

# **Narratives of Class, Gender and Medicine in the American South: The Dr.**

## **Annie Alexander Story**

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### **Abstract:**

Dr. Annie Alexander (1864-1929) of Charlotte, North Carolina, was an early general practitioner specializing in the diseases of women and children in the U.S. South. Her life and career were marked by a sense of duty to her community, as an elite southern white woman and physician. The interplay of gender, class, race, and profession can be traced through Alexander's extensive unpublished essays, medical case records, correspondence and personal papers, and the published reactions of her (largely male) contemporaries. This study seeks to answer the questions: why did an elite southern woman follow a career path selected by few of her peer group, and with what consequences for her and her community?

1 Dr. Annie Lowrie Alexander (1864-1929) of Charlotte, North Carolina, is credited with being the first woman graduate of a medical college to practice in the American South. Although the truth of this statement is difficult to ascertain, Alexander was certainly acutely aware of her novelty and her status as a role model for young women. Over time, she was an outstanding success both as a practitioner and a businesswoman in the New South. Born into the eminent Alexander family of plantation stock in Mecklenburg County, North Carolina, the quiet grace, modesty, and "Southern womanhood" of "Doctor Annie" were frequently noted by male contemporaries. The United Daughters of the Confederacy turned out *en masse* for her funeral. At the same time, Alexander was an advocate for medical reform in the Progressive Era South, especially in relation to the health of women and children. Her endeavors for systemic reform found expression in campaigns for compulsory medical inspection of school children and co-operative rural public health nursing. Equally important to her as a health reformer was moral improvement, within families and especially among adolescent women. The story of Dr. Annie Alexander's career in Charlotte, 1887-1929, as a general practitioner specializing in the diseases of women and children is an important one to analyze. There exists, moreover, a second story, this one a work of fiction. Alexander composed the short story "Doctor Katherine" early in her professional career, possibly in the winter of 1886-87, following her graduation from the Woman's Medical College of Pennsylvania in 1884, internship, and licensing. The protagonist is a young southern white woman who made the unheard of career choice of medicine, attended the Woman's Medical College, Philadelphia, and overcame prejudice and private doubts to establish a practice in a southern city not unlike Charlotte. Alexander bestowed upon her fictional character the name of Dr. Katherine Caldwell. Alexander's paternal grandmother was a Caldwell, a family

illustrious in North Carolina's Revolutionary War history and the grounds for Alexander's later cherished role as a Daughter of the American Revolution. The autobiographical features of "Doctor Katherine" extended beyond curly fair hair and blue eyes, to the fact that the author and her subject each possessed a physician father who directed his daughter towards a career in medicine. The principal importance of "Doctor Katherine," however, lies not in autobiography; rather, it was Alexander's first known effort to interest southern adolescents, of her race, class, and gender, in medicine. As such, it will be examined alongside Alexander's non-fictional work in this field. This study, therefore, possesses three overlapping objectives. One is an examination of Annie Alexander's career as a single, white, elite woman in medicine, with an emphasis upon how she saw, and acted upon, the intersections of gender, class, and race. Another is to permit Alexander to speak to us in her fictional character of "Doctor Katherine." The final theme is the investigation of Alexander's views on women in medicine, in health, and in life; these were rooted in her time, place, and person.<sup>1</sup>

### **Doctor Annie Alexander**

2 Annie Alexander was born on 10 January 1864 in Lemley Township, Mecklenburg County, on the farm of her father, Dr. John Brevard Alexander (1834-1911). She died twenty miles away on 15 October 1929 in the bedroom of the home and medical office which she purchased in 1890, 410 North Tryon Street, Charlotte, Mecklenburg County. Her father graduated from the Medical College of South Carolina in 1855; he served in the Thirty-seventh North Carolina Infantry as a private, 1861-62, and as surgeon, 1862-65. Her mother, Ann Wall (nee Lowrie) Alexander (1834-93) was a granddaughter of North Carolina Superior Court Judge Samuel Lowrie (Dudley 13; Murphy 15). Alexander moved her parents into her Charlotte home in 1890. John Alexander was a druggist and general practitioner until his health deteriorated in 1898. He published extensively on local history and genealogy, public affairs, and religion. He was an unapologetic Confederate and a strident racist (*History* 370-82; *Reminiscences* 109-12, 237-39).<sup>2</sup> Alexander was home-schooled by her father and a tutor. Family tradition credits her father with the choice of medicine for his second daughter; in

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<sup>1</sup> The author is pleased to acknowledge the assistance provided for this study by the Special Collections Department, Atkins Library, University of North Carolina at Charlotte, in particular for a Harry Golden Visiting Scholar Award for 2008/09 to study the Dr. Annie Lowrie Alexander and Dr. John Brevard Alexander collections. A travel grant from the Institute for Southern Studies, University of South Carolina, 2006, was instrumental for situating Dr. Annie Alexander within her medical world of the Carolinas.

<sup>2</sup> John Alexander, "Insane Negroes," "The High Order of the Human Race not Maintained," and "Sin Has so Corrupted Our Natures" (undated essays), and "The Mixing of Races Should Be Condemned" (1886): John Alexander Papers, Box 1, Folders 13 and 15.

1881 he secured for her a place at the Women's Medical College of Pennsylvania (Pendleton 43; Thompson 14).<sup>3</sup> The surviving letters between Annie and her parents during her residence in Philadelphia reveal a close bond with her father, centered around their mutual interests in medicine, and a distant connection to her mother.<sup>4</sup> Alexander secured a second-class graduation result in spring 1884, but was one of the favored few awarded a coveted internship at the Woman's Hospital of Philadelphia, 1884-85.<sup>5</sup> During this year, she announced her intentions to practice medicine in the South, determining that only in a large, cosmopolitan city could she be reasonably certain of acceptance and a livelihood. She wrote in summer 1884: "I can't decide where to locate when I leave Philadelphia. I've thought of Baltimore, Atlanta, and Jacksonville, but there will be obstacles wherever I locate. My success will depend on my ability and the liberal views of the people among whom I will be." In the end, the choice was Baltimore.<sup>6</sup>

3 In 1885 Alexander accepted a poorly paid position as assistant instructor of anatomy at the Woman's Medical College, Baltimore, sat the Maryland licensing examination, and opened a private practice. John Alexander had provided his daughter with financial support since 1881 and this continued.<sup>7</sup> Alexander's career took a sudden turn in summer 1886. Severe pneumonia and weight loss were followed by tuberculosis; the winter of 1886-87 was spent recovering at a relative's Florida home (cf. Pendleton 62-63).<sup>8</sup> In the spring of 1887 the following advertisement appeared in the *Charlotte Observer*: "A nice young female physician, Miss Annie Lowrie Alexander, has located in this city ready to practice among women and children and consult about female disorders generally [...]. She has been educated in the best medical schools of the country" (qtd. in Kratt 12). The novice general practitioner boarded with a Mrs. Harvey Wilson and shared office space with one Mrs. Lathan (not a medical practitioner) in downtown Charlotte opposite the post office. Alexander was in the one southern city she had determined in January 1885 to avoid at all costs: "Charlotte, [because] the people there have more curiosity than sincerity and politeness."<sup>9</sup> She was the first licensed woman physician in North Carolina's history; over time Alexander came to

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<sup>3</sup> Annie Alexander (hereafter "Alexander") to John Alexander, 2 Jan. 1884: Alexander Papers, Box 1, Folder 1. College entrance exams were not introduced until 1887 (Marshall 69).

