Maude's ability to study.

TRAVEL WAS OUT OF THE QUESTION

I have to be extremely careful in every direction. The slightest fatigue, or disturbance of digestion, or especially any excitement will throw her back dreadfully. Until she becomes convalescent i.e. is more of a chronic invalid, I could not attempt a journey of any length—Even if I did it by such easy stages as not to fatigue her (if that be possible) excitement would be unavoidable and it would be very dangerous indeed. The complete change of scene alone cannot

be made until she is better than she is now. Under these circumstances you see we are [joined?] to Vienna until she is much better than she is now.⁴⁴

Maude was paying a nurse to come for five hours a day so she could continue her studies. When her cousin May Houghton suggested that Maude might leave Alice with her in Paris, Maude responded “when Alice gets well again, I will never leave her for any time, until she is on her native soil again. It is an awful experience that we are having and when it is over, I will have taken some lessons out of it to heart.”⁴⁵

In July and August of 1896, Maude became optimistic as Alice improved, was able to play the piano a little, do some fancy work, and to eat normally. Gradually Alice relapsed again, becoming apathetic, not talking, and refusing to feed herself. By the end of the year, things had become desperate for Maude. She took the risk of travelling with her ill sister to Scotland and, on 11 January 1897 accepted her defeat by having Alice admitted to the Gartnavel Royal Asylum in Glasgow. Maude’s medical expertise was no help in the face of Alice’s illness and, like other families driven to extremes by a loved one’s mental illness, Maude resorted to committing Alice to an institution. Gartnavel was one of Britain’s leading fee-paying psychiatric hospitals.

On admission to Gartnavel, Alice was described as being in “a passive semi stuporose state.” Cold sponge baths and thyroid extract were the prescribed treatments. Initial improvement was followed by a downturn in May when Alice was described as in an “excited maniacal condition,” leading to violence. The sedatives “Sulphonal & Trional” failed to help her and indeed, made her more ill. “Bromal [a treatment for epilepsy] Chloral [a sedative], Whisky & Stout” were all tried but Alice rejected anything she could taste by mouth so had to be given the medicines through a nasal tube. Alice needed a sedative to sleep, had a tendency to strip herself, and to talk constantly.

David Yellowlees, the distinguished Medical Superintendent of Gartnavel, was known for his firm conviction as to the organic basis of mental illness. He worked to de-stigmatize mental illness, seeing disorders of the mind as no different to bodily infirmities.⁴⁶ Maude described the asylum to her cousins:

the apartments & wards are luxurious, this is not necessary. But the way [Alice] is nursed is very nice & she gets any amount of individual attention. There are nine other patients in the ward, who excepting one, are all much better than she is: their illness is neurasthenia and Hypochondria; there are two nurses besides the head nurse who as I told you is a lady & Alice is very fond of her.... The two undernurses, one of whom sleeps with Alice & has been under her special charge, are of the class of gentlemen’s upper servants—very nice girls. They are trained to mental nursing. Alice is only brought into contact with these nine patients who, as I say, are compared to her quite well. They are

proud of Alice & she is like a child among them all. Every effort is made to draw her out & make her use her faculties; she is occupied all day long with bits of housework, sewing, practicing—whatever she can be got to do, if she can be got to do anything. The only criticism I have to make is that they do not feed her up quite as much as I have been taught was indicated in mental cases. She is much thinner than when I brought her.⁴⁷

Maude herself, however, was feeling the strain. Alice's initial improvement, which made Maude hope once again for a complete recovery, was followed by a downturn. Maude felt herself to be only "existing" and unable "to look things in the face." "For the sake of my own health" she wrote in May 1897 "I must get home soon." Dr. Yellowlees had suggested that she leave Alice at Gartnavel, which she was most reluctant to do. She asked her cousins to make enquiries about Verdun, the Protestant Hospital for the Insane in Quebec that opened in 1890.⁴⁸

For Maude, leaving Alice would be a "great sacrifice." [I]n spite of all that is being done" at Gartnavel she noted, Alice:

has had a worse time than she has had with me for over a year. Prof. Wagner said it did not matter what I did with her, that as long as I fulfilled the ordinary conditions of health, the illness would take its true course & she would get better if it was to be so, anywhere; or would not recover anywhere if she were not going to do so. It looks as though he were right.

