

THE MEDICAL EDUCATION OF WOMEN.

[THE following detached quotations relative to the study of medicine by females, are selected from the Introductory Lecture by Wm. M. Cornell, M.D., of this city, delivered to the class of the New England Female Medical College, November 2d, 1853.]

So far as I am concerned, and so far as I know the minds of the other lecturers in this School, there is no disposition to recommend any lady for the practice of the healing art, among women and children, until she shall have studied as long, and attended as many and as full courses of lectures, as are required of young men for graduation in the medical colleges of our land; and for one, I should be perfectly willing that the Counsellors of the Massachusetts Medical Society should be the Examining Committee of any applicant for graduation, and that their decision, upon the *medical qualifications* of such, should be final.

Nor do I apprehend that all the women in the land are about to study medicine. The course of three years' study is too long, and the expense too heavy, for many to undertake it; and the fact that those who do practise shall be *thus* qualified, will have a salutary effect in preventing those who have a mere smattering of information, from attempting to dabble with medicine. If any suppose that we wish, or intend, to encourage any females to practise who have not qualified themselves as above stated, they have mistaken our motives or not comprehended our plans.

The following opinions of eminent physicians, directly or impliedly, show the demand for female practitioners of medicine:—"Many of these maladies," says Dr. Meigs in his Treatise on the Diseases of Females, "are, in their beginning, of slight and trifling importance. Yet, by neglecting such affections in their rise, the whole constitution may at length come into sympathy with the deranged member of it; and the health, the usefulness, and so, the happiness or life of the mismanaged and misinformed female, are sacrificed." "All these evils," continues the same writer, "spring not from any want of competency in medicines or medical men, but from the delicacy of the relations existing between the sexes. I confess that I am proud to say that, in this country generally, certainly in many parts of it, there are women who prefer to suffer the extremity of danger and pain rather than waive those scruples of delicacy which prevent their maladies from being fully explored. I say it is an evidence of the dominion of a fine morality in our society; but, nevertheless, it is true that a greater candor on the part of the patient, and a more resolute and careful inquiry on that of the

practitioner, would scarcely fail to bring to light, in their early stages, the curable maladies, which, by faults on both sides, are now misunderstood, because concealed, and, consequently, mismanaged and rendered at last incurable.

"Can anything be done to obviate the perpetuity of this evil—one that has existed for ages? Is there any resource by means of which the amount of suffering endured by women affected with peculiar complaints may be greatly lessened?"

To these important questions of the learned Professor, we have a ready answer. Yes, something *can* be done. A remedy is easily found. It is in simply substituting an equally qualified *female* for a male physician. The remedy is perfectly natural, and we are endeavoring to meet the demand by a competent supply.

No man in this community better understands the science, or can better perform the duties of the medical profession, than Dr. John Ware, or is better skilled in the common courtesies of life. In his Introductory Lecture before the class of 1850-1, in the Harvard Medical School, in which he is a Professor, he writes as follows:

"I trust we should be among the last to oppose the entrance of women into any department of active life, in which she can secure to herself a useful and honorable position, and a full reward for her talents and services. None know so well as those of our profession, how heavy a share of the burdens, the trials, the responsibilities of life, fall to her lot, or wonder more at that mysterious arrangement by which the author of our being has assigned so unequal a destiny to the fairest and most tender of his creatures. But so we know it to be, and we should be the first to promote her introduction to any occupation which will afford her a fair portion of the pleasures, duties, rewards and honors of society—aye, to welcome her to our own, if it can prove for her advantage or happiness."

There are other physicians in this city, of no mean acquirements, and not wanting in skill, who give their warmest approbation to this enterprise. They only ask, what we propose to do, that these women shall have a full and thorough medical education.

The editor of the *New York Medical Gazette*, Dr. Reese, says, "We are in favor of the medical education of females, and heartily welcome them, as we do Elizabeth Blackwell, M.D., into the profession, when, like her, educated and qualified for its duties." He bears his testimony, as we do, against all kinds of quackery in the profession.