<sup>4</sup> Alexander Papers, Box 1, Folder 1.

<sup>5</sup> Woman's Medical College of Pennsylvania (hereafter WMC) Archives, Minutes of Faculty Meetings, 1881-86 (unpaginated), entries for 7 Feb. and 8 Mar. 1884; WMC 1882, 20; WMC 1884, 4; WMC 1885.

<sup>6</sup> Alexander Papers, Box 1, Folder 1.

<sup>7</sup> Alexander Papers, Box 1, Folder 1: Alexander to John Alexander, 8 June 1886; WMC, Alumnae "Firsts" file card; Dudley 13.

<sup>8</sup> Alexander Papers, Box 1, Folder 1.

<sup>9</sup> Alexander Papers, Box 1, Folder 1, Alexander to John Alexander, 11 Jan. 1885.

relish that role, and to contribute to the developing story that she was the first in the south-east United States or, indeed, in the South.<sup>10</sup>

4        There appears to be no truth to the family story that Alexander struggled for her entire first year in private practice before earning her first dollar, such was the prejudice in Charlotte against a woman in medicine (Pendleton 63; Kratt 12). The first of her surviving patient casebooks covers the period January 1888 to November 1889. For the calendar year 1888, Alexander recorded 432 patient consultations, for an income of \$684.00. She did \$31.50 worth of charity work.<sup>11</sup> The evidence suggests that Alexander took whatever clientele she could. This is the only one of the extant casebooks where there are any significant number of adult male patients, or African-American women, albeit even at this stage in her career both were distinctly in the minority. Most of her case work was gynecological, but included as well bilious fever, consumption, the common cold, indigestion, carbuncle, debility, and a sizeable practice in neurology. By the time of her next surviving casebooks, 1914-22 and 1924-29,<sup>12</sup> Alexander was a very well established Charlotte professional, in practice at the two city hospitals, and physician to the Young Women's Christian Association, the Presbyterian College for Women, and the Florence Crittendon Home for unwed mothers.<sup>13</sup> Her general practice between 1914 and 1929 was almost entirely in gynecology, obstetrics, and childhood diseases. Apart from immediate family, adult males had disappeared, and African-Americans were virtually non-existent. Alexander practiced throughout Charlotte, rural Mecklenburg County, and nearby South Carolina communities. Social class is harder to establish, for the physician rarely included signifiers. However, cross-referencing names and addresses from the casebooks with city directories establishes that Alexander's patients ran the range from the most prestigious families to the wife of the city's garbage collector. Her practice was weighted towards those who could afford her fees. For example, a large number of women, often recently married, appeared in the records only once, for a pregnancy examination and determination. Their health needs, and deliveries, were being met elsewhere. Alexander

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<sup>10</sup> Alexander's own role is suggested by the family narratives recorded by Pendleton and Thompson, and supported by the surviving fragments of an undated autobiographical description of herself (in the third person): Alexander Papers, Box 1, Folder 5. All accounts of Alexander, from her death to the present, emphasize that she was "the first," but the geographic scope ranges from the state of North Carolina to the entire South, and many accounts neglect to add the important qualities of "graduate physician," "licensed," and "southern born." In the standard biography (by Dudley) it is, for example, demonstrably not true that Alexander upon her return to North Carolina in 1887 "became the first woman to practice medicine in the South." She had been preceded by numerous non-graduate and/or unlicensed practitioners, as well as by several graduate, licensed women physicians who had not been born in the South.

<sup>11</sup> Alexander Papers, Box 1, Folder 13, patient casebook, 1888-89. This volume references, and has patient illnesses carried over from, an earlier volume for 1887 (not now extant).

<sup>12</sup> Alexander Papers, Box 1, Folders 14 (1914-22) and 15 (1924-29).

<sup>13</sup> Alexander Papers, Box 1, Folder 11 (newspaper clippings), "Pay Tribute to Dr. Alexander," 15 Oct. 1929, "Funeral to Be Held Today for Dr. Alexander," *Charlotte Observer*, 16 Oct. 1929.

charged \$2.50 for this exam, and \$25.00 for delivery and post-natal care; her standard fee for a consultation was \$2.00.<sup>14</sup> Overall, the practice may be described as overwhelmingly white, with a preponderance of women from the elites and the middling layers of local society – nurses, school teachers, the wives of accountants, and the like. It is difficult to locate in her records the families of mill hands or tenant farmers, of either race. These women and children may be present, but certainly not in sizable numbers; their existence and growth, however, was a striking feature of the new industrial Charlotte and its immediate hinterland.

5 Charlotte underwent rapid social and economic change in the 1887-1929 period. When Ann Lowrie married John Alexander in 1858, the city was a modest local agricultural community of slightly more than 1,000 people. By the time of Annie Alexander's death in 1929, the population stood at 82,000, surpassing every urban center in North and South Carolina. Charlotte was the nexus of four major railroad systems, and the heart of a textile manufacturing territory in the Carolinas' Piedmont of 770 mills (Hanchett 19-20, 90-92; Alexander, *History* 382; Blythe and Brockman 138). As early as 1896, Mecklenburg County was the third most important textile manufacturing county in the state; within a decade city boosters proclaimed that "[o]ne half of all the looms and spindles of the South are within one hundred miles of this city" (D. A. Tompkins qtd. in Hanchett 92). This was "an onward-driving, pulsating South in industry, agriculture and finances. [...] Charlotte is alive, aggressive, progressive. Charlotte citizens cooperate in matters which promote the civic, commercial, religious, and industrial welfare of the community" (Hill Directory Company 11-15). This marketing message failed to mention Mecklenburg County's long history of bitter industrial strife, or the serious social and public health problems which had grown alongside the population (Hanchett 18-104). Moreover, the declaration that Charlotte's labor was the finest in the country for prospective employers, "native, white, sober, industrious," ignored both the strikes and the presence of 28,936 African-Americans, 35% of the city's population (Hill Directory Company 11, 16). Thus, in the period *circa* 1890-1930, Charlotte emerged as a large, progressive center in the New South, prominent in finance, housing construction, and the service industries, in addition to transportation, agriculture, and textiles. At the same time, it was necessarily ridden with racial and class divisions, and serious contestation over all aspects of social welfare, from education to health (cf. Hanchett).<sup>15</sup>

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<sup>14</sup> Alexander casebooks, 1914-22, 1924-29.

<sup>15</sup> The relationships between the public health challenges and the economic transformation of Charlotte and its hinterland have not been the object of extensive scholarship, but can be traced in the surviving records of the Mecklenburg County Health Department, the North Carolina State Board of Health, and the biannual published reports of the latter body.

6 Annie Alexander, the scion of the old country plantation aristocracy, embraced the new progressive Charlotte. Her education and professional stature placed her firmly within the urban elite, while her extensive investments first in rental housing and then in textile mills aligned her with the new economic order. Alexander's career was marked by professional and financial success. These topics had been her expressed anxieties while interning in Philadelphia: could she acquire professional recognition and a livelihood in medicine.<sup>16</sup> It is reasonable to conclude that she was successful because she was in a good place at a time of opportunity, and because she worked very hard to achieve her goals. Alexander's first publication, in January 1889, was of an address which she had recently delivered at a women's college in Greensboro, North Carolina, on the theme of "Women Physicians" (discussed below). In March of the same year she contributed a paper on chronic inflammation of the lining of the uterus to her College alumnae association in Philadelphia ("Chronic Corporeal Endometritis").<sup>17</sup> In 1894 she published on "Uterus, Hyperplasia of" in the *Charlotte Medical Journal*, and in 1897 on "Menstrual Disorders" in both that periodical and in the *North Carolina Medical Journal* (cf. Marshall 101).<sup>18</sup> Upon the establishment of the Mecklenburg County Medical Society in 1903, Alexander was a frequent speaker at meetings, drawing upon her practice. She served as the founding first vice-president of this Society, 1903-05, and as its president in 1909-10, the period of the Society's first hookworm campaign (Strong 58, 62). In 1924 Alexander served as first vice-president of the Women Physicians of the Southern Medical Association.<sup>19</sup> She was a frequent speaker on medical themes, mostly to audiences in North Carolina. When venturing further afield, for example in one presentation to the Charleston Medical Society on calcareous deposits in a young woman patient, Alexander was exceptionally cautious, providing only the medical facts, offering no analysis, and denying that the case was significant.<sup>20</sup> Her research included "Management of the Puerperinum," "Cervical Adenitis," "Symptoms of Lobar Pneumonia," "The Care of the Premature Infant" (1914), as well as "Summer Complaint" (1893), and "Pneumonia" (1896). Her last known research contribution was on three cases of "Tuluremia" (1928, 1929), a

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<sup>16</sup> Alexander Papers, Box 1, Folder 1, letters to John Alexander dated Jan. 2, June 30, Nov. 9, 23, 1884, Jan. 11, 18, Feb. 25, 1885.

<sup>17</sup> The paper was read and discussed in her absence.

<sup>18</sup> WMC, Alumnae card file.

<sup>19</sup> Alexander Papers, Box 1, Folder 3.

<sup>20</sup> Alexander Papers, Box 1, Folder 3. A slightly altered version, in her handwriting, was copied into blank pages of her father's last casebook, with the title "Calcareous Deposits in the Lungs": John Alexander Papers, Box 1, Folder 7 (unpaginated). All the manuscript essays by Alexander cited below are in her handwriting. Many lack exact titles. Unless stated, the essays are undated, but internal evidence, or case descriptions in her casebooks, often permit approximate dating.

serious infection transferred from live rabbits and present in 29 American states.<sup>21</sup> As early as 1896 Susie Van Landingham, the acknowledged matron of Charlotte's social elite and wife of the city's leading cotton broker, paid Alexander a public tribute: "She has won for herself [...] an honored place among the [medical] fraternity and a practice that is both lucrative and successful" (qtd. in Henderson-Smathers 41).<sup>22</sup> Upon her death in October 1929, the Mecklenburg County Medical Society acknowledged Alexander as one of its most enthusiastic, highly honored, and respected members.<sup>23</sup>

7 Alexander was a competent and successful business woman. She was frugal in her personal expenditure; after the deaths of her parents she even took a lodger into her home. Beginning with the down payment on her own house and office in 1890, she bought real estate, owning at various times as many as twenty rental houses and commercial offices in Charlotte, all of which she managed herself. In 1921, Alexander's total revenue was \$4,868, and expenditure \$2,570, for a profit of \$2,298 (up from \$1,492 in 1920).<sup>24</sup> Her medical practice had brought in \$1,923.10; her rental properties yielded \$2,222.89. As was always the case, she invested all profits. In 1922, total receipts were \$4,830, expenses \$2,500, and profit \$2,330. For this year, the practice had brought in \$1,622.10, and rental properties \$2,379.54. In 1923 her practice provided \$2,047.85 and rental properties \$2,408.25, with a net profit for the year of \$3,096.51. Additionally, Alexander was now steadily selling off her rental properties (in 1923 she acquired a further \$5,741 from these sales) and re-investing in local textile mill stocks. In a speech intended to interest young women in a career in medicine, Alexander stated that the total costs of four years at the Women's Medical College, Philadelphia, would be approximately \$1,900 to \$2,300, covering all tuition, board, books, and incidentals. Upon graduation a teaching or laboratory position would immediately bring in a good income of between \$1,000 and \$4,000 a year. The financial returns from private practice would be slower to materialize, and the extreme range was from \$400 a year to \$10,000. One woman physician known to Alexander was said to earn \$20,000.<sup>25</sup> As a self-employed physician, Alexander wrote off on her income tax submissions the entire upkeep on her automobile, her telephone, depreciation on her rental properties, and part of her house

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<sup>21</sup> Alexander Papers, Box 1, Folder 3.

<sup>22</sup> For Van Landingham's role in Charlotte cf. Kratt 20-22.

<sup>23</sup> Alexander Papers, Box 1, Folder 11, "Death of Dr. Alexander Subject of Resolutions" (undated newspaper clipping of Oct. 1929).

<sup>24</sup> This, and the following, information has been extracted or calculated from Alexander's personal financial records, 1920-29: Alexander Papers, Box 1, Folders 7, 8. Apart from some financial information included within her patient casebooks, these are her only financial records to survive. They reveal a very careful attention to detail, especially for expenditure.

<sup>25</sup> Alexander, "Woman [sic] in the Medical Profession" (circa 1920), Alexander Papers, Box 1, Folder 5.

expenses. Although any comparison is inexact, in 1927 the annual salary of the full-time Assistant Health Officer for Charlotte and Mecklenburg County was \$2,400; the prestigious part-time position of County Physician paid \$1,200.<sup>26</sup> It appears from Alexander's financial and medical records for the 1920s, that she was acquiring capital largely through careful attention to expenditure and making wise investment decisions, rather than attempting to maximize the work of her general practice. This afforded her considerable leisure for civic involvement.

8 In addition to her private practice, Alexander was active in medicine and public health within her community. Her actions in this arena are often shadowy. For example, the obituaries emphasize Alexander's importance for the creation and performance of the Charlotte Co-operative Nursing Association; however, there is nothing on her work itself in either the Alexander papers or the records of the Mecklenburg County Health Department. Too frequently, we know that she held a position of responsibility, as a trustee or board member, without being able to assess her involvement. Alexander was largely responsible for the health education program of the Charlotte Women's Club, and she was instrumental in establishing through that body the local sale of tuberculosis seals (cf. Henderson-Smathers 41).<sup>27</sup> She actively promoted the compulsory medical inspection of school children. In November 1917 this led to her wartime appointment as medical director of Charlotte's public schools, paid by the United States Public Health Service, with the standard (usually male) federal title of "acting assistant surgeon", and working alongside the city health department. The objective was to maintain a high level of health within the five-mile sanitary zone surrounding the army's Camp Greene. Alexander and the health department were able to use this concern in order to accomplish unprecedented health work in Charlotte's schools, including the medical inspection of thousands of children.<sup>28</sup> Public health, however, was never at the center of Alexander's career. She routinely devoted more attention to non-medical charitable activities than to the ones identified above. It is undoubtedly true that Alexander herself would have approved of the summation of her adult life in Charlotte, provided in the obituary news report of the *Charlotte Observer*: "she was recognized as a leader in the civic, social and business life of this city."<sup>29</sup> A fair summary of her adult life is

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<sup>26</sup> Mecklenburg County Health Department Archives, Box 1, Folder 7, Minute Book, 1915-55, 3, 22-24, 47.

<sup>27</sup> Charlotte Woman's Club Archives, Box 1, Folder 1 (notices of Alexander's activities, 1900-1926); Henderson-Smathers 41.

<sup>28</sup> Alexander Papers, Box 1, Folder 11 (newspaper clippings, 1917-18); Mecklenburg County Health Department Archives, Box 1, Folder 7, Minute Book, 1915-55, 3; Charlotte City Board of Education Records, Box 1, Folder 7; North Carolina State Board of Health 1921, 17, 22, 26, 40-45, 47, 49-52; Alexander, "Medical Inspection of Schools," and a briefer, untitled, essay by her on the same topic (Alexander Papers, Box 1, Folder 2).

<sup>29</sup> Alexander Papers, Box 1, Folder 11, "Last Rites for Dr. Alexander Held Today," Oct. 16, 1929.



that these were her personal objectives, and through dedication and talent she accomplished them.

### **Commentary on “Doctor Katherine”**

9 This short story evidently was intended for publication, presumably in a magazine with a readership of adolescent women. One fair copy, with several stylistic alterations, exists among Alexander’s papers, in her handwriting. In the top right margin of the first page, Alexander has added, “Miss E. Goheen 2301 Master St. Phil. Pa.”<sup>30</sup> Elizabeth Henri Goheen, of the Philadelphia suburb of Media, was a student at the Woman’s Medical College of Pennsylvania, 1892-96.<sup>31</sup> It appears that Alexander’s intention was to send the story to Goheen. Whether it was dispatched and returned, or never sent, is not known. The paper is not listed among Alexander’s publications in the records maintained by the Woman’s Medical College (cf. Marshall 101). As far as can be ascertained, it does not appear to have been published. The purpose of the story appears to be straightforward: to provide a positive example of a woman’s career choice in medicine suitable for young readers.

10 The manuscript is undated. The story was written early in Alexander’s professional career, after her education but before she became well established upon her career path in Charlotte. The Goheen notation implies that the manuscript was created after she left Philadelphia in 1885 and before Goheen left the College, without a degree, in early 1896. The narrative has Dr. Katherine establishing her practice within her home community in the South, not in a large city such as Baltimore (where Alexander began her career, 1885-86). “Doctor Katherine” may well have been composed during a period of reflection as she convalesced in Florida over the winter of 1886-87, or early in her efforts to establish a practice in Charlotte. It may be noted that the character Mary Berry gave Dr. Katherine Caldwell’s age as twenty-two when Caldwell returned to her state. Alexander was this age at the time of her health crisis. It may also be relevant that the only letters from a “male admirer” retained by Alexander in her papers were from the winter of 1888-89. This unidentified male appeared to be a physician, and he proposed marriage.<sup>32</sup>

### **“Doctor Katherine” by Annie Alexander**

It was the day before commencement at Parkhurst Academy. Several members of the graduating class were assembled in the grounds in front of the building talking of the future

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<sup>30</sup> Alexander Papers, Box 1, Folder 6.

<sup>31</sup> WMC, Alumnae card file, and Minutes of Faculty Meetings, entries for May 1894, Feb. 1895, May 1895.

<sup>32</sup> Alexander Papers, Box 1, Folder 1 (the signature is unreadable).

before them. "I am going to be a teacher," said one. "I am going to be an artist," said another. "And I a professor of languages," said Mary Barry. "I shall marry," said Nettie Bell. "What are you going to do Katherine?" asked Mary Barry. "Study medicine." "Study medicine! Be a doctor! Who ever heard of such a thing!" "Are you in earnest or romancing?" asked Mary. "Yes, I am going to be a doctor. It has been father's desire all my life, that I should be a physician."<sup>33</sup> "Your father must be a mad-man to allow such a thing or to consider it for a moment," said Nettie Bell. The idea of a daughter in a Southern family doing anything outside of home or the schoolroom was unheard of. And to bring the idea closer home, for Katherine Caldwell the fatted daughter of Dr. and Mrs. Caldwell to study medicine was shocking. Katherine Caldwell was the second daughter in a large family of children.<sup>34</sup> She was shy and diffident toward strangers, gentle and quiet in manner, and was possessed of that excellent thing in woman, a voice soft and low. Her light wavy hair, coiled loosely at the back was her one crown of beauty. From her blue eyes shone her steadfast earnest soul.<sup>35</sup> "Yes, I am going to be a doctor. If you have recovered from your shock I'll tell you about it." Katherine's quiet serious face showed that she was not as brave at heart about going to Philadelphia as she would have her friends believe. The girls listened with interest as she told them of hers and her father's plans for her to enter The Woman's Medical College of Pennsylvania in Philadelphia in October. "Of course I shall only practice among women and children." "That is not fair," said Will Herndon,<sup>36</sup> who had stopped a moment in passing. "All the boys will want you to visit them." Will was just home from the University of Virginia where he had been studying medicine. "She could not prescribe for you Will, your pulse would go bounding away at such a rate and you would begin stammering at her first question," said Jennie Strong. "You see Will, it would never do," said "Dr. Katherine" as her friends begun calling her. "I could never make a diagnosis with such varying symptoms as you would present." "Diagnosis, symptoms! My! How doctory she sounds," said Jennie. Will turned and walked on with regret in his strong noble face. "Doctor [struck out: Margaret Winters] Mary Walker [inserted] is the only woman doctor I ever heard of," said one of the girls, "and she has short hair and dresses like a man." "Not exactly like a man," corrected Katherine. "And there are a great many woman physicians throughout the north and west, who are just as loveable and womanly as the women in our Southern homes whom our men love to honor." "I can't conceive of a doctor wearing skirts and feathers," said brown eyed

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<sup>33</sup> The family story for Alexander is identical (cf. Pendleton 42, 62; Thompson 14).

<sup>34</sup> Alexander was the second (of three) daughters, with five siblings in total.

<sup>35</sup> For Alexander's curly golden hair and blue eyes cf. Pendleton 42, 62.

<sup>36</sup> The names "Will" and "Will Herndon" appear throughout the manuscript on top of an erased name.

Nettie Bell, who thought more of her beau than her books. “I would have no confidence in a woman as a doctor,” said candid Jane Smith. “Why not Jane?” asked Katherine. “Why because women haven’t the brain power necessary to make good doctors, and they are too nervous and scarry [sic].” “Doubtless you speak from an intimate acquaintance with yourself Jane,” said Mary Barry. “If you will take the trouble to make inquiries, you will find in schools where co-education exists that the women are not behind the men. In many instances they lead the classes. As for being nervous and scarry [sic], did Katherine appear so when little Ned fell from the tree and broke his arm so badly? No, Doctor McLean said she had set it as well as he or any other doctor could have done.”

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Six months later Katherine Caldwell is in Philadelphia attending lectures at the Woman’s Medical College. The first lecture she heard was on “Protoplasm”. After listening to the lecture one hour she turned and asked the student behind her, “What is Protoplasm?” What a trial those first six weeks were! Loneliness, and homesickness and tears. She attended the lectures and studied the dictionary. Everything was chaotic. After a while things became clearer and a keen interest took the place of the homesickness. A new world was revealed to her. Sickness and suffering such as she never suspected aroused her deepest interest and sympathy.<sup>37</sup> Katherine’s greatest trial was the dissecting room. How the shivers ran up and down her spine as she heard the elevator rumbling up from the basement to the top story! One of the advanced students said, “There goes a subject to the dissecting room, let’s go up there.” “A no,” said Katherine, “dry bones are a great deal more interesting just now.” They were studying the skeleton then. “Oh she is chicken hearted. Let’s go. You may stay Miss Caldwell.” “Oh I don’t mind it,” said Katherine faintly, “I’ll go of course.” The sight that greeted her eyes was appalling. Several long marble tables, on each lay a subject carefully covered, but the human outlines were visible. It was horrible. It was the first time she had seen death. She walked over to the window and stood for a few minutes looking over into Girard College grounds, until she could get her nerves under control. By degrees she brought herself to look upon the ‘subjects’. How cruel and wicked it all seemed! Once these poor bodies were a joy and comfort to someone’s heart. But now – now – it was too much for her.

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<sup>37</sup> The first lecture of the autumn 1881 term at the Woman’s Medical College was on 6 October, on gynecology: WMC, Minutes of Faculty Meetings, 1881-86. This was the first year that the College required student attendance at both a winter and a spring term of lectures. The chair in gynecology has been established in 1880. The Clinic Hall (referenced by Alexander below) was constructed in 1883. Cf. Marshall 69, 82-83. Alexander’s papers contain her notebook on academic and clinical lectures attended at the College, 1881-83 (Box 1, Folder 12). Most date from her second year and suggest a competent, informed student. The first clinical lecture attended by Alexander in 1881 was of a baby with skin eruptions; the second was for a blister on a woman’s ring finger.

She quietly left the room unnoticed. The worst part was to come. Later in the winter Katherine was assigned a part to dissect. It was awful. It seemed impossible for her to make the first cut. But after it was begun her horror and disgust were gradually absorbed by her interest in the wonderful and beautiful arrangement of muscle, nerve, vein and artery. Her first year at college quickly passed with lectures, clinics and laboratory work. The clinics at the Pennsylvania and Blockly Hospitals were open to the Woman's College students where they were not always well received by the Jefferson and University students.<sup>38</sup> One day a little missionary student from Virginia fainted. She felt it coming on and felt certain that if she did it would afford great fun to the Jefferson students present. Just as soon as possible she raised up off the seat where friends laid her. The only notice taken of her was: "Don't set her up too soon, it's often the cause of death," and without a pause the Professor went on with his clinic, presenting the symptoms and treatment of a typhoid fever patient before him.

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Katherine is home for the vacation after two winters in Philadelphia. How she enjoys every hour! How beautiful seem the grass and trees and birds and soft springy earth, after a winter in Philadelphia where hard pavements, brick walls and English sparrows abound. Katherine looks just as she did two years ago. Some I told-you-so people are disappointed to find she has not put on bloomers. Her gentlemen friends have been slow in calling, fearing to find her changed from a gentle girl into a masculine woman. One evening a few days before her going to college for the last year, a party of young people called to bid her 'Good bye.' The evening passed all too quickly. It seemed like old times before Katherine went to College. The last good bys were said, but Will Herndon lingered. "Good by Katherine. I don't suppose I will ever see you again," said Will dolefully. "What's the matter," said Katherine, "you're not ill? Don't feel like dying do you? Let me feel your pulse." "I'd rather you would listen to my heart," said Will with a poor attempt to smile. "Katherine, will nothing induce you to give up this mad idea of ruining your life?" "If you call a noble useful life, which a woman doctor's life is, a ruined life, mine will be ruined. I have seen the necessity for women physicians and you must have seen the same in your college and hospital work." "It seems well enough for others to study and practice medicine but for you —. I wish I could persuade you that your happiness lies in another place. Katherine —." "Will it is useless," said Katherine quickly. "There is a niche for each of us and I must fill mine." "Katherine, don't tell me you will never

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<sup>38</sup> Alexander was subsequently to write on the infamous challenge by these males to women students of the Woman's Medical College in the autumn term of 1869 with such passion, that some biographies have mistakenly believed she experienced the identical events. Alexander, "Woman in the Medical Profession": Alexander Papers, Box 1, Folder 5. For 1869 (cf. Peitzman 34-38).

marry. Some day you will [struck out: love and marry] but no man will love you better nor strive harder to make you happy than I would. The happiest lives are married lives.” “That may be true Will. Being an old maid I may miss a few joys but I shall escape many sorrows.” “I am going to open an office and begin work in Peoria soon,” said Will. “I had a letter from Tom Willets the other day telling me there was a good opening there for an active young physician. I will bury myself in my books and journals till work comes. How I shall long for work, hard work to try to forget the happiness I have missed.” “Good by Katherine,” a pressure of her hand and he was gone. Katherine sat gazing into the heavens through her open window. She neither saw the stars nor the silver crescent that hung in the west. She saw Will’s earnest pleading face. She thought of the happiness she might have had as his wife and wondered if the happiness would compensate for all the suffering and sorrow and heartache and tears that might come with it. Her heart answered “yes”; her head said “no.”

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The three College years have ended and Dr. Katherine Caldwell is the proud possessor of a diploma entitling her to practice the science of medicine. After having spent a year profitably and pleasantly in the Woman’s Hospital of Philadelphia, her friends and acquaintances await impatiently for the coming of the first woman doctor in the state. her impatience is due more to curiosity than any substantial interest.<sup>39</sup> With few exceptions every woman has said, “I hope she will succeed, but I could never trust a woman when I and my children are sick.” Mary Barry was the first of her friends to call. After the first greetings and asking and answering questions, Mary said, “Katherine you are to have a call soon from Mrs. Blake. I heard her say the day you came home she wanted you to attend her in her next sickness.” “They are new people here are they not?” “Yes, they came here from Kentucky two years ago. They have had very little sickness and have had your father Dr. Caldwell when they needed a physician. So look out for a call from her soon. By the way Katherine, she thinks you are a middle aged gray haired woman instead of a young girl of twenty-two with yellow hair and innocent baby eyes.” “Oh for old age and grey hairs,” laughed Katherine. “I suppose you have heard of Will Herndon’s success,” said Mary rising to go. “He deserves success.” “Yes, shortly after going to Peoria old Doctor Pratt took him into partnership with him and within the year the old doctor kindly went to heaven leaving his large practice in Will’s hands. His sister tells me he writes he is very busy and wishes he had a certain doctor whom he knows for a partner.” “I am glad to hear of his success, he deserves the best of everything. His nobility of character and tender sympathetic nature will endear him to his patients.” “A note for Doctor Caldwell,”

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<sup>39</sup> Compare Alexander’s identical fear expressed to her father in 1885 (quoted above).

said a voice at the door a few days later. "Dear me," said Katherine, "suppose it is the call from Mrs. Blake." Taking the note from the servant's hand she read: "Dear Doctor = Please call to see my wife as soon as possible. Yours, J. D. Blake." "I wonder if it means me or father, it just says 'Dr. Caldwell,' and father is out. Mary Barry said they were going to send for me, so I'll risk it and go." She hurried on her hat and gloves, picked up her little black satchel which had been filled with all things needful anticipating this call and in twenty minutes rapped at Mrs. Blake's door. "I wish to see Mrs. Blake," she said to an old lady who opened the door. "My daughter is sick, bad off, and we've sent for the doctor, whom I expect every minute." "I am here madam, I am Doctor Katherine Caldwell." "You – Doctor Caldwell?" said the old lady in open eyed astonishment. "Why I supposed Miss Doctor Caldwell was – was –." "That's all right madam, I received Mr. Blake's note asking me to call. Will you show me to Mrs. Blake's room?" Dr. Katherine followed the old lady into the sick room. "Mary this is Miss Caldwell, Miss Doctor Katherine Caldwell." Mrs. Blake turned her head to look at the woman doctor. "Mother," she said, "where is the doctor?" "I am the doctor," said Katherine, quickly drawing off her gloves and going to the bedside. "Oh! O— O— Oh—!! Why didn't your father come? Mother sent for Doctor Caldwell." "Dr. Caldwell is not at home," said Dr. Katherine. "If I have made a mistake and am not wanted, I will bid you good morning," picking up her little black satchel to go. The mother quickly laid her hand on the doctor's arm and said, "Don't go Miss Doctor, excuse Mary's talk, she is suffering so she does not know what she is saying, please stay and do something for her." Reluctantly Doctor Katherine stayed, fearing that if all did not go well that it would hazard her success in that most historic of Southern towns where such an innovation as a woman doctor was not looked upon with much favor. Oh! The mental agony and physical anguish of doctor and patient during the next half hour. It seemed hours to both. The anxiety and pain are at last ended with a heartfelt "Thank God," and a feeble infant cry in a peculiar minor key. Dr. Katherine left the house an hour later, the patient happy with her little pink baby on her arm, and the new grandmother blessing and praising women doctors in general and "Miss Doctor Katherine" in particular. On calling the next day Mrs. Blake said, "Doctor you must pardon the way I acted toward you yesterday. You looked so young, so pale and scared that I became frightened myself. I feel well this morning. You have my entire confidence and will have my practice in the future." That was Doctor Katherine's first patient, the successful issue of which was the beginning of a successful career.

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Three years passed, each succeeding one being more successful than the last. Doctor Katherine is devoted to her work. Her special delight is with little children who love her as their best friend. As she drives through the shady streets one hears on all sides “Hello Doctor Katherine” from these little friends of hers.<sup>40</sup> She has had a trying week. A terrible epidemic is scourging the city. Many adults and children have succumbed to the grim Angel. Returning home one morning after spending the night with a desperately ill mother and dying babe, she finds a letter from Doctor Will Herndon. A blush creeps into her pale cheeks. She hesitates before reading it. Tired and exhausted she throws herself on the lounge in her office. Suffering and joy, death and life, happiness and sorrow mingle painfully in her thoughts. She reads the letter the second time. Falling asleep the last lines mingle in her dreams. “You are more than wealth or life itself to me Katherine. All that Peoria needs to make it the hub of the universe is a nice little woman doctor. Won’t you come?” Bella Donna

### **Rules and Roles in the Piedmont**

11 Annie Alexander was undoubtedly capable of, and suited for, a career in medicine. The first assessment was by Dr. Anita E. Tyng, a native of Providence, Rhode Island, the second vice-president and recording secretary of the Woman’s Medical College of Pennsylvania when Alexander entered in 1881, and the Physician-in-Charge and Alexander’s mentor at the Woman’s Hospital of Philadelphia in 1884-85. Tyng commented in March 1885: “[I] anticipate an honorable & brilliant one [a medical career] for her, because besides her mental accomplishment & good observing faculty, she has three other qualities of the good physician, dignity, gentleness, firmness, & a calmness & coolness in emergency which inspires confidence in others.”<sup>41</sup> This is the only known assessment of Alexander which could have been applied equally to a good male physician. All others were highly praiseworthy, and all interpreted her as a woman physician. Susie Van Landingham in 1896 portrayed the practitioner’s success in Charlotte within the context of “a modesty that is impressive and womanliness that is emphatic” (qtd. in Henderson-Smathers 41). Alexander’s niece, who provided the main obituary notice for the North Carolina Medical Society, initiated (in print) the well established family tradition of “Dr. Annie’s” exceptional, heroic, struggle against prejudice: “Her invasion of the field of medicine, so long held by men, and with the laity slow to accept the woman doctor, required very considerable courage” (Stowe 164). Compare her assessment with that earlier by Tyng: “Love and kindness radiated from her presence in the

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<sup>40</sup> Identical stories were later told of “Dr. Annie” by her former child patients (cf. Blythe; Thompson 14).

<sup>41</sup> Alexander Papers, Box 1, Folder 1, Tyng to John Alexander, Mar. 19, 1885.

sick-room, inspiring confidence.” The result was the same; the construction was highly gendered. Both her niece and the Mecklenburg County Medical Society considered her an “unusual woman” (Stowe 164).<sup>42</sup> It is as well that Dr. Alexander was not alive to read this last comment, for her self-assessment would never have placed these two words together. The editorial in *The Charlotte News* which marked her demise is worthy of quotation in full, as the considered judgment of an influential male commentator: More than the mere novelty of having been the first woman South of the Potomac River to enter the ranks of medicine for a professional career attached to the life and achievements of Dr. Anne [sic] Alexander whose passing here is so widely mourned. She brought into that profession such high resolutions and nobility of character, such proficiency in maintaining that warmth of relationship between practitioner and patient, that she became outstanding. There was a demureness about her and a humility, a seeking of not her own that glorified her in the esteem of her people. Long has she wrought her good works. For more than 40 years she has practiced her profession in the homes of the people here, moving among them with a majestic dignity and a proficient touch which enthroned her not only as a medical expert of superb order, but as a woman doing a great work in a womanly way – with tenderness, with soulfulness, and with love for her work no more dominant than love for those she served.<sup>43</sup>

12 Dr. Alexander would have agreed with the interpretation that she, and all women in medicine, were responsible for performing “a great work in a womanly way.” The character Dr. Katherine feared that contemporaries would view her as transformed “from a gentle girl into a masculine woman.” Alexander consciously worked to avoid such an epithet. This appears to have been both a personal preference, and a public policy. She viewed herself as a white, elite southern woman, whose profession was medicine. Modesty was essential: women of her class and race were modest, and demonstrated this through personality, actions, and dress. This theme lay at the center of Alexander’s actions in the public sphere, and in her private practice, for the moral reform of girls and young women.<sup>44</sup> Parents were instructed to restrain, not cultivate, their children’s imaginative and artistic faculties: “Cultivate & insist upon orderliness in all things. Fitness, self control, & orderliness are the most important.”<sup>45</sup> Her unmarried pregnant teenage patients were wrongdoers and sinners.<sup>46</sup> A firm Presbyterian

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<sup>42</sup> “Death of Dr. Alexander Subject of Resolutions” (Alexander Papers, Box 1, Folder 11).

<sup>43</sup> Alexander Papers, Box 1, Folder 11, “Dr. Anne [sic] Alexander” (Oct. 1929).

<sup>44</sup> The theme runs through many of her public addresses and essays. Note, “Fifty Years Ago” and “Dress” (Box 1, Folder 2), “Indigestion Is the Pandoras’ Box of Human Ills” (Box 1, Folder 3).

<sup>45</sup> Alexander, Untitled 19-page address to the Charlotte Woman’s Club, beginning “Our Woman’s Club.” Alexander Papers, Box 1, Folder 5.

<sup>46</sup> For example, casebook 1924-29, 171, 180 (Alexander Papers, Box 1, Folder 15).



piety was a frequently commented upon, life-long, attribute (cf. Stowe 165).<sup>47</sup> Alexander's value system was traditional at its core. She wrote, "I believe no womans [sic] life is complete until she is a wife and mother. Some of us never attain to that completeness [...]."<sup>48</sup> Motherhood was a sensitive personal topic for Alexander. She once observed that the Charlotte Woman's Club was originally named the Mother's Club, and she and Miss Lily long, a nurse, were the only unmarried members: "I was asked what we two were doing as members of a mothers [sic] club. I answered that we had helped rear more children than any other member. [...] In heart and soul we [women] are all mothers."<sup>49</sup> She asserted that health and morality concerned women more than men, and their civic involvement was therefore indispensable: "Women should be on all Boards that have to do with women and children [in addition to working through women's clubs and civic leagues]. [...] Women's work is essential with children."<sup>50</sup> And, in medical practice, even in the South, a woman doctor was accepted "where she conducts herself as a true woman and physician should."<sup>51</sup>

13 In 1889, Alexander argued the case for women in medicine in terms of separate spheres. They were required because "[a] suffering woman naturally turns to [a] woman for sympathy." And, there were diseases peculiar to women which both should be, and better could be, treated by doctors of their own sex ("Women Physicians"). Moreover, women physicians had demonstrated great success in treating childhood diseases because "There is an instinct in women that gives them an insight into the sufferings of the little ones" ("Women Physicians" 1-2). The sentiments within "Doctor Katherine", expressed more briefly, adhere to these beliefs. A quarter century later, in a similar exhortation to young women, Alexander no longer cited the importance of providing women physicians for women patients. Now, the emphasis was upon medicine as a wise career choice for talented young women. Abundant well-paid jobs existed in public health, medical laboratories, hospitals, and medical colleges, in contrast to the overcrowded fields for women teaching in the humanities. Moreover, "[w]hile the work in any field of medicine is exacting, lack of monotony [...] lends a charm and inspiration which means joy to the worker, and without which the real zest of living must be lost."<sup>52</sup> At present, she noted, twenty-five women were practicing medicine in North Carolina, without novelty and free from professional or lay prejudice.

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<sup>47</sup> Expenditures in her financial records, 1920-24: Alexander Papers, Box 1, Folder 7 (unpaginated); "Funeral to Be Held Today For Dr. Alexander": Alexander Papers, Box 1, Folder 11.

<sup>48</sup> Alexander, "Our Woman's Club" (Alexander Papers, Box 1, Folder 5).

<sup>49</sup> Alexander, "Our Woman's Club" (Alexander Papers, Box 1, Folder 5).

<sup>50</sup> Alexander, "Womans [sic] Aid in Civics" (Alexander Papers, Box 1, Folder 5).

<sup>51</sup> One detached page of an address by Alexander on women in medicine, delivered to a South Carolina audience, circa 1890s. Alexander Papers, Box 1, Folder 5.

<sup>52</sup> Alexander, "Woman in the Medical Profession" (Alexander Papers, Box 1, Folder 5).

14 Race and class figure subtly in Alexander's lectures on civics and social improvement. Although a supporter of women's suffrage and their advanced education as general principles (cf. Alexander, "Women Physicians"),<sup>53</sup> her focus was always directed towards women not dissimilar to herself. For example, when advocating for women to take up civic involvement, she wrote: "Women have more to do with the health and morals of *our race* than the other [male] half."<sup>54</sup> In a lecture to the Charlotte Woman's Club in 1912 on the importance of public tuberculosis education, she condemned the city's African-American population for inculcating and spreading the disease: "Their ignorance in regard to the disease is dense. They crowd together, sleep in the room with the sick one, who knows nothing of personal hygiene [...]."<sup>55</sup> After many negative assertions along the same lines, Alexander then briefly added, "I have seen [the same] occur among the ignorant whites of the city," and she called upon the Club to devise a practical method of educating "these two classes." The structure of the speech allotted blame disproportionately upon the African-American population, but clearly neither they nor the poor whites were within the pale. Alexander was a supporter of eugenics who believed that "The death dealing hand of nature [rightly] destroys the life of most of her offspring" as "the sick and the weak succumb to their insufficiency." However, "[a]s we conquer disease we preserve the unfit, in saving infant lives we save many inefficient ones to grow to maturity to propagate their kind and become a burden on society."<sup>56</sup> Frequent references to Mecklenburg County's "poor, ignorant and dirty" demonstrate a womanly, an elitist, and a professional requirement to assist, but no affinity.<sup>57</sup>

15 Alexander, thus, was very much a part of her time and place. Women were to be educated not least because the educated mother was the best mother.<sup>58</sup> Their intellect was superior to males ("Women Physicians"), but excessive study during adolescence undermined health and made them prone to emotional, nervous disorders.<sup>59</sup> The woman in medicine possessed a special calling (in addition to the one shared with male colleagues) because she was a woman and because, from necessity, she came from society's well-to-do. If we accept the second-hand evidence that John Alexander was responsible for selecting in 1878 a medical career for a dutiful young daughter, aged fourteen (Pendleton 42; Thompson 14; Kent

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<sup>53</sup> Alexander Papers, Box 1, Folder 11.

<sup>54</sup> Alexander, "Fifty Years Ago" (Alexander Papers, Box 1, Folder 2).

<sup>55</sup> Alexander, "What Can We Do to Prevent Tuberculosis?" (Alexander Papers, Box 1, Folder 3).

<sup>56</sup> Alexander, "Eugenics Comparably a New Word" (Alexander Papers, Folder 3).

<sup>57</sup> For example, Alexander, "Womans Aid in Civics" (Alexander Papers, Box 1, Folder 5).

<sup>58</sup> Alexander, "Womans Aid in Civics" (Alexander Papers, Box 1, Folder 5); Alexander, "A New Born Infant" (Alexander Papers, Box 1, Folder 3); Alexander, "Menstrual Disorders" (John Alexander Papers, Box 1, Folder 7).

<sup>59</sup> Alexander, two lectures on nervous prostration (Alexander Papers, Box 1, Folder 3), "Our Womans Club" 12-16 (Alexander Papers, Box 1, Folder 5), and "Fifty Years Ago" (Alexander Papers, Box 1, Folder 2).

94-96), it is worth speculating whether he could, or would, have done so in the absence of his aggressive self-assuredness at the top of the county's hereditary elite. For Alexander, herself, she encountered no exact role models: an analysis of career choices by elite women in North Carolina, 1865-95, could produce for medicine only Alexander (cf. Censer).<sup>60</sup> She, in "Doctor Katherine" and in her first publication of 1889, would look to the American North and West for models of women physicians ("Women Physicians"). However, she never considered a life for herself outside the South. In the South, perhaps especially for her in Mecklenburg County, Alexander possessed a role. She broke some rules. She entered medicine, and family tradition states that a portion of the family never again spoke to her or uttered her name (Kratt 12). She did not marry. The family tradition would have us believe John Alexander forbade marriage, for then the expense of a medical education would have been wasted (Pendleton 42, 62, 64; Thompson 14-15). In 1919 she adopted a three-year old orphaned boy, and she raised in her home the seven children of her deceased brother, Robert (Blythe; Thompson 15; Pendleton 64). Interestingly, Annie Alexander is assigned no credit (or no blame) for either of the transgressions – both were attributed to a strong-willed, long deceased, father. Alexander, herself, is for us today wholly silent on both career and marriage decisions, except within the pages of "Doctor Katherine."

16 Annie Alexander has left to posterity two works of fiction. The first is "Doctor Katherine." All that survives of a second story, which must date from after 1911, are two pages entitled "Chapter II." This is a love story told from a young heroine's perspective, of her devotion to and cherishing of a man. The text breaks off abruptly. Immediately after these two pages, a large number of leaves have been ripped out of the volume, and destroyed. This story is written in the unused portion of her father's last medical casebook.<sup>61</sup>

17 In 1890, 410 North Tryon had been situated in a charming residential neighborhood within a short walk of the city center.<sup>62</sup> The Wall Street Crash, nine days after her death, speedily destroyed the value of hard-won investments. Alexander, who published relatively little and who consciously maintained a high public profile only in her own community, has almost wholly been ignored in modern scholarship. Within public memory in Charlotte, she is "the remarkable Dr. Annie," with a "rather heroic story," who sacrificed herself in order to achieve the impossible (Pendleton; Thompson; Blythe; Kratt 12; Anon., "Annie"; Kent 97, 104). What stands out in Alexander's life is not sacrifice, but duty: the dutiful daughter; the

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<sup>60</sup> The vocational and educational context also worked against the development of directly applicable role models (cf. McCandless; Turner).

<sup>61</sup> John Alexander Papers, Box 1, Folder 7 (unpaginated).

<sup>62</sup> By the early 1920s she occupied the last private residence, surrounded by car dealerships, a barber shop, dry cleaners, service station, and light manufacturing.

dutiful mainstay of societies, charities, and hospitals; the conscientious physician. The message to adolescent girls of the 1880s in “Doctor Katherine” was that one did not have to be exceptional to succeed in medicine, and perhaps even “have it all,” both career and marriage.<sup>63</sup>

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<sup>63</sup> It is ironic that Alexander has been cast (after her death) as exceptional, particularly because she strove diligently to fit expectations, and because during her lifetime Charlotte’s male elite generally found it advantageous to view its sole woman physician as a model of the modest, reserved citizen, and southern woman.

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