

MEDICAL WOMEN

Two Essays

BY

SOPHIA JEX-BLAKE.



I.

Medicine as a Profession for Women.

II.

Medical Education of Women.



EDINBURGH:

WILLIAM OLIPHANT & Co., 57 FREDERICK STREET.

LONDON: HAMILTON, ADAMS, & Co.

1872.

[*All Rights Reserved.*]

Dedicated

TO

DR LUCY SEWALL,

FROM WHOSE DAILY LIFE

I FIRST LEARNED WHAT INCALCULABLE BLESSINGS

MAY BE CONFERRED ON THE SICK AND SUFFERING OF HER OWN SEX

BY A NOBLE AND PURE-MINDED WOMAN

WHO IS ALSO

A THOROUGHLY SCIENTIFIC PHYSICIAN.

I.

Medicine as a Profession for Women.

REPRINTED, WITH LARGE ADDITIONS,
FROM "WOMAN'S WORK AND WOMAN'S CULTURE."

“ We deny the right of any portion of the species to decide for another portion, or any individual for another individual, what is and what is not their ‘ proper sphere.’ The proper sphere for all human beings is the largest and highest which they are able to attain to. What this is cannot be ascertained without complete liberty of choice.”—Mrs J. S. MILL.

MEDICINE AS A PROFESSION FOR WOMEN.

“The universe shall henceforth speak for you
And witness, She who did this thing, was born
To do it; claims her license in her work.
And so with more works. Whoso cures the plague,
Though twice a woman, shall be called a leech.”

“*Aurora Leigh.*”

It is a very comfortable faith to hold that “whatever is, is best,” not only in the dispensations of Providence, but in the social order of daily life; but it is a faith which is perhaps best preserved by careful avoidance of too much inquiry into facts. The theory, if applied to past as well as to present times, would involve us in some startling contradictions, for there is hardly any act, habit, or custom which has not been held meritorious and commendable in one state of society, and detestable and evil in some other. If we believe that there are eternal principles of right and wrong, wisdom and equity, far above and greater than the “public opinion” of any one age or country, we must acknowledge the absolute obligation of inquiring, whenever matters of importance are at stake, on what grounds the popular

B

opinions rest, and how far they are the result of habit, custom, and prejudice, or the real outgrowth of deep convictions and beliefs inherent in the most sacred recesses of human nature. While the latter command ever our deepest reverence, as the true "vox populi, vox Dei," nothing can be more superficial, frivolous, and fallacious than the former.

In a country where precedent has so much weight as in England, it doubly behoves us to make the distinction, and, while gratefully accepting the safeguard offered against inconsiderate and precipitate change, to beware that old custom is not suffered permanently to hide from our eyes any truth which may be struggling into the light. I suppose that no thinking man will pretend that the world has now reached the zenith of truth and knowledge, and that no further upward progress is possible; on the contrary, we must surely believe that each year will bring with it its new lesson; fresh lights will constantly be dawning above the horizon, and perhaps still oftener discoveries will be re-discovered, truths once acknowledged but gradually obscured or forgotten will emerge again into day, and a constantly recurring duty will lie before every one who believes in life as a responsible time of action, and not as a period of mere vegetative existence, to "prove all things, and hold fast that which is good."

The above considerations arise naturally in connexion with the subject of this paper, which is too often set aside by the general public, who, perhaps, hardly appreciate its scope, and are not yet fully aroused to the importance of the questions involved in the general issue. We are told so often that nature and custom have alike decided against the admission of women to the Medical Profession, and that there is in such admission something repugnant to the right order of things, that when we see growing evidences of a different opinion among a minority perhaps, but a minority which already includes many of our most earnest thinkers of both sexes, and increases daily, it surely becomes a duty for all who do not, in the quaint language of Sharpe, "have their thinking, like their washing, done out," to test these statements by the above principles, and to see how far their truth is supported by evidence.

In the first place, let us take the testimony of Nature in the matter. If we go back to primeval times, and try to imagine the first sickness or the first injury suffered by humanity, does one instinctively feel that it must have been the *man's* business to seek means of healing, to try the virtues of various herbs, or to apply such rude remedies as might occur to one unused to the strange spectacle of human suffering? I think that few would maintain that such ministrations

would come most naturally to the man, and be instinctively avoided by the woman; indeed, I fancy that the presumption would be rather in the other direction. And what is such ministrations but the germ of the future profession of medicine?

Nor, I think, would the inference be different if we appealed to the actual daily experience of domestic life. If a child falls down stairs, and is more or less seriously hurt, is it the father or the mother (where both are without medical training) who is most equal to the emergency, and who applies the needful remedies in the first instance? Or again, in the heart of the country, where no doctor is readily accessible, is it the squire and the parson, or their respective wives, who are usually consulted about the ailments of half the parish? Of course it may be said that such practice is by no means scientific, but merely empirical, and this I readily allow; but that fact in no way affects my argument that women are *naturally* inclined and fitted for medical practice. And if this be so, I do not know who has the right to say that they shall not be allowed to make their work scientific when they desire it, but shall be limited to merely the mechanical details and wearisome routine of nursing, while to men is reserved all intelligent knowledge of disease, and all study of the laws by which health may be preserved or restored.