When Alice Abbott was discharged from Gartnavel in Sept 1897, she left institutional life behind. For the rest of her life, as far as records reveal, Maude Abbott ensured that her sister was looked after in the family home, Elmbank in St. Andrews East, left to the sisters by their grandmother. At times Maude herself was subject to Alice's violent attacks but she continued to believe that her sister might return to her old self. Alice, the patient on the periphery of society, was at the centre of her doctor's life.

CARE IN THE HOME

Maude needed to earn sufficient income to support the household. She opened a practice in Montreal and in the summer of 1898, was appointed as assistant curator of McGill's medical museum. St. Andrews East was easily accessible by train and Maude travelled up and down regularly. Fortunately Maude found a nurse, Miss Agnes Funcheon to run the St. Andrews home, a woman who was sometimes exasperating and demanding but who gave lifelong service. In St. Andrews, Alice was in the community in which she was raised and known; when well she took part in outings, picnics, and the entertaining that Maude loved to do.

Maude Abbott's colleagues at McGill were well aware of the special burden she carried. Dr. Charles F. Martin, a near contemporary, who

had been appointed lecturer in medicine at McGill in 1897, fostered Maude Abbott's career on her return to Montreal. It was he who set her to work on a statistical study of functional heart murmurs that resulted in a paper presented—by a man since women were not admitted to membership—to the Montreal Medico-Chirurgical Society. The positive reception of the paper led to the unprecedented act of Maude Abbott's election to the society's membership.⁴⁹ Dr. Adami, who made possible Maude's appointment as assistant curator to McGill's medical museum, shared the experience of an ill family member. His wife, who suffered from tuberculosis, was a patient in the tuberculosis sanatorium at Saranac Lake.⁵⁰ Adami's solution to illness in the family was to seek care for his wife in an institution. Unlike Maude, the day-to-day burdens of caring for his wife were undertaken by others; he was able to visit when free of work commitments, and to engage fully with his medical work knowing his wife was well cared for.

A key aim in the appointment of Maude Abbott to the pathology department's museum was to organize the material so that it could be used for teaching purposes. En route to the Medical Museum in Washington to learn classification methods, she met fellow Canadian William Osler, who made a point of encouraging her museum work. Her admiration of Osler became a key impetus in her career.⁵¹

On her return from this visit, Maude Abbott herself had a "nervous breakdown" precipitated by the "strenuous and wholly stimulating trip," the demands of her practice which had fallen "into arrears" through her absence, "the multitudinous claims" of the museum collection, and "personal problems of various kinds."⁵² Despite Osler's encouragement, it seems that Maude was uncertain which path to follow. The small income from the museum appointment was insufficient for the support of Alice and Maude was not particularly interested in general practice, the most common occupation of medical graduates.⁵³ She was much more interested in medical science. She considered taking a pathologist position at the Verdun Hospital for the Insane that she had once considered as an option for Alice. Part of the attraction, perhaps, was that it was a resident post (which would remove the need to pay for lodgings in Montreal), and it paid \$800 a year.⁵⁴ Psychiatric institutions were more likely than other hospitals to employ women doctors because they were organized into male and female sections. As hospitals became central to the advance of medical careers, senior men preferred to hire aspiring male graduates than to create opportunities for women.⁵⁵

Maude Abbott's great friend and confidante, Dr. Octavia Ritchie-England may have cared for her at this time of personal crisis. Octavia Ritchie had encouraged Maude in her determination to study medicine. Like Maude she had sought training abroad, in Glasgow, Paris, and Vienna. It may have been Octavia's presence that led Maude to

Glasgow.⁵⁶ On her return to Montreal, Octavia was appointed assistant gynaecologist at Montreal Western Hospital and demonstrator in Anatomy to female students at Bishops' College. She also opened a private clinic for women. Ritchie-England continued to work at Montreal Western after her marriage in 1897, retiring from the position six months after the birth of her daughter in 1903. "Tavie" was a real source of support to Maude throughout her life, and provided sympathetic understanding of her care for Alice.⁵⁷

Once settled on the museum work, Maude Abbott brought her intense work habits to bear with great success. She classified the specimens and created order that enabled her to use the museum for teaching purposes, a task she achieved with great devotion to the students and distinction in her research. Her capacity for work was legendary and she sought to improve her pathological knowledge by undertaking more training outside Canada at opportune times. In 1904, for example, she shared accommodation in Berlin with her former Vienna friends, Dr. Sippy and his wife, while studying pathology.⁵⁸ Always present in her thoughts, Alice was now, it seems safely cared for at home by Agnes Funcheon, with additional help for the running of the St. Andrew's house.

While Maude Abbott's growing expertise in cardiology was highly unusual for a woman, her position as a single woman was not: Montreal had a very high proportion (33%) of single women in 1881.⁵⁹ Many of these women found a home in convents, but as a professional woman, Maude Abbott had to carve out a mode of living that allowed her to support and visit her sister and freed her to devote time to her work. Unlike male colleagues who had wives who kept their households running, Maude was responsible for the running their home in St. Andrews. Her wide circle of friends was invited to social occasions at St. Andrews and Maude delighted in including her sister, when she was well.⁶⁰

In contrast to the indifference, if not disdain, of a number of McGill faculty, Dr. Martin supported Maude and always provided a sounding board.⁶¹ She was a welcome visitor in his family home and he took an interest in Alice and admired Maude's devotion to her. A genuinely sympathetic man, Martin was a beacon of warmth among a male faculty largely dismissive of her. Maude valued her friendship with him highly. At one point Martin found it necessary to reprimand her for her intense regard for him: "It is not well, in my belief, to write as you do & for that reason I have asked you not to continue."⁶² When Maude was in England in 1913 attending the International Congress of Medicine, Dr. Martin encouraged her to stay and have a holiday. He reassured her about things at home:

I was up in St. Andrew's yesterday afternoon, and found everything most satisfactory. Your sister is looking very well, seemed very cheerful and bright, and everything seems to be going on very harmoniously.... [T]o my mind, she is better than she has been for a long time back.

I see no reason therefore, why you should not stay and make the most of your opportunities, particularly your opportunity of rest.⁶³

Although not given to inactivity, Maude's break from home probably served her well when she returned to Montreal. Alice then had a "serious operation" of an undisclosed nature and was ill for some time.⁶⁴

Maude preferred to grasp opportunities to work rather than to rest and in doing so set out on paths that became lifelong projects. In 1905, for example, she took Osler's invitation to write the section on congenital heart disease for his "System of Medicine." The result was a piece of work that Osler described as of "extraordinary merit," likely to be "the standard work on the subject" for years to come.⁶⁵ Maude's pride in his words led her to always carry the letter in her handbag. Osler encouraged Maude's endeavours in the field in which she was to become renown. A further opportunity she grasped came from a suggestion by Wyatt John, pathologist at the Montreal General Hospital. His remark that she found a Society of Museum Curators led Maude to develop an international association for which she acted as secretary-treasurer until her death in 1940 and editor of the Society's *Bulletin* from 1907-38. On top of her medical research and museum work, Maude made time for her love of history, particularly relating to McGill, medicine, and nursing.⁶⁶

Given her prodigious output and the variety of her interests it is unsurprising that other institutions courted Maude Abbott. In the summer of 1918, while she was still a lecturer at McGill, the University of Texas offered her the position of Acting Professor of Pathology, which was to become a permanent Associate Professorship at the end of the war.⁶⁷ The salary and promotion must have been tempting, even if the promised postwar demotion was not. McGill, however, continued to reject her requests for greater recognition. In 1919, the Woman's Medical College of Philadelphia tried to attract her with a Chair in Pathology and Bacteriology. Once again McGill refused to consider matching the job offer: The Woman's Medical College offered women the type of academic seniority denied them in co-educational institutions.⁶⁸ Maude's reluctance to leave Montreal lay not only in her commitment to McGill, with all its faults, but also because of her sister.

When the Woman's Medical College approached Maude again in 1923, they made an almost irresistible offer: doubling the salary and suggesting Maude could hire her own staff. She took a one-year leave of absence from McGill, hired Dr. Lola McLatchie (Toronto University) and

Dr. Winifred Blampin (McGill) and headed to Philadelphia. After staying a second year, however, she left her congenial women colleagues and returned to an assistant professorship at McGill, proud that her staff was retained by the Woman's Medical College.⁶⁹

We can only assume that life for Alice Abbott continued much the same at St. Andrews with fewer visits from her sister during Maude's Philadelphia sojourn. Whatever the pleasures of Maude's seniority at the Woman's Medical College and her colleagues, she felt compelled to return to Montreal. Maude's five-year diary from 1930-35 provides an insight into the life of the aging sisters. In effect, Maude relied on other women to provide daily care for her sister. Her career was made possible by the long-term service of Miss Funcheon but the latter made her own demands. Maude was constantly preoccupied by finding good care givers that satisfied Miss Funcheon. Alice was bathed and dressed by an attendant, usually a maid employed to assist Miss Funcheon. Miss Funcheon clearly had the patience and fortitude to withstand Alice's outbursts while others did not. A Mrs. Keating, who Maude thought most promising as a caregiver, found after just two months, that Alice was "unmanageable" and resigned. Finding staff that suited both Maude's requirements and those of Miss Funcheon was a continual problem. Household helpers who Maude found invaluable were frequently subject to criticism by Miss Funcheon. Maude's diaries record her "rows" with Miss Funcheon which left her distressed, particularly when accompanied by threats of resignation. On one visit, Maude recorded "A[lice] rackets but Miss F. peaceful!"; clearly the latter was a great relief.⁷⁰

Although always willing to call in other doctors, Maude also frequently doctored the St. Andrews household when she was there. She attended to Miss Funcheon's boils, administered enemas to Alice, and looked after the maids' various illnesses. When she herself was ill, and unable to go to St. Andrews, Maude sent parcels and wrote letters. Maude was in hospital with raised blood pressure on Alice's birthday on 23 July 1933. She noted in her diary "Spent whole day absorbed in two books.... Feel rather immoral. B.P. still 156. Wonderful day. Hope A. was happy."

By 1934, Alice's physical health was a serious concern. In January that year she was passing "bloody urine." Octavia Ritchie-England and her husband helped Maude take Alice to the Royal Victoria Hospital for examination. Alice appeared to recover well from a minor operation and was very happy to be back at home. Unfortunately, Maude came down with a severe attack of shingles.⁷¹ As the year progressed, both sisters, and Miss Funcheon suffered from bouts of illness, making the upkeep of the St. Andrews household hard. In September, the difficulties of running the household (and perhaps the expense) led Maude to consult two medical colleagues about whether Alice—who had become

“very dull”—might be better looked after elsewhere. In their view moving Alice was “at her age a very serious step” with “several considerations involved.”⁷²

A week after Maude first considered moving Alice into permanent care, the latter’s health greatly deteriorated. Miss Funcheon telephoned Maude in Montreal, telling her to come home because Alice had a high temperature and was in a panic. Maude found a trained nurse to assist and by the end of the month Alice was on morphia and incessantly talking in a “staccato” manner. Maude withdrew from her work commitments and nursed Alice through her fever and racing pulse. By the eighth of October, Maude’s medical advisors thought Alice might have septicaemia and had her brought to Montreal by ambulance. On 9 October 1934, Alice Abbott died in Maude’s embrace.⁷³ Maude took Alice back to St. Andrews where floral tributes flowed in from the local community and from Maude’s wide circle of friends. She slept in the room with her sister and pondered her repose in death “So young & serene & lovely with a half smile on her darling face.”⁷⁴ Alice’s pallbearers were all men from the local St. Andrew’s congregation where the sisters had been known all their lives.⁷⁵

Alice’s death left Maude bereft and wishing that she had done more: “Why did I not work harder over her give more time to her.”⁷⁶ In the months after Alice’s death, Maude’s diary continually makes mention of “missing A”; “sat long with radio dreaming of darling Allie,” and on 9 October 1935, she records “Allie’s sad anniversary.”⁷⁷ Dr. C. F. Martin, who perhaps knew more than others of her dedication to Alice, described her devotion to her sister as “an immolation of a being that gave all and asked for nothing in return except a reflection of her industry and understanding.”⁷⁸ In her correspondence and diaries, Maude never speaks in terms of sacrificing herself for Alice; all we read of are expressions of concern: is Alice happy or dull, enjoying life or “rackety.” Perhaps Alice’s unaccountable and variable illness highlighted for Maude her own good fortune to have a tremendous energy for sustained work and friendships that allowed her to thrive. Her own brief “nervous breakdown” may well have suggested to her the fine line between her life and that of her sister. Whereas once they had acutely observed each other for signs of being run down, Alice lost that capacity for empathy that Maude could only be pleased that she had retained.

CONCLUSION

Maude Abbott died in 1940, four years after her sister. By the time of her death she was internationally celebrated as both a cardiologist and the founder of the International Association of Medical Museums. She had witnessed major changes in the position of women in medicine. Maude

hosted a celebratory tea party at the Ritz to honour the first women who graduated from the McGill medical school in 1922, 33 years after her own fruitless campaign for entry. She organized the McGill Women's Medical Society and saw it provided with a well-furnished common room. She arranged programs for the Society and took a deep interest in all the women students. One, Elaine MacKay, remembered that Maude Abbott "practised what she preached, a continuous campaign to consolidate the position of women in medicine."⁷⁹ Maude was galled to learn in 1930, that the male students voted against the admission of women to the McGill Osler Club but delighted in 1939 when she was elected as the first woman honorary member.⁸⁰ Shortly after Alice's death she went to a luncheon to celebrate the 50th anniversary of the entry of women to McGill and "loved it."⁸¹

The McGill that rejected her application to study medicine in 1889 awarded her two honorary degrees, the first in 1910 and the second, an LL.D in 1939. This second degree was tinged with sadness. The blow of Alice Abbott's death in late 1934 was quickly followed by a second: McGill demanded Maude retire in 1936 at the mandatory retirement age of 65. Finally freed to devote herself wholeheartedly to her profession, Maude was forced to abandon the career that she loved. Her remonstrations went largely unheeded, and her plea to be advanced in rank and to retire as an "Emeritus Professor" was denied. Her alma mater refused to honour its own Maude Abbott in a way commensurate with the honours she had received abroad.⁸² Historian Margaret Gillet argues persuasively that such limitations were placed on exceptional women to reduce "the precedent-setting effect they might otherwise have had."⁸³ An ambitious woman's achievements in medicine, it seemed, could be rewarded on the international stage but not in her hometown.⁸⁴

While much had changed for women in medicine from the 1890s to the 1930s, little had changed for the patient, Alice Abbott. The sister who had once lovingly kept a scrapbook of newspaper cuttings about Maude's battle to enter McGill now depended upon Maude to provide care at home and to visit frequently. No effective treatment for the manic depression from which she suffered was available until John Cade's experiments with lithium in 1948, and it was not until 1970 that lithium was approved by the Food and Drug Administration as a treatment for what is now known as bi-polar disorder.⁸⁵ Enabled by her possession of a home and a professional income to support her sister in her local community, Maude may well have provided the best care available.

Maude Abbott's public and private lives were intimately interwoven. The expense of providing care for Alice, and her sense of professional pride, led her constantly to apply for promotion. McGill continually denied her requests, although her male colleagues with lesser reputa-

tions were so rewarded.⁸⁶ Alice Abbott's illness shaped Maude Abbott's life. Doctor, nurse, companion, and breadwinner were among the roles Maude played for her elder sister. Charles Martin knew her commitment to her sister but also recognized that Maude was McGill's leading international scholar with "greater international repute and contacts than anyone in the Canadian profession."⁸⁷ Those who knew her believed that the expert cardiologist "was unable or unwilling to accept the permanence of Alice's manic-depressive illness." Her biographer suggests that perhaps this was because to accept Alice's illness as permanent would be "a serious blot on the family escutcheon."⁸⁸ Maude's letters and her diary do not speak to this concern, instead they suggest she enjoyed Alice's company in her lucid intervals. Until the final year of Alice's illness, their companionship at "Elmbank," St. Andrews, remained an important and calm point in her otherwise hectic life. The illness in the family, with all its restless recurrence, could not untie the bonds of deep affection between siblings who began life in adversity. Those bonds held Maude Abbott close to her sister throughout Alice's life and barely loosened after her death.

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NOTES

- 1 Maude Abbott to Grace and May Houghton [her cousins] from Vienna, 17 November 1895, Abbott Papers, Osler Library, Box 245, 3/5/6, f. 438/67.
- 2 H. E. MacDermot, *Maude Abbott: A Memoir* (Toronto: The MacMillan Company of Canada, 1941), p. 58.
- 3 Stephen Garton, "The Scales of Suffering: Love, death and Victorian Masculinity," *Social History*, 27, 1 (January 2002): 40.
- 4 Douglas Waugh, *Maudie of McGill: Dr Maude Abbott and the Foundations of Heart Surgery* (Toronto: Hannah Institute and Dundurn Press, 1992); Margaret Gillett, "The Lonely Heart: Maude E. Abbott, 1869-1940," in G. Clifford, ed., *Lone Voyagers. Academic Women in Coeducational Institutions, 1870-1939* (New York: Feminist Press, 1989), p. 183-222; Margaret Gillett, "The Heart of the Matter: Maude E. Abbott, 1869-1940," in Marianne Gosztonyi Ainley, ed., *Despite the Odds: Essays on Canadian Women and Science* (Montreal: Vehicule Press, 1990), p. 179-94; William N. Evans, "The Relationship between

- Maude Abbott and Helen Taussig: Connecting the Historical Dots," in *Cardiology in the Young* 18 (2008): 557-64; and Claire Holden Rothman, *The Heart Specialist* (Toronto: Cormorant Books, 2009).
- 5 Carlotta Hacker, *The Indomitable Lady Doctors* (Toronto: Federation of Medical Woman of Canada, 1984): 149-69.
 - 6 Regina Markell Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (Oxford: Oxford University Press, 1985): 64-89.
 - 7 On Canada see Cheryl Krasnick Warsh, *Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat, 1883-1923* (Montreal and Kingston: McGill-Queens University Press, 1989), p. 63-81. James E. Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth Century Quebec and Ontario* (Montreal and Kingston: McGill-Queens University Press, 2000), p. 116-28. On care in the home in mid-19th-century England, see Akihito Suzuki, *Madness at Home: The Psychiatrist, the Patient, & the Family in England, 1820-1860* (Berkeley: University of California Press, 2006).
 - 8 Warsh, *Moments of Unreason*, ch. 6; Suzuki, *Madness at Home*, ch. 4.
 - 9 Gillett, "The Heart of the Matter," p. 179.
 - 10 Canadian Medical Association, *Origin and organization of the Canadian Medical Association with the proceedings of the meetings held in Quebec, October 1867 and Montreal, September 1868* (Montreal: John Lovell, 1868), p. 67. I am grateful to Christopher Lyons for this reference.
 - 11 Canadian Medical Association. Code of Ethics. Revised June 1922, Pamphlet, Osler Library.
 - 12 Michael Bliss, *William Osler: A Life in Medicine* (Toronto: University of Toronto Press, 1999), p. 260, 277, 285, 287.
 - 13 William Osler to Maude Abbott, 26 March 1917, Abbott Papers, Osler Library, Box 245, 3/5/6, f. 438/67.
 - 14 Details of the case are drawn from Stanley B. Frost, "The Abbotts of McGill," *McGill Journal of Education*, 13, 3 (Fall 1978): 260-64.
 - 15 Waugh, *Maudie of McGill*, p. 22.
 - 16 Casebook, Glasgow Royal Asylum, HB13/7/104 8858, the Greater Glasgow and Clyde Health Board Archive.
 - 17 Gillett, "The Lonely Heart," p. 188-89.
 - 18 Thomas Bonner, *To the Ends of the Earth: Women's Search for Education in Medicine* (Cambridge: Harvard University Press, 1992), charts women's quest for training in the centres of excellence in Europe.
 - 19 I have discussed this overseas journey in "Maude Abbott's Postgraduate studies in Europe, 1894-1897," *Osler Library Newsletter*, p. 1-4.
 - 20 Bonner, *To the Ends of the Earth*, p. 133.
 - 21 Maude E. Abbott, "Autobiographical Sketch," An Address read before the Women's Medical Society of McGill, 31 March 1928, Original Copy, Osler Library, p. 11.
 - 22 Bonner, *To the Ends of the Earth*, p. 108-114.
 - 23 Bonner, *To the Ends of the Earth*, p. 31-48.
 - 24 Maude Abbott Collection, P111, McGill University, Osler Library of the History of Medicine. Maude Abbott to My Dear Erie, Zurich, 24 November 1894.
 - 25 Maude Abbott to My Dear Erie, Zurich, 24 November 1894.
 - 26 Maude Abbott, 24 November 1894.
 - 27 Zurich, 23 December 1894.
 - 28 Alice Abbott to Grace Houghton, Zurich, 9 November 1894.
 - 29 Zurich, 18 November 1894.
 - 30 Maude Abbott to Erie, 24 November 1894.
 - 31 Alice Abbott to May Houghton, Zurich, 23 December 1894.

- 32 Alice Abbott to Grace Houghton, 18 January 1895.
- 33 Alice Abbott to Grace Houghton, 2 March 1895.
- 34 Alice Abbott to Grace Houghton, 17 March 1895.
- 35 Maude Abbott to May Houghton, 25 April 1895.
- 36 Maude Abbott to Grace Houghton, 27 May 1895.
- 37 A. Schnell, "100 Years Ago," Institute for Astronomy, University of Vienna,
- 38 Maude Abbott to Grace Houghton, 19 August 1895.
- 39 Alice Abbott to Maude Abbott, 15 September 1895.
- 40 Undated letter from Alice Abbott to Maude Abbott.
- 41 Waugh, *Maudie of McGill*, p. 48. The support of the Von Possaners is mentioned in Maude's letters to her cousins. She continued to correspond with the family throughout her life.
- 42 Maude Abbott to Grace and May Houghton, 17 November 1895.
- 43 Gartnavel Asylum, HB 13/5145, the Greater Glasgow and Clyde Health Board Archive.
- 44 Maude Abbott to May Houghton, 22 March 1896.
- 45 Maude Abbott to May Houghton, 22 March 1896.
- 46 Johnathan Andrews and Iain Smith, eds., *"Let There be Light Again": A History of the Gartnavel Royal Hospital from the beginnings to the Present Day* (Glasgow: Greater Glasgow Health Board, 1993).
- 47 Maude Abbott to Grace and May Houghton, 19 May 1897.
- 48 Moran, *Committed to the State Asylum*, p. 46.
- 49 Waugh, *Maudie of McGill*, p. 50-1.
- 50 MacDermot, *Maude Abbott: A Memoir*, p. 65.
- 51 Waugh, *Maudie of McGill*, p. 56.
- 52 Maude Elizabeth Seymour Abbott, "Autobiographical Sketch," *McGill Medical Journal*, 28 (1959): 142.
- 53 Ellen S. More, *Restoring the Balance. Women Physicians and the Profession of Medicine, 1850-1995* (Cambridge: Harvard University Press), p. 96.
- 54 MacDermot, *Maude Abbott: A Memoir*, p. 66.
- 55 More, *Restoring the Balance*, p. 106-9.
- 56 One unidentified woman in a photograph of "Maude and Friends" in Glasgow has a likeness to Octavia Ritchie's Bishop's College photograph held by the McCord Museum.
- 57 The friendship is discussed in both biographies and is also evident continually in Maude Abbott's correspondence and diaries. Two samples are indicative: In a letter dated 3 February 1895, before Alice's breakdown, Maude noted "Tavie [Grace Ritchie] has always been so sweet to me in our troubles" Osler Collection. In her Diary for the 12 November 1933: "Tavies for tea & supper Talked hard about StA [St Andrew's] difficulties" McGill University Archives.
- 58 MacDermot, *Maude Abbott: A Memoir*, p. 77.
- 59 Warsh quotes Marta Danylewicz's study that found 33% of women at 40 were single in Montreal in 1881, *Moments of Unreason*, p. 74.
- 60 Waugh, *Maudie of McGill*, p. 115.
- 61 Waugh quotes Dr. Segall on McGill "In certain circles it was acceptable to regard Dr. Abbott as an inferior character, someone to be tolerated and humoured—a 'hen Medic.'" *Maudie of McGill*, p. 84.
- 62 Undated letter, C. F. Martin's letters to Maude, 438/56 Box 245 3/5/6, Abbott Collection, Osler Library, McGill.
- 63 13 August 1913, C. F. Martin's letters to Maude, 438/56 Box 245 3/5/6, Abbott Collection, Osler Library, McGill.
- 64 Waugh, *Maudie of McGill*, p. 74.

- 65 William Osler to Maude Abbott, quoted in Abbott, "Autobiographical Sketch," *McGill Medical Journal*, 28 (1959): 146.
- 66 Maude Abbott's "Historical sketch on the Medical Faculty at McGill University," *Montreal Medical Journal*, 31 (1902): 561. This was followed by a number of historical works.
- 67 Abbott, "Autobiographical Sketch," *McGill Medical Journal*, 28 (1959): 150.
- 68 More, *Restoring the Balance*, p. 170. More notes that, in the specialty most welcoming to women, pediatrics, it was 1952 before the first woman was appointed to chair a department at a coeducational medical school.
- 69 Abbott, "Autobiographical Sketch," *McGill Medical Journal*, 28 (1959): 151.
- 70 Abbott Diary, 19 August 1933. McGill University Archives. All subsequent diary references are to this diary.
- 71 Abbott Diary, 13 January 1934.
- 72 Abbott Diary, 16 September 1934.
- 73 Abbott Diary, 3-9 October 1934.
- 74 Abbott Diary, 10 October 1934.
- 75 "Last Tribute to Miss Alice F. Macdonald Abbott," typescript, Abbott Collection, McGill University Archives.
- 76 Abbott Diary, 10 October 1934.
- 77 Abbott Diary, entries from October 1934–October 1935.
- 78 C. F. Martin, "Maude Abbott—an Appreciation," *McGill Medical Journal* 10 (October 1940): 31.
- 79 Elaine MacKay, "Dr Abbott and the Students," *McGill Medical Journal*, 10 (October 1940): 48.
- 80 Abbott Diary, 5 February 1930; Waugh, *Maudie of McGill*, p. 119.
- 81 Abbott Diary, 20 October 1934.
- 82 Gillett, "The Heart of the Matter," p. 187-88.
- 83 Gillett, "The Heart of the Matter," p. 192.
- 84 Among other honours, Maude Abbott was made an Honorary member of the New York Academy of Medicine and the first Honorary member of the California Heart Association. Her career as an historian of medicine deserves further attention. She was elected an honorary member of the American Association for the History of Medicine, 5 May 1935. For a list of her appointments and memberships see MacDermott, *Maude Abbott*, p. 259.
- 85 The diagnosis is offered in Waugh, *Maudie of McGill*, p. 114. This history of lithium use is derived from <http://www.psycheducation.org/depression/meds/LithiumHistory.htm>. Accessed 18 June 2009.
- 86 Gillett, "The Lonely Heart," p. 194.
- 87 Dr. C. F. Martin, "Maude Abbott—An Appreciation," *McGill Medical Journal*, 10 (October 1940): 29.
- 88 Waugh, *Maudie of McGill*, p. 114.