James Deane, M.D., of Greenfield, in this State, a medical gentleman of high standing in the profession, writes to the officers of this Society as follows:—

"The objects of the Female Medical Education Society meet my approbation, because, from an attentive consideration of the peculiar diseases of women, during a practice of twenty years, I have ever been of the opinion that as a general thing, and especially as to diseases incident to parturition, these might with great propriety be committed to the management of their own sex."

William Workman, M.D., of Worcester, a physician of extensive prac-

tice, and former President of the Worcester District Medical Society, closes a letter to the Directors of the Female Medical Education Society as follows:—

“ Finally, I will say, if your Society, either by a special college or otherwise, shall educate and introduce into practice, a class of female midwives and physicians of the character and accomplishments of *Mdmes. Boivin* and *Lachapelle*, of Paris, or of *Miss Blackwell*, of New-York, you will confer a benefit on society, and do honor to the medical profession; and I, for one, will most cheerfully bid you God speed.”

Of the *missionary* feature connected with the present plan of female medical education, we might fill a volume with quotations from men of the greatest eminence, in its commendation. This feature of it seems to be of great moment to the church and to the world. Some female missionaries have already been medically educated. One, a missionary among the Aborigines of our own country, attended a full course of medical lectures last winter.

We look to the 140,000,000 of India. Suppose a christian missionary goes there. He finds his way hedged up—they are jealous of his *religious* influence. Their wives and children are sick, and this missionary cannot see them. But, like one in the early gospel history, he has taken “ *Luke, the beloved physician,*” with him in the person of his own wife. She understands the healing art. They, like all other barbarous people, wish to be restored to health. She restores them, and they look upon her as an angel of mercy. They listen to her, and through her to her husband. Is she not verily “ an help meet for him ”? Perhaps by no other means could so great “ a door, and effectual, be opened ” to him. Certainly by none so naturally and readily. Through the instrumentality of such means, we may yet hear these physically and morally healed idolaters exclaiming, “ How beautiful are the feet of them who bring glad tidings of goods things ”! who bring us bodily health through the medium by which spiritual life dawns!

We look into the dominions of the Sultan. He has lately exhibited signs in favor of human rights; but he venerates his prophet. He has his seraglios, and the missionary cannot pass their threshold. It is not so with woman. She can go and administer medicine to the sick, where her husband cannot enter. Through her medical knowledge, the key is found to the heart of many a son of the swarthy Turk, and, also, of the wandering Ishmaelite; and together they exclaim, “ After all, these christian dogs do us good. They heal our sick; they save our dying. Some good thing does ‘ come out of Nazareth. ’ These christians have not horns and hoofs and such selfish hearts as we supposed. We will now hear about their *religion.* ”

We turn to China, that oldest, greatest, and, in her own estimation, the only *celestial* empire of the world. She numbers 360,000,000; and though, by the wonder-working providence of God, her five great maritime gates are now set wide open to the christian minister, yet so jealous are they of his influence, that he cannot travel more than half a day’s journey into the empire, from any one of them. Suppose now the female missionary goes there, medically educated, with her husband.

Can we believe she could not go where he could not? Let her heal one child, one woman, and she would be *sent* for, to be carried in a grand palanquin or royal basket, where he would be prohibited admission.

A Chinese, like any other man, will pile "skin upon skin," silk upon silk, and tea upon tea, till he "gives all that he hath for his life."

It is in this way we expect to open the door of beneficence, of humanity, refinement, civilization and religion, to multitudes. Thus, the surgeon missionary, Grant, with his cataract needle; Dr. Parker, with his scalpel; and Gutzlaf, with his medicine chest; found admission to male barbarians through passes guarded by armies. Hence, Rev. H. G. O. Dwight, from Constantinople; Rev. Wm. J. Boone, missionary bishop at Shanghai, with other, both male and female, missionaries, now on heathen ground, have written, highly approving of this enterprise.