Again, imagine if you can that the world has reached its present standing point, that society exists as now in every respect but this,—that the art of healing has never been conceived as a separate profession, that no persons have been set apart to receive special education for it, and that in fact empirical “domestic medicine,” in the strictest sense, is the only thing of the kind existing. Suppose now that society suddenly awoke to the great want so long unnoticed, that it was recognized by all that a scientific knowledge of the human frame in health and in disease, and a study of the remedies of various kinds which might be employed as curative agents, would greatly lessen human suffering, and that it was therefore resolved at once to set apart some persons who should acquire such knowledge, and devote their lives to using it for the benefit of the rest of the race. In such case, would the natural idea be that members of each sex should be so set apart for the benefit of their own sex respectively,—that men should fit themselves to minister to the maladies of men, and women to those of women,—or that one sex only should undertake the care of the health of all, under all circumstances? For myself, I have no hesitation in saying that the former seems to me the *natural* course, and that to civilized society, if unaccustomed to the idea, the proposal that persons of one sex should in every case be con-

sulted about every disease incident to those of the other, would be very repugnant ; nay, that were every other condition of society the same as now, it would probably be held wholly inadmissible. I maintain that not only is there nothing strange or unnatural in the idea that women are the fit physicians for women, and men for men ; but on the contrary, that it is only custom and habit which blind society to the extreme strangeness and incongruity of any other notion.

I am indeed far from pretending, as some have done, that it is morally wrong for men to be the medical attendants of women, and that grave mischiefs are the frequent and natural results of their being placed in that position. I believe that these statements not only materially injure the cause they profess to serve, but that they are in themselves false. In my own experience as a medical student, I have had far too much reason to acknowledge the honour and delicacy of feeling habitually shown by the gentlemen of the medical profession, not to protest warmly against any such injurious imputation. I am very sure that in the vast majority of cases, the motives and conduct of medical men in this respect are altogether above question, and that every physician who is also a gentleman is thoroughly able, when consulted by a patient in any case whatever, to remember only the human suffering brought before him and the

scientific bearing of its details ; for as was said not very long ago by a most eminent London surgeon, "Whoever is not able, in the course of practice, to put the idea of sex out of his mind, is not fit for the medical profession at all." It will, however, occur to most people that the medical man is only one of the parties concerned, and that it is possible that a difficulty which may be of no importance from his scientific standpoint, may yet be very formidable indeed to the far more sensitive and delicately organized feelings of his patient, who has no such armour of proof as his own, and whose very condition of suffering may entail an even exaggerated condition of nervous susceptibility on such points.¹ At any rate, when we hear so many assertions about natural instincts and social propriety, I cannot but assert that their evidence, such as it is, is wholly for, and not against, the cause of women as physicians for their own sex.

If we take next the ground of custom, I think the position of those who would oppose the medical education of women is far less tenable than is generally supposed ; indeed, that a recent writer stated no more than the truth when he asserted that "the obloquy which attends innovation belongs to the men who exclude women from a profession in which they once had a recognised place."² I believe that few people who have not

¹ See *Note A.*

² *Athenæum*, Sept. 28, 1867.

carefully considered the question from an historical point of view have any idea of the amount of evidence that may be brought to support this view of the case.¹

Referring to the earliest classical times, we find distinct mention in the Iliad of a woman skilled in the science of medicine,² and a similar reference occurs also in the Odyssey.³ Euripides is no less valuable a witness on this point. He describes Queen Phædra⁴ as disturbed in mind and out of health, and represents the nurse as thus addressing her: "If thy complaint be anything of the more secret kind, here are women at hand to compose the disease. But if thy distress is *such as may be told to men*, tell it, that it may be reported to the physicians;" thus indicating a

¹ In his "Essai sur les Femmes," Thomas points out that "Chez la plupart des sauvages . . . la médecine et la magie sont entre les mains des femmes."

² The passage is thus rendered by Professor Blackie:—

"His eldest born, hight Agamede, with golden hair,

A leech was she, and well she knew all herbs on ground that grew."

(Iliad, xi. 739).

In his Notes the translator remarks that "it seems undeniable that women have a natural vocation for exercising certain branches of the medical profession with dexterity and tact. . . It is gratifying therefore to find that a field of activity which has been recently claimed for the sex . . . finds a precedent in the venerable pages of the Iliad. . . In fact, nothing was more common in ancient times than medical skill possessed by females," in proof of which assertion he mentions CEnone and others. (Professor Blackie's "Homer and the Iliad." Edmonston & Douglas.)

³ Odysey, iv. 227.

⁴ Hippolytus, 293-7.

prevailing public opinion that there were natural and rigid limits to the medical attendance of men and women, and that therefore some women were specially trained to do what the regular physicians must leave undone. It is at least remarkable to find such evidence of general feeling on this matter in a state of society supposed to possess much less delicacy and refinement than our own.

We find records of several Grecian women who were renowned for their medical skill, among whom may be instanced Olympias of Thebes, whose medical learning is said to be mentioned by Pliny; and Aspasia, from whose writings on the diseases of women, quotations are preserved in the works of Aëtius, a Mesopotamian physician.¹ On the authority of Hyginus rests the history of Agnodice, the Athenian maiden whose skill and success in medicine was the cause of the legal opening of the medical profession to all the free-born women of the State.²

¹ Finauer's "Allgemeines Verzeichniss gelehrten Frauenzimmer."

² I subjoin as a curiosity the quaint version of this story that is given in a letter from Mrs Celleor (a fashionable midwife of the reign of James II.), published in 1687, and now to be found in the British Museum. After saying that "Among the subtle Athenians a law at one time forbade women to study or practise medicine or physick on pain of death, which law continued some time, during which many women perished, both in child-bearing and by private diseases, their modesty not permitting them to admit of men either to deliver or cure them," she continues, "Till God stirred up the spirit of Agnodice, a noble maid, to pity

In more modern times, when almost all learning was garnered into the religious houses, which were not only the libraries but the hospitals of the day, it seems evident that the care of the sick and wounded fell at least as often to the share of the Nunneries as of the Monasteries, and probably medical skill, such as it was, found place among the sisters quite as often as among the brethren of the various religious Orders.

the miserable condition of her own sex, and hazard her life to help them ; which to enable herself to do, she appalled her like a man, and became the scholar of Hierophilos, the most learned physician of the time ; and having learned the art, she found out a woman that had long languished under private diseases, and made proffer of her service to cure her, which the sick person refused, thinking her to be a man ; but, when Agnodice discovered that she was a maid, the woman committed herself into her hands, who cured her perfectly ; and after her many others, with the like skill and industry, so that in a short time she became the successful and beloved physician of the whole sex." When her sex became known to the public, "she was like to be condemned to death for transgressing the law . . which, coming to the ears of the noble women, they ran before the Areopagites, and the house being encompassed by most women of the city, the ladies entered before the judges, and told them they would no longer account them for husbands and friends, but for cruel enemies that condemned her to death who restored to them their health, protesting they would all die with her if she were put to death. . . This caused the magistrates to disannul the law, and make another, which gave gentlewomen leave to study and practise all parts of physick to their own sex, giving large stipends to those that did it well and carefully. And there were many noble women who studied that practice, and taught it publicly in their schools as long as Athens flourished in learning."

The old ballad of Sir Isumbras gives one illustration out of many of the prevailing state of things, relating how the nuns received the wounded knight, and how

“ Ilke a day they made salves new,
And laid them on his wounds,
They gafe hym metis and drynkes lythe,
And heled the knyghte wonder swythe.”¹

It may be remembered that Sir Walter Scott,² after describing how Rebecca “proceeded, with her own hands, to examine and bind up the wounds,” goes on to remark, “The youngest reader of romances and romantic ballads must recollect how often the females, during the dark ages, as they are called, were initiated into the mysteries of surgery. . . . The Jews, both male and female, possessed and practised the medical science in all its branches.”

In the fourteenth century, when the Medical School of Salerno enjoyed high reputation, we find record of a female physician named Abella, who lived there, and wrote in Latin various works on medicine.³

Early in the next century an Italian lady, Dorotea Bocchi, was actually Professor of Medi-

¹ “Thornton Romances,” Camden Society.

² “Ivanhoe,” chap. xxviii.

³ “Nuovo Dizionario Istorico ;” Bassano, 1796.

cine at the University of Bologna,¹ and among the traditions of the same University is preserved the name of Alessandra Gigliani, who, in even earlier times, was a learned student of anatomy.²

In the sixteenth century, at Alcares in Spain, lived Olivia Sabuco de Nantes, who "had a large knowledge of science and medicine," and whose medical works were printed at Madrid in 1588.³

It is clear that in Great Britain at an early period women were commonly found among the irregular practitioners of medicine; and it is equally clear that their male competitors greatly desired to deprive them of the right to practise. In 1421 a petition was presented to Henry V., praying that "no woman use the practyse of fisyk under payne of long imprisonment."⁴ Within a few years after the first incorporation of the Colleges of Physicians and Surgeons, an Act⁵ was passed for the relief and protection of "Divers honest psones, as well men as women, whom God hath endued with the knowledge of the nature, kind, and operaçon of certeyne herbes, rotes, and waters, and the using and ministering them to suche as be payned with customable diseases, for neighbour-

¹ Fachini's "Prospetto Biografico delle Donne Italiane," Venezia, 1824.

² Medici's "Scuola Anatomica di Bologna."

³ Finauer.

⁴ *New York Medical Gazette*, April 24, 1869.

⁵ 34 Henry VIII. 8.

hode and Goddes sake, and of pitie and charytie," because the "Companie and Fellowship of Surgeons of London, mynding onlie their owne luces and nothing the profit or ease of the diseased or patient, have sued, vexed, and troubled," the aforesaid "honest psones," who were henceforth to be allowed "to practyse, use, and mynistré in and to any outwarde sore, swelling, or disease, any herbes, oyntements, bathes, pultes or emplasters, according to their cooning experience and knowledge . . . without sute, vexation, penaltie, or losse of their goods."¹

This provision clearly referred to general practice other than that of midwifery, which latter branch of the profession was then, as for centuries both before and after, almost exclusively in the hands of women. The very word *midwife*, with its Latin synonym "*obstetrix*," is sufficiently significant on this point, for in neither language has it any masculine equivalent, and the clumsy term "Man-midwife" served, when first needed and used, to mark the general sense of what the writer in the *Athenæum* forcibly calls "masculine intrusion into that which natural instinct assigns to woman as her proper field of labour;" and this

¹ Maitland, in giving an account of the foundation of the Edinburgh College of Physicians in 1681, begins by saying that "the Practice of Physick had been greatly abused in Edinburgh by foreign Impostors, Quacks, Empirics, and illiterate Persons, both men and women."—Maitland's *History of Edinburgh*, 1753.

same very suggestive title is the only one which at the present day in legal phraseology distinguishes the male practitioners of this branch of medical art.

From the time of Moses onwards this part of the profession has always been mainly in the hands of women, and in many countries of Europe no other usage has ever prevailed. The first regular French medical society, "La confrairie de St Cosme and St Damien," included within its organization the Company of Midwives,¹ and from that time down to the present it seems in France to have been the custom to give to these women a regular education, terminating in sufficient examinations, an example which England would have done well to follow.

In this country, however, midwives appear to have held a most respectable position some centuries ago, and a curious idea of their importance, their duties, and their credit, may be gathered from a MS. volume (without date) now preserved in the British Museum,² which was evidently

¹ The statutes of 1268 ordained that "les matrones ou sages femmes sont aussi de la dite confrairie et subjects ausdits deux chirurgiens jurez du Roy au Chastelet, qui ont dressé certains statuts et ordonnances tant pour les droicts de la confrairie que pour leur estat de sage femme, qu'elles doivent observer et garder."—Du Breul's "Antiquités de Paris," pub. 1639.

² "The Midwife's Deputie . . . composed for the use of my wife (a sworne Midwife), by Edward Poeton, Petworth, Licentiate in Physick and Chyrurgery."

written at a time when hardly any but women were employed in the "mysteries of the profession," and when it was a comparatively rare thing, that needed to be specially advised in certain cases, for them to "make use of (*i.e.*, call in) a physitian." The writer remarks that "it is meet that the midwife be a woman well read and well experienced," and gives a caution that "drunkenness is a sordid sin in any who use it, but is a blemish worthy greater blame in ministers, magistrates, midwives, physitiens, and chirurgeons."

Mrs Celleor, in her letter previously referred to,¹ tells us that in 1642, "the physitiens and chirurgeons contending about it, midwifery was adjudged a chirurgical operation, and midwives were licensed at Chirurgeon's Hall, but not till they had passed three examinations before six skilful midwives, and as many chirurgeons;" but for some reason (connected probably with their occasional baptismal functions) the midwives were, in 1662, referred for their licence to Doctors' Commons, thus losing their official connexion with the medical world.

How it came that English midwives fell gradually from their high estate is partly explained by a very public-spirited book (with the appropriate motto "Non sibi sed aliis") written by a surgeon

¹ "Letter to Dr ——" written by Elizabeth Celleor, "from my house in Arundel Street, Strand, Jan. 16, 1687-8."

in 1736.¹ The writer adverts to the accusations of ignorance then brought against the midwives, and remarks that “the only method by which this fatal distemper can be cured, is to put it in the power of midwomen to qualify themselves thoroughly and at a moderate expense. To which method of qualifying themselves I doubt not the midwomen will object, and say that they would readily be at any reasonable expense and fatigue to be so thoroughly instructed, but it is not in their power. The midwomen cannot, and the midmen will not instruct them. The midmen will object and say that the midwomen want both capacity and strength (instruct them as ye please). To which I reply (*ore rotundo, plenis buccis*) that it is not want of capacity, docility, strength, or activity which is evident to a demonstration from the successful practice of women in the Hôtel Dieu at Paris (the best school for midwifery now in Europe). Would not any person then be deservedly laughed at who should assert that our women are not as capable of performing their office had they the same instruction as the French women?” This chivalrous surgeon then proposes that regular provision should be made for proper instruction, and for examinations by two

¹ “A Short Account of the State of Midwifery in London. By John Douglas, Surgeon. Dedicated to the Right Hon. Lady Walpole.”

surgeons (who have lectured to the women), “and six or seven other persons appointed by His Majesty, because I don’t think it reasonable that so many people’s bread should depend on the humour or caprice of two men only;” adding that “If some such scheme was put in execution, I’m satisfied that in a very few years there would not be an ignorant midwife in England, and consequently the great agonies most women suffer at the very sight of a man would be almost entirely prevented,” and great expense and much life saved.

However, we must suppose that these noble words of protest fell upon deaf ears, and the midwives, being left in their ignorance, their practice gradually passed into the hands of the medical men, who had every advantage of learning at their command.¹

It is, however, only very recently that men-midwives have been allowed to attend on royal patients in this country; indeed, I believe that the Princess Charlotte was the first to establish

¹ It may be interesting to give the following quotation on this subject from a popular magazine of thirty years ago:—“The accoucheur’s is a profession nearly altogether wrested out of the hands of women, for which Nature has surely fitted them, if opinion permitted education to finish Nature’s work. But women are held in the bonds of ignorance, and then pronounced of deficient capacity, or blamed for wanting the knowledge they are sternly prevented from acquiring.”—*Tait’s Magazine*, June, 1841.

the precedent, and that our present Sovereign was the first queen who followed it. In a very interesting series of papers, by Dr Aveling, recently published in the *Lancet*,¹ accounts have been given of a number of the royal midwives whose names have been honourably preserved in history, such as Alice Dennis, who attended Anne of Denmark, and received a fee of £100 "for her pains and attendance upon the Queen, as of His Highness's free gift and reward, without account, imprest, or other charge to be set on her for the same."

The same writer mentions that Margaret Mercer was sent express from England in 1603 to attend on "His Majesty's dearest daughter, the Princess Electress Palatine."

It is also recorded that "Mrs Labany attended Mary of Modena, Queen of James II., when she was delivered, on June 10th, 1687, of James Francis Edward, afterwards called the Pretender."² Mrs Wilkins, another midwife, seems also to have been present on this occasion, and it is stated that each of these persons received a fee of five hundred guineas for her services.

¹ *Lancet*, April 13th and 20th ; May 4th ; June 1st ; 1872.

² It will be remembered that an attempt was made to throw doubt on the birth of this prince, but Dr Aveling remarks that "Dr Chamberlen, in his letter to the Princess Sophia, showed the absurdity of this hypothesis"—(i.e., of the charge of conspiracy).

It is well known that Queen Charlotte was always attended by a woman,¹ and the late Duchess of Kent employed the Frau von Siebold, of whom mention is made elsewhere.²

Now that public attention is awaking to the subject, and educated women are once more desirous of undertaking this peculiarly womanly work, we may indeed anticipate, with the already quoted writer in the *Athenæum*, that a reactionary movement will soon make itself felt, and that the usage "which even up to the present time a large proportion of our English families, especially those of our northern towns and outlying country districts, have never adopted, will most likely be discontinued in all classes of English society before the end of the present century."

On the Continent of Europe, owing to their better education, the midwives retain much of the position that they have for a time lost in England; and we hear that in Russia "a medical

¹ "Delicacy had in those days so far the ascendancy, that the obstetrical art was principally practised by females, and on this occasion the Queen was delivered by Mrs Stephen, Dr Hunter being in attendance among the ladies of the bedchamber, in case of his professional assistance being required."—HURDISH'S "*Life of George IV.*"

² "It is a curious coincidence, considering the future connection of the children, that Madame Siebold, the accoucheuse spoken of above as attending the Duchess of Coburg at the birth of Prince Albert (August 1819), had only three months before attended the Duchess of Kent at the birth of the Princess Victoria."—*Early Years of the Prince Consort.*

man is very rarely called in; notwithstanding, fatal cases are of far less frequent occurrence in Russia than in England;" and the same authority tells us that ladies practising midwifery are admitted into society as doctors would be, and are well paid, both by the Government and by private fees.¹

While thus briefly tracing out the history of midwifery in modern times, and the causes which led to its practice passing from the hands of women into those of men, I have not paused to mention, in due chronological order, those women who, in the last three centuries, have been distinguished for a knowledge of the other branches of Medicine and Surgery. Of these I will now enumerate a few, though my time and space are far too limited either to give a complete list, or to relate any but the most prominent particulars of each case mentioned; but I can promise that any one who will consult the authorities quoted will be abundantly repaid by the long and interesting details that I am forced to pass over in almost every instance.

In the seventeenth century, in England, one of the women most noted for medical skill was Lady Ann Halket,² born in 1622, daughter of the then

¹ "Rites and Customs of the Greco-Russian Church," by Madame Romanoff. Rivingtons, 1868.

² Ballard's "Memoirs of several Ladies of Great Britain." Oxford, 1752.

provost of Eton College. "Next to the study of Divinity she seems to have taken most delight in those of Physick and Surgery, in which she was no mean proficient; nay, some of the best physicians in the kingdom did not think themselves slighted when persons of the greatest quality did consult her in their distempers, even when they attended them as their ordinary physicians. Many from England, Holland, and the remotest parts of the kingdom, have sent to her for things of her preparing; and many whose diseases have proved obstinate under all the methods of physicians, have at length, by the physicians' own advice, been recommended and sent to her care, and have been recovered by her."

In 1644 was born Elizabeth Lawrence, afterwards wife of the Rev. Samuel Bury, of Bristol, who wrote her life,¹ and who bears witness that "it was not possible there should be a more observant, tender, indulgent, and compassionate wife than she was; a more sympathising spirit is very rarely found." He records that "she took much pleasure in Anatomy and Medicine, being led and prompted to it partly by her own ill health, and partly with a desire of being useful." The difficulties that she encountered in her studies may be guessed, since "she would often regret

¹ "An Account of the Life and Death of Mrs Elizabeth Bury." Bristol, 1721.

that so many learned men should be so uncharitable to her sex, and be so loath to assist their feebler faculties when they were anywise disposed to an accurate search into things profitable and curious. Especially as they would all so readily own that souls were not distinguished by sexes. And therefore she thought it would have been an honourable pity in them to have offered something in condescension to their capacities, rather than have propagated a despair of their information to future ages." Her husband, however, tells us that "she improved so much, that many of the great masters of the Faculty have often been startled by her stating the most nice and difficult cases in such proper terms;" and, remarking that, "How much knowledge and skill soever she attained in the practice of Physick, by long observation, conversation, and experience, yet she was very distrustful of herself," he adds that the "instances of her successes in the preservation of human lives were not easily numbered."

As a contemporary of these Englishwomen, we find in Germany Elizabeth Keillen, who published several medical works, and died in 1699. She is said by Finauer to have had "great knowledge of medicine and chemistry."

In comparatively recent times, Bologna was remarkable as ever for its liberal encouragement

of learned women, and about the middle of the last century the Chair of Anatomy at that University was filled by Anna Morandi Mazzolini, whose exquisitely delicate anatomical models, executed in wax, became the pride of the Museum at Bologna. She first became interested in the study of Anatomy in consequence of her wish to help her husband, who was a distinguished anatomist, and a maker of anatomical designs and models. He fell into ill-health and mental despondency, and therefore "his wife, loving him dearly, and fearing that he would desist from his work, gave herself up to his comfort; and for this purpose became herself an anatomical sculptor, reading works of anatomy, consulting anatomical tables and preparations, taking theoretical and practical lessons from her husband, and, marvellous to say, even dissecting dead bodies with resolute mind, and with incredible perseverance. . . . Too long to describe are the works executed in wax by the able hands of this illustrious woman. They were collected in five elegant cases in our Anatomical Museum. . . . The fourth case encloses delicate illustrations of all the parts belonging to the senses of sight, smell, hearing, taste, and touch—stupendous works in which she surpassed herself, and also her husband, and his colleague, Ercole Lelli. . . . These models were for some time kept in her own house, and each one who saw

them spread her renown, so that through distant countries was spread the fame of her works, so that every learned and distinguished person passing through Bologna was solicitous to visit and know personally the maker of these wonders."¹ Signora Mazzolini also made original discoveries in anatomical science, which obtained for her many marks of distinction from the learned colleges and societies of the day. She was offered a Chair at Milan, with increased revenues, but preferred to remain at Bologna, where she lived till her death in 1774. Medici, in his records of the Anatomical School of Bologna, speaks of this lady with profound respect, as distinguished alike by "rare powers, great erudition, gracious manners, and delicate and gentle temperament," and relates that her fame reached the ears of the Emperor Joseph II., who visited her in 1769, and "having seen her works and heard her conversation," loaded her with public honours. Her example seems to have inspired others of her countrywomen to follow in the steps of one so honoured, alike in the stern duties of her profession, and in the sanctities of household life; for in the course of the next half century several Italian women availed themselves of the thorough medical education which the Italian Universities never refused.

¹ "Scuola Anatomica di Bologna," by Medici.

In 1788 Maria Petraccini¹ took a degree in medicine at Florence, and we find her, a little later, lecturing on anatomy at Ferrara, in presence of the medical professors. She married Signor Feretti, and has left several works on the physical education of children.

Her daughter, Zaffira Feretti, seems to have inherited her mother's talents, for she studied Surgery in the University of Bologna, and there received a medical degree² in May 1800. She obtained an appointment under the Italian Government, and for some time lived in Ancona acting as Director-General of the midwives in all parts of the country. She afterwards went to Turkey, and died at Patras in 1817.

Maria Mastellari seems also to have been a woman of unusual talent, and "progressed diligently in the most rigid sciences." She obtained a medical degree at Bologna in 1799. She subsequently became the wife of Signor Collizoli-Sega, and is described as possessing a "sweet and gentle temperament, with special love of silence and quiet. She centred her interests in her family, which she managed admirably."³

Still more distinguished in the annals of medicine was Maria delle Donne, who also studied in the University of Bologna, and "received the

¹ Fachini.

² Ibid.

³ Ibid.

doctoral laurel" in 1806.¹ She "constantly practised both Medicine and Surgery," and was appointed by Napoleon Bonaparte to the Chair of Midwifery at Bologna. The *Gazette Medicale*, quoting from the "*Raccoglitore Medico*," gives the following account of her:—"Anna Maria delle Donne, docteur en médecine, auteur d'élégants vers latins, professeur d'obstetrique, à l'Université de Bologna, membre de l'Académie, bénédictine, &c., est décédée le 9 Janvier, 1842. Cette femme distinguée qui a succédé à Madame Mazzolini et à Madame Bassi, est une des gloires scientifiques de Bologna. Elle soutint en 1800, avec un très grand succès, une thèse de Philosophie, de Chirurgie, and de Medicine. Peu après, à la suite d'un examen public, on lui conféra le grade de docteur et de consultant. Napoleon en passant à Bologne fut frappé du savoir de cette dame, et institua pour elle une Chaire d'Obstetrique, où elle se fit une grande renommée."²

Nor was Italy alone noted as the birthplace of women skilled in Medicine. In Germany, early in this century, Frau von Siebold so greatly distinguished herself in the practice of midwifery that the degree of M.D. was conferred on her by the University of Giessen;³ and her daughter

¹ Fachini.

² "Gazette Medicale," du 10 Janvier 1846.

³ Klemm, "Die Frauen."

Marianne, afterwards Frau von Heidenreich, studied in the Universities of both Göttingen and Giessen, and took her degree in the regular way in 1817. She is spoken of as "one of the most famed and eminent female scholars of Germany," and as being "universally honoured as one of the first living authorities in her special branch of science."¹ She died only in 1859.

In France, the name of Madame Lachapelle² was known and honoured as that of one of the ablest teachers of Midwifery during the latter part of the last century. She has left several valuable works on subjects connected with her specialty. Her funeral in 1821 was followed by all the chief physicians of Paris. Her pupil and successor, Madame Boivin,³ was still more distinguished for her medical knowledge and skill, and for her contributions to anatomical science. Her "Mémoire de l'art des Accouchements" was approved by the highest medical authority, and was appointed as the text-book for students and midwives by the Minister of the Interior. She was invested with an Order of Merit by the King of Prussia in 1814, and in the same year was appointed co-director (with the Marquis de Belloy) of the General Hospital for Seine and Oise, and

¹ *Athenæum*, July 1859.

² Arnault's "Biographie nouvelle des contemporains."

³ Quérard's "Littérature Française."

in 1815 was entrusted with the direction of a temporary Military Hospital, for her services in which latter capacity she received a public vote of thanks. She was also entrusted with the direction of the Hospice de la Maternité, and of the Maison Royale de Santé, and was one of the most distinguished practitioners of the time. She made original discoveries in Anatomy, invented various surgical instruments, and obtained prizes for medical theses from the Société de Médecine.

Her medical writings were distinguished by "precision et clarté, jugement sain, erudition choisie, et savoir solide." In 1846 one of her books was eulogized by Jourdan as "ouvrage éminemment pratique, et le meilleur que nous possédions encore sur ce sujet," with the additional remark that "tout se réunit pour lui mériter une des premières places parmi les productions de la littérature médicale moderne." She was a member of the Medical Societies of Paris, Bordeaux, Berlin, Brussels, and Bruges, and was honoured with the degree of M.D. from the University of Marbourg. She died in 1841.

These numerous instances of the successful practice of Medicine by women seem to have been little known, or else forgotten, to judge by the surprise expressed when, after surmounting many difficulties, an English lady, named Elizabeth

Blackwell, succeeded in obtaining medical education and the degree of M.D. from a medical school in America in 1849. The novelty, in truth, was not in the granting of the medical degree to a woman, but in its being received by an Englishwoman, for it is hardly gratifying to one's national pride to find that England never has accorded such encouragement to female learning as was found in Italy, Germany, and France; and it is still more painful to realize that this country, almost alone, stands still aloof from the movement of liberal wisdom that has now in all these lands, as well as in Switzerland, and even in Russia, granted to woman the advantage of University education and degrees. English women are not behind others in desiring knowledge, but as yet they are forced to seek it on foreign shores, for hitherto no British University has ever fully admitted women to its educational advantages; and a few years ago, that of London, with all its professions of liberality, refused a woman's petition even for examination for the degree of M.D.!

So much for the historical evidence bearing on this question. I am indeed sorry to have paused so long on this part of the subject, but it seemed essential to a proper statement of the whole case.

If, then, nature does not instinctively forbid the practice of the healing art by women, and if it cannot be denied that some at least of its

branches have long been in their hands, we must go further to seek on what grounds their admission to the medical profession should be opposed.

Probably the next argument will be that women do not require, and are not fitted to receive, the scientific education needful for a first-rate Physician, and that "for their own sakes" it is not desirable that they should pursue some of the studies indispensably necessary. To this the answer must be, that the wisest thinkers teach us to believe that each human being must be "a law unto himself," and must decide what is and what is not suitable for his needs, what will and what will not contribute to his own development, and fit him best to fulfil the life-work most congenial to his tastes. If women claim that they do need and can appreciate instruction in any or all sciences, I do not know who has the right to deny the assertion.

That this controversy is no new one may be proved by reference to a very curious black-letter volume now in the British Museum,¹ wherein the writer protests, "I mervayle gretely of the opynyon of some men that say they wolde not in no wyse that theyr doughters or wyves or kynneswomen sholde lerne scyences, and that it sholde apayre their cōdycyons. This thing is not

¹ "The Boke of the Cyte of Ladyes," by Christine Du Castel, 1521.

to say ne to sustayne. That the woman apayreth by connyng it is not well to beleve. As the proverbe sayeth, 'that nature gyveth maye not be taken away.'"

If it be argued that the study of Natural Science may injure a woman's character, I would answer, in the words of one of the purest-minded women I know, that "if a woman's womanliness is not deep enough in her nature to bear the brunt of any needful education, it is not worth guarding." It is, I think, inconceivable that any one who considers the study of natural science to be but another word for earnest and reverent inquiry into the works of God, and who believes that, in David's words, these are to be "sought out of all them that have pleasure therein," can imagine that any such study can be otherwise than elevating and helpful to the moral, as well to the mental nature of every student who pursues it in a right spirit. In the words of Scripture, "To the pure, all things are pure," and in the phrase of chivalry, "Honi soit qui mal y pense."

It has always struck me as a curious inconsistency, that while almost everybody applauds and respects Miss Nightingale and her followers for their brave disregard of conventionalities on behalf of suffering humanity, and while hardly any one would pretend that there was any want of femi-

nine delicacy in their going among the foulest sights and most painful scenes, to succour, not their own sex, but the other, many people yet profess to be shocked when other women desire to fit themselves to take the medical care of those of their sisters who would gladly welcome their aid. Where is the real difference? If a woman is to be applauded for facing the horrors of an army hospital when she believes that she can there do good work, why is she to be condemned as indelicate when she professes her willingness to go through an ordeal, certainly no greater, to obtain the education necessary for a medical practitioner? Surely work is in no way degraded by being made scientific; it cannot be commendable to obey instructions as a nurse when it would be unseemly to learn the reasons for them as a student, or to give them as a doctor; more especially as the nurse's duties may lead her, as they did in the Crimea, to attend on men with injuries and diseases of all kinds, whereas the woman who practises as a physician would confine her practice to women only. It is indeed hard to see any reason of delicacy, at least, which can be adduced in favour of women as nurses, and against them as physicians.

Their natural capacity for the one sphere or the other is, of course, a wholly different matter, and is, indeed, a thing not to be argued about,

but to be tested.¹ If women fail to pass the required examinations for the ordinary medical degree, or if, after their entrance into practice, they fail to succeed in it, the whole question is naturally and finally disposed of. But that is not the point now at issue.

That the most thorough and scientific medical education need do no injury to any woman might safely be prophesied, even if the experiment had never been tried; but we have, moreover, the absolute confirmation of experience on the point, as I, for one, will gladly testify from personal acquaintance in America with many women who have made Medicine their profession; having had myself the advantage of studying under one who was characterized, by a medical gentleman known throughout the professional world, as "one of the best physicians in Boston," and who, certainly, was more remarkable for thorough refinement of mind than most women I know,—Dr Lucy Sewall.

Of course there may always be unfortunate exceptions, or rather there will always be those of both sexes who, whatever their profession may be, will be sure to disgrace it; but it is not of them that I speak, nor is it by such individual cases that the supporters of any great movement should be judged.

The next argument usually advanced against

¹ See *Note B.*

the practice of medicine by women is that there is no demand for it ; that women, as a rule, have little confidence in their own sex, and had rather be attended by a man. That everybody had rather be attended by a competent physician is no doubt true ; that women have hitherto had little experience of competent physicians of their own sex is equally true ; nor can it be denied that the education bestowed on most women is not one likely to inspire much confidence. It is probably a fact, that until lately there has been "no demand" for women doctors, because it does not occur to most people to demand what does not exist ; but that very many women have wished that they could be medically attended by those of their own sex I am very sure, and I know of more than one case where ladies have habitually gone through one confinement after another without proper attendance, because the idea of employing a man was so extremely repugnant to them. I have indeed repeatedly found that even doctors, not altogether favourable to the present movement, allow that they consider men rather out of place in midwifery practice ;¹ and an eminent

¹ "There is one subject in which I have long felt a deep, and deepening concern. I refer to *man-midwifery*. . . . Nature tells us with her own voice what is fitting in these cases ; and nothing but the omnipotence of custom, or the urgent cry of peril, terror, and agony—what Luther calls *miserrima miseria*—would make her ask for the presence of a man on such an occasion, when she

American practitioner once remarked to me that he never entered a lady's room to attend her in confinement without wishing to apologize for what he felt to be an intrusion, though a necessary and beneficent intrusion, in one of his sex.

I suppose that the real test of "demand" is not in the opinions expressed by those women who have never even seen a thoroughly educated female physician, but in the practice which flows in to any such physician when her qualifications are clearly satisfactory. In England there are at present but two women legally qualified to practise Medicine, and I understand that already their time is much more fully occupied, and their receipts much greater, than is usually the case with medical men who have been practising for so short a period. Dr Garrett Anderson's Dispensary for poor women is also largely attended, and during the five years which have elapsed since it was opened, more than 40,000 visits have been made to it; 9000 new patients have

hides herself and is in travail. And, as in all such cases, the evil reacts on the men as a special class, and on the profession itself." —"*Locke and Sydenham*," by Dr JOHN BROWN.

"Nothing probably but the deadening force of habit, combined with the apparent necessity of the case, has induced us to endure that anomalous person against whose existence our language itself bears a perpetual protest—the man-midwife. And this single instance suggests a whole class of others in which the intervention of a man is scarcely less inappropriate."—*Guardian*, Nov. 3, 1869.

been admitted, and 250 midwifery cases have been attended by the midwives attached to the charity, Dr Garrett Anderson being called in when necessary.

When we turn to America, we find that a considerable number of women have very extensive practice and large professional incomes (more, indeed, than in some cases seems warranted by their medical qualifications). The Report of a little hospital, managed entirely by women, in Boston, U.S., relates that during 1867 the number of in-patients was 198; of persons visited at their homes, 281; and of those able to attend at the dispensary, 4,576; all these patients being women and children only. In fact, the attendance at the Dispensary became so excessive in proportion to the resources of the charity, that in 1868 a rule was passed by the Committee requiring each patient to pay twenty-five cents (or about ninepence) for medicines, at each visit, except when she brought "a certificate of her poverty, properly authenticated." This regulation brought out still more strongly the distinct *choice* of poor women in this matter, for, though the General City Dispensary gave medicines gratuitously, the number of those who attended at the Woman's Hospital was much less diminished than was expected, being still 3,236 in 1868. In New York also, where the Dispensary managed by women doctors is but one of many,

the crowd of patients is very great, the numbers being, in 1867, no less than 6354, while 545 persons were attended at their homes either in confinement or during severe illness. Of course it will be understood that each patient thus entered on the books implies not one visit, but many, paid to the Dispensary, or often repeated attendance at the patient's home.

Of the Boston Hospital for Women and Children I can speak from lengthened experience in it as a student. When standing in its dispensary I have over and over again heard rough women of a very poor class say, when questioned why they had not had earlier treatment for certain diseases, "Oh, I *could not* go to a man with such a trouble, and I did not know till just now that ladies did this work;" and from others have repeatedly heard different expressions of the feeling that, "It's so nice, isn't it, to be able at last to ask ladies about such things?"

As I am alluding to my own experience in this matter, I may perhaps be allowed to say how often in the same place I have been struck with the *contingent* advantages attendant on the medical care by women of women. How often I have seen cases connected with stories of shame or sorrow to which a woman's hand could far most fittingly minister, and where sisterly help and counsel could give far more appropriate succour than could

be expected from the average young medical man, however good his intentions. Perhaps we shall find the solution of some of our saddest social problems when educated and pure-minded women are brought more constantly in contact with their sinning and suffering sisters, in other relations as well as those of missionary effort.

So far from there being no demand for women as physicians, I believe that there is at this moment a large amount of work actually awaiting them; that a large amount of suffering exists among women which never comes under the notice of medical men at all, and which will remain unmitigated till women are ready in sufficient numbers to attend medically to those of their own sex who need them, and this in all parts of the world. From India we hear urgent demands for "educating native women of good caste, so as to qualify them to treat female patients and children."¹ We are informed that "this is a work which can only be carried on by women, as the native women in many cases will rather die than be seen by a man in times of sickness,"²

¹ *Delhi Gazette*, 1866.

² "In many parts of India—I think I may say most parts—native ladies are entirely shut out from any medical assistance, however great may be their need, because no man who is not one of the family can enter their apartments or see them; and though thousands thus die from neglect and want of timely help, yet nothing can be done to assist them until we have ladies willing and able to act in a medical capacity."—*The Queen*, June 8, 1872.

and arrangements have already been made for a systematic "Female Medical Mission," though perhaps the standard of medical knowledge required can, under existing circumstances, hardly be fixed as high as is desirable. To show, however, the eagerness with which the native women avail themselves of the aid thus offered, I may mention that when a lady (who had had some medical training, but possessed no degree,) was sent out by the Society¹ in December 1870, she, during the first three months of her stay, had occasion to pay no less than 313 professional visits to zenanas, and to treat 158 patients at her dispensary, which was arranged with a view to affording them the utmost privacy. Subsequently her visits to zenanas averaged as many as seventeen a day, while nearly twice as many patients came to her dispensary. Efforts are also being made to train native Hindoo women for some branches, at least, of the medical profession. Dr Corbyn of Bareilly, in 1870, wrote as follows:—"I am educating a number of native girls, and three have already passed as native doctors. They are of all castes,—Christians, Mahommedans, and Hindoos. My school is divided into three classes. The first-class pupils can read and write English and Urdee with accuracy. They are taught medicine, surgery, midwifery, diