

THOMAS A. QUINN

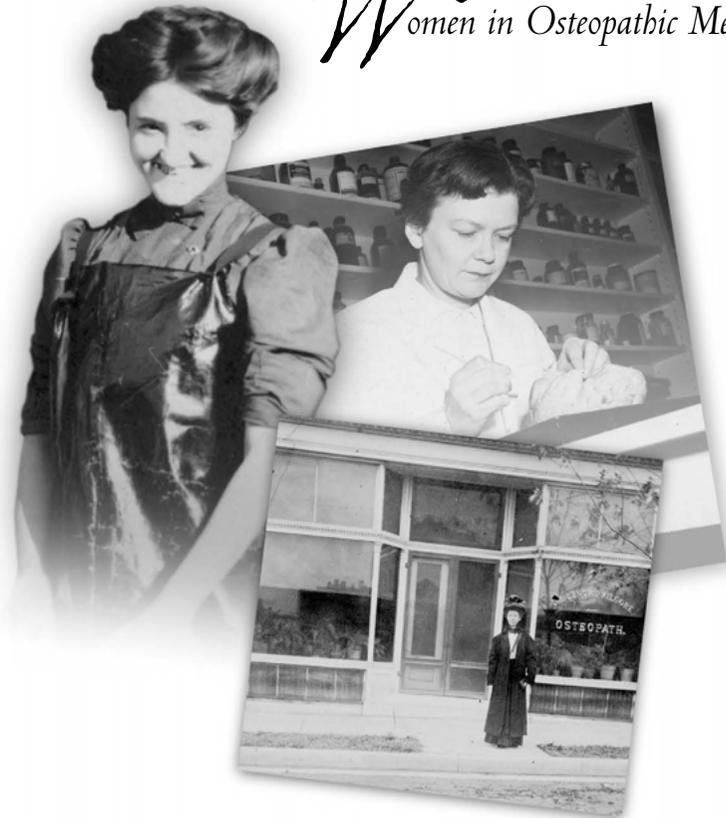
The Feminine Touch

Women in Osteopathic Medicine



THOMAS A. QUINN

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Feminine Touch
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The Touch

EVERYONE CAN TOUCH BUT NOT EVERYONE has “The Touch.” In the early stages of learning to perform osteopathic manipulative medicine, the student must first be taught the art of palpation, the ability to touch and to know what you are feeling. It is easy to touch, but it takes months or even years to be able to discriminate fine differences in tissue changes. But to imply that “The Touch” consists only of the ability to palpate and to distinguish fine changes in tissue is to tell only half of the story. Touch is a two-way system. Palpation is the ability to detect information from the patient’s body by way of the physician’s hands, which tell her or him about changes that have taken place within the patient’s body. A person who has The Touch has the ability to heal with their hands. The *healing touch*, the *gentle touch*, the *therapeutic touch*, the *human touch* are just some of the terms used to describe the phenomenon of healing with the hands.

Explanations for this phenomenon vary widely. Some attribute a metaphysical or magical quantity to The Touch, others ascribe a religious connection, and yet others offer a psychosomatic explanation. In the nineteenth century, there were those who referred to themselves as magnetic healers, implying that they healed patients using magnetism or some force that passed through their hands to the patient. There is much we do not understand and much that continues to defy scientific explanation; although there is not yet any scientific explanation for “The Touch,” it is difficult to deny that such a thing exists.

Dr. A. T. Still lived and worked during the era of magnetic healers, mesmerists, spiritualists, and bonesetters. He was influenced by alternative medical practices, but ultimately he rejected them along with the mainstream medical treatments of his day, and developed a distinctive form of medical practice that has matured into modern, scientific osteopathic medicine. Dr. Still believed that women had a special quality, a gentleness of touch, which he recognized as “The Feminine Touch,” that made women natural healers. For this reason, he opened wide the doors of osteopathy to women. Blanche Still, his youngest daughter, wrote,

There is no science more beautiful than osteopathy, none better adapted to women whose delicate sense of touch makes her qualified for its study and practice.

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Foreword

WHEN I FIRST MET DR. QUINN as he embarked on the research for this book at the Still National Osteopathic Museum, his love of osteopathy and its history was immediately evident—and infectious. Spending several summer months here in Kirksville with his wife, Sissy, Dr. Quinn pored through virtually everything in our collection regarding women in this profession. In the process, his work has greatly enhanced our own understanding of that remarkable history—a history that is indeed alive and ever-expanding as we continue to learn more about the extraordinary women who blazed the trail for today’s more than 29 percent* female practitioners in the United States.

Here at the museum we are frequently asked, “Were women always in osteopathy?” And the answer, of course, is “YES!” Beginning in 1892 with the original six pioneering females who enrolled in the school’s first class (which included one of founder A. T. Still’s own daughters, Martha Helen “Blanche” Still) women have continued to constitute a major force in the successful growth of the osteopathic profession. Even though Blanche Still never established a practice because of her eventual roles as both the wife of Dr. George M. Laughlin (surgeon and later president of the school) and as primary caregiver for her aging parents, Blanche eventually blazed her own distinct trails as editor of the *Journal of Osteopathy*, as well as a trustee and assistant secretary of the American School of Osteopathy (now A. T. Still University). In 1898 she wrote:

“Will it injure a lady’s social standing to study Osteopathy?” [This] question was asked not long ago by a lady of refinement and education.... To answer the question we will ask another: “Does intelligence in this day and age injure a lady’s social standing?”

...Society is no longer a mere gathering of butterflies to flirt and gossip; society today demands brains. The diamonds of a wealthy woman may shine brightly, but if she has no intelligence they will

* AOA, Osteopathic Medical Profession Report, June 2008

soon lose their luster. Osteopathy is the brightest gem in the diadem of intelligence that crowns the queen of society....

No, a thousand times no; Osteopathy does not injure a lady's social standing among people who have intelligence enough to belong to good society. Osteopathy is elevating, lady-like, noble and true, and instead of an injury provides a means of advancement. Ladies should have no fears that the study will injure them socially, morally, or financially.

Hailing osteopathy as a way for women to utilize their intellect as well as their natural nurturing tendencies, Dr. Still wrote:

I have always felt a determination to hunt until I could find a suitable position which I could recommend to our women. I believe I have made the discovery.... [M]an has within him all the qualities for ease and comfort, and when disease makes them uncomfortable, he or she who is familiar with the machinery of life can give them ease and comfort and restore the person to good health. In the case of the ladies, they have proven their ability to adjust the human body. She gets her pay and is proud of her diploma, proud of her being and proud of her position....

—*Journal of Osteopathy*, December 1898

In this book, Dr. Quinn examines the careers of early American School of Osteopathy women graduates who rose to prominence in the osteopathic field, including Jeanette “Nettie” Hubbard Bolles, founder of the Bolles Institute of Osteopathy in 1897; Louisa Burns, renowned osteopathic medical researcher; Josephine Peirce, founder of the Osteopathic Women’s National Association; and Florence McCoy, the first osteopath to give expert testimony in a court of law. By looking at womens’ contributions to the critical early days of osteopathy, Dr. Quinn uncovers how the traditionally male-dominated profession of medicine opened up to women and how “those women” took the reins of Still’s new discovery, raising osteopathy to the highest levels in the medical world today.

Debra Loguda Summers, Curator
Museum of Osteopathic Medicine (sm)

Preface and Acknowledgments

WHENEVER MY SIBLINGS OR I FELL ILL, my mother, like any good parent, dutifully and anxiously took us to the doctor's office. That type of trip is a childhood memory everyone seems to share without significant variation, from the starched white physician's frock to the stainless steel instruments gleaming from the counter with cold and sterile indifference. One particular visit, however, was different, and my mother had an unusual reason to be anxious that day. It was the closing days of World War II and many MDs had been called into service for the war effort, so there were painfully few physicians available for the home front. I was only four at the time, but my mother tells me that I had a high fever and she was especially anxious because this physician was an osteopath, and she was afraid he would send us home with some strange potion or incantation. To her great relief, the osteopath examined me and prescribed the very same medication our regular pediatrician did.

That single visit summed up my entire life experience with osteopathic medicine until I was a college undergraduate applying to medical schools in my hometown of Philadelphia. One by one, I visited each of the medical schools in the Philadelphia area (with the exception of the Women's Medical College, which at the time did not accept male students). One day, I visited the Philadelphia College of Osteopathy (PCO) on 48th and Spruce Streets on the way to my evening job as a clerk in the emergency department of a local hospital, which I needed to help pay my tuition at LaSalle College (now LaSalle University). There I met Marguerite Archer, the assistant registrar, who greeted me warmly and took her time to answer all of my questions, which were numerous. She took me on a tour of the medical college and showed me the hospital that was attached to the college. She then introduced me to the registrar, Tom Rowland. That evening the emergency room was unusually quiet and so, not having any excuse not to, I opened the information I had picked up at the osteopathic college. The chief resident of the hospital, with whom I was well acquainted from our days as Boy Scout camp counselors, happened into the room at that moment and saw the literature. To say that he became upset would be a gross understatement. For the next several months, every time I was working, he would find a reason to come to

the emergency department to try to convince me that I would be committing an egregious error if I enrolled in an osteopathic medical school.

PCO was located between LaSalle College and the hospital where I worked. Since I had to pass the school on my way to work, it was a simple matter for me to stop in the osteopathic college's library to seek answers to the many questions and arguments my friend raised with the sincere intent of protecting me from making what he considered to be the worst mistake of my life. The librarian and I were soon on a first-name basis.

The following year, in September 1962, I found myself a member of the freshman class of PCO. The decision to enroll in PCO would prove momentous for me in many ways, this book being just one outcome of my choosing a career in osteopathic medicine. Now it happens that there was only one female student in my medical school class. At the time, I didn't think much of the fact that this would be the first time I had ever attended a class with a woman. I had been educated in parochial schools and at the time I attended LaSalle College, it was still an all-male college. So it was only while doing research for this book that I learned that 1966, the year I graduated from medical school, was the low point for female enrollment in American medical schools in the twentieth century.¹

During my senior year at PCO, I had my first opportunity to sift through the unique history of the profession, writing "The History of the Philadelphia College of Osteopathy" for my senior yearbook, *Synapses* 1966. My interest in research led me years later to serve as faculty advisor for the Student Osteopathic Research Association at the Lake Erie College of Osteopathic Medicine, Bradenton (LECOM Bradenton), where I encouraged students to study the history of their profession. In 2006, I organized a month-long research trip to the Still National Osteopathic Museum (since renamed the Museum of Osteopathic Medicine) and the International Center for Osteopathic History, both located at A. T. Still University, Kirksville College of Osteopathic Medicine, in Kirksville, Missouri. That school is the modern successor to the first osteopathic medical school founded by Andrew Taylor Still in 1892.

My initial plan was to take four medical students and my wife with me. We applied for research grants to defray expenses for the medical students, but when we failed to secure funding, all but one of the students dropped out. In the end, my wife, Sissy, and April Smith-Gonzalez, who had just completed her first year at LECOM Bradenton, traveled with me to the birthplace of osteopathy. We spent the next month deep in the collection of the museum and the International Center for

1 Duffy, *The Healers*, 36.

Osteopathic History, where the museum staff, most notably curator Debra Loguda-Summers and executive director Jason Haxton, graciously assisted with our research. Without their help and the vast stores of information available in the archives of the museum, this book would not have been possible.

I had originally planned to write a series of articles about the history of the profession, as material on the subject was sorely lacking. I also thought of compiling a definitive pictorial history of the profession; however several pictorial publications had already been done, and though a more complete book would be a worthwhile project, it would have been duplication. Fortunately, both Sissy and April encouraged me to look into the history of women in the profession, perhaps inspired by the multitude of historic pictures in the hallways that bore testament to the acceptance of women students from the very first class. It was impressive to see not only the early and consistent enrollment of women students, but also the high number of female students enrolled through the history of the school. I learned that the most complete work on women in osteopathic medicine was a thirty-two page pamphlet written by Georgia Walter in 1991, and though numerous journal articles had also been published, there was no complete study of the role of women in osteopathy. I had found a gap in the historical dialogue: the reciprocal role of women and the osteopathic profession. Sissy suggested the title “The Feminine Touch.” Thus I started on a five-year journey that has resulted in the publication of this book.



There have been many more female osteopathic physicians who have made significant contributions throughout the decades than could possibly be included in this work. I intend no slight to their contributions. Some women have been omitted because their stories are told elsewhere; some modern women were omitted because I was unable to obtain sufficient information from them. Most of the women in this book have contributed positively to the advancement of osteopathic medicine. There were a few women who contributed negatively, and if that contribution was significant, I included them. Most notable among these was the notorious Dr. Zeo Wilkins, the most disreputable and infamous DO to ever exist (see chapter 3).

I contacted every specialty college of osteopathic medicine in an attempt to acquire a representative sample of significant female DOs in each specialty. Some

colleges and specialty organizations suggested candidates for the book and some ignored the request. My most important sources, however, were female physicians who recommended other women who had made significant contributions to the profession; I wish to thank everyone who submitted names for consideration. I also wish to thank Gary Laco, PhD, who proofread the manuscript, and Matthew Nelson, a LECOM Bradenton medical student who provided original research into the osteopathic-chiropractic connections. Most importantly, I wish to thank Jeffery Wang, a LECOM Bradenton medical student, who assisted in putting together the final draft of the book.

There are several terms that are used throughout this book that may not be familiar to persons not knowledgeable in medical history. For this reason I have included a glossary of terms.

Chapter One

Women and Medical Education

“Surely this is a little difficult. We are told that the great objection to women entering professional life was that they would not care to marry, hence the desire to keep them out. Now conditions are reversed and the objection is that they do. Really, it is not easy to please.”

The 1893 Women's Medical Journal

“In sickness there is nothing so soothing as the gentle touch of a woman's hand. Then why not train her hand that she may do her work intelligently and scientifically?”

Mary Conner, DO

OSTEOPATHY WAS BORN INTO THE WORLD at a time when the professional practice of medicine was the dominion of privileged males who controlled every aspect of the profession. According to the intellectual reasoning of the time, science was masculine by its very nature and was therefore not an appropriate domain for women, who with few exceptions were excluded from pursuing careers in science and medicine.

The participation of women in science and medicine has a long and complex history, complicated by Western ideas of femininity and the appropriate role of women, and women's access to education. In the Middle Ages, convents offered women an opportunity to pursue their education, including the study of medicine, but their talents usually remained within the walls of their convent. From their origins in the twelfth century, European universities, on the other hand, were closed to women. The universities were established to train men to enter careers in government, law, teaching, medicine, or the church, and women were not expected to enter these professions. There were rare exceptions—usually women who studied and worked with a father or husband—but most women simply did not have access to advanced learning. For men, physical strength was valued more highly than intellectual prowess, and women were expected to focus on household management and

domestic affairs. It was not until the sixteenth century that education for its own sake was seen as an appropriate pursuit for the leisured classes. When royal courts and aristocratic households began to sponsor artists, poets, philosophers, and inventors, learning moved to a domestic environment, with men engaging in government and martial activities and women engaging in intellectual pursuits. Despite their increased involvement in learning, it was still rare for a woman to pursue an education in a public setting or to pursue a career outside of her family circle. Women who pursued intellectual activities often focused on the arts, as subjects such as science and mathematics were seen as unfeminine.

Various reasons were given to explain why science was considered an inappropriate pursuit for women. In her study of women in science, Londa Schiebinger explains, “In the seventeenth century, English natural philosopher Margaret Cavendish spoke for many when she wrote that women’s minds were simply too ‘cold’ and ‘soft’ to sustain rigorous thought.... In the late eighteenth century, the female cranial cavity was supposed to be too small to hold powerful brains; in the late nineteenth century, the exercise of women’s brains was said to shrivel their ovaries.”¹ On the other hand, American physician Benjamin Rush, in his 1787 *Thoughts upon Female Education*, argued that a woman should be educated so that she would be “an agreeable companion for a sensible man” and would ensure her husband’s “perseverance in the paths of rectitude,” and called for loyal “republican mothers” to instruct “their sons in the principles of liberty and government.” For Rush, the issue was not whether women were capable of intellectual pursuits, but to what use they should put their education.

EARLY FEMALE PHYSICIANS IN EUROPE

In 1754, Dorothea Erxleben became the first woman to receive a medical degree from a European university. Her father, a medical doctor, had encouraged her studies throughout her childhood. She studied medicine with her father and with her brother as he prepared for university. When her brother entered the university, Dorothea petitioned Frederick II of Prussia for special permission to accompany him, a petition that was granted in April 1741. In response to this auspicious event, a pamphlet was circulated to protest a woman entering the medical profession, asserting that women were forbidden by law to practice medicine and, therefore, should not receive a university



Stamp commemorating Dorothea Erxleben, issued in 1987 as part of the Women in German History series.

degree. Dorothea responded in kind in 1742 by publishing *Inquiry into the Causes Preventing the Female Sex from Studying*. Others offered a form of support, recommending that a separate university be founded for women or that women be taught in separate classrooms. Unfortunately, the outbreak of war prevented Dorothea from attending university at that time, but she continued to study and in 1754 she passed her doctoral exam and received her license to practice medicine. It was nearly a century and a half before another woman would graduate from the University of Halle's School of Medicine.²

In 1812, a young medical student named James Miranda Stewart (or Stuart) Barry presented his doctoral dissertation on femoral hernias to the University of Edinburgh and was awarded a degree in medicine. In reality, this medical student was a young woman (probably Margaret Ann Bulkley, a niece of artist James Barry), who was in her early teens when she entered the university in 1809. She spent the remainder of her life disguised as a male and had a successful career as a British military surgeon, where she was known as a skillful physician, a brilliant surgeon, and an advocate of medical reform. Barry served



James Barry, MD

first in South Africa, where she performed the first successful Cesarean section in the British Empire. Barry eventually rose to the rank of inspector general of the Army Medical Department, serving as chief medical doctor in Canada at the end of a career that spanned four decades.

Biographers speculate that some may have suspected or even known Barry's true gender, but most simply considered the doctor very eccentric and somewhat effeminate. Barry was also known to be quarrelsome and fought at least one duel over a matter of honor. While serving in the Crimea, Barry had an encounter with Florence Nightingale, who described Dr. Barry as behaving "like a brute." Dr. Barry hid her gender so successfully that her secret was not made public until after her death in 1865. The woman who prepared the body for the funeral ignored Barry's request that she not be changed out of the clothing she was wearing when she died, and reported her discovery that Barry was not only completely female, but also had borne a child. The story was reported in the press, but Barry was interred without a postmortem, so it was impossible to verify. The medical community eventually decided that Barry must have been a male hermaphrodite. Apparently it was impossible for them to believe a woman could have been a good doctor.³

MEDICINE IN THE NEW WORLD

While upper-class Europeans were relying on professional physicians, surgeons, and apothecaries, those less privileged often relied on folk remedies and self-care. In colonial America, women traditionally assumed the roles of caregiver and healer within their homes and their communities, nurturing the young, the old, and the invalid. There were also professional physicians; however, before universities, professional societies, and licensing agencies were established, anybody could call himself a doctor and set up a practice. Some aspiring physicians traveled to Europe for training, then returned to the colonies to practice, and some physicians studied medicine through an apprenticeship with an established physician. Still others trained as physicians in Europe and chose to settle and set up a practice in the New World, but university-trained physicians were generally middle- or upper-class and few were willing to leave lucrative careers in Europe for an uncertain future in the New World.

The first college in the New World, Harvard College, was founded in 1636 to train Puritan ministers. By the mid-eighteenth century, various religious denominations had established colleges to train ministers for their churches. While most university-educated men had gained at least some medical knowledge, it was not until the mid-eighteenth century that the colonies were established enough that colleges and universities could be founded that focused specifically on medical training.

The first medical school in the New World was established at the College of Philadelphia in 1765. This school, which would later become the prestigious University of Pennsylvania School of Medicine, brought the European tradition of male exclusivity to the medical profession of America. By the time of the American Revolution, there were many local medical societies that promoted the professionalization of medicine and several colonies had laws for licensing medical practitioners.

By 1800, there were about a dozen schools in the United States that granted medical degrees and the practice of medicine had been largely taken over by men, being seen as a profession requiring scientific expertise and formal training—something only available to the more elite segments of society. Physicians who had studied at a college or university and apprenticed with an established physician saw themselves as skilled professionals, forming medical societies and advocating medical licensing to protect their position in society. On the frontiers, however, such physicians were in short supply, and many practitioners had trained only through apprenticeships or self-study. This also meant that some women were able to practice medicine despite the opposition of professional gentleman physicians.

The increasing professionalization of medicine also meant that physicians replaced midwives for obstetrical care. This is especially ironic given that ideas of feminine modesty meant that male physicians could not visually examine women with gynecological problems; when delivering a baby they would drape the woman with a sheet, assisting in the delivery only by placing their hands under this partition.

In the 1820s, Samuel Thomson, an herbalist, traveled throughout New Hampshire, treating poorer families who could not afford the high prices of a doctor. His herbal concoctions began to gain a reputation as effective treatments, and soon families from distant towns began to travel to him to acquire his elixirs. This form of medical practice became known as Thomsonian Medicine and was based on Thomson's rejection of the medical community's practices, which he considered to be exclusionary. Alternative medicines gained in popularity as part of the wave of egalitarian antielitism that dominated the 1830s. Leaders of what became known as the popular health movement argued that even the lenient standards of licensing medical practitioners in the nineteenth century were too restrictive for the new ideals of personal freedom in the new American republic, declaring that "In a free country, anyone should have the right to practice medicine." As a result of this movement, by 1845 there were only three states that had laws regulating the practice of medicine,⁴ and the licensing of medical physicians in the United States became practically nonexistent. Because apprenticeship was a common and widely accepted method of receiving a medical education, many medical practitioners had never attended medical school. For the next several decades, it became possible for practically any individual to practice medicine, almost anywhere in the United States⁵—as long as they were male.

As the formal practice of medicine became more scientific and professionalized, other types of medicine proliferated: herbalism, bonesetting, folk medicine, self-care, Thompsonian medicine, homeopathy, hydropathy, physiomedicalism, and eclectic medicine, as well as the usual array of techniques practiced by quacks and charlatans. Of the practitioners of these different approaches, the homeopaths, eclectics, and physiomedicals all granted the MD degree to their students. The orthodox physicians who also used the MD degree referred to themselves as "regular physicians" or "the regulars," and referred to other MD groups as "irregular physicians" or "the irregulars." The founder of homeopathic medicine, Samuel Hahnemann, referred to orthodox physicians as "allopathic physicians" or "allopaths," a name that has remained and is used to identify MD physicians of today.

The new forms of medicine reflected the growing antielitist movement; and as part of it, the popular health movement encouraged ordinary people to take

About the Author

THOMAS A. QUINN, DO, FAOCOPM, is a graduate of the Philadelphia College of Osteopathic Medicine and is board certified in occupational medicine and family practice. Dr. Quinn was one of the first osteopathic physicians to be commissioned as a medical officer in the US Navy, where he served on active duty for two years. After being discharged, Dr. Quinn was in private practice in Lancaster, Pennsylvania, for twenty-two years while he continued to serve in the Navy Reserve and Pennsylvania Army National Guard. Dr. Quinn has served as commander of the 103rd Medical Battalion, division surgeon of the 28th Infantry Division, and state surgeon of the Pennsylvania National Guard.

Since 1990, Dr. Quinn has practiced occupational medicine and served as the national medical director for Humana Workers' Compensation Services and as the Medical Director for the Florida League of Cities. He joined the faculty of the Lake Erie College of Osteopathic Medicine, Bradenton in 2005, where he continues to teach. Dr. Quinn is married; he has two children and two grandchildren.

In 1892, Andrew Taylor Still did the unimaginable when he accepted women and men equally in his newly opened American School of Osteopathy.



The Feminine Touch is an exceptional overview on the numerous contributions women have made to osteopathic medicine. Dr. Quinn provides interesting anecdotes and a review of the history of osteopathic medicine.

— RADM Joyce Johnson, DO (USPHS, ret.)

I appreciate this comprehensive presentation of one more aspect of our profession that sets us apart.

— Karen J. Nichols, DO, MA, MACOI, CS
President, American Osteopathic Association

With significant changes in healthcare facing twenty-first-century physicians, women stand in the vanguard of a new era in osteopathic practice. Dr. Thomas Quinn brilliantly guides the reader through their arduous journey and through the winds of change that have brought women to the forefront of medicine. This is their time, this is their story, and *The Feminine Touch* tells it with sincerity and aplomb.

— Silvia M. Ferretti, DO
Provost, Senior VP, Dean of Academic Affairs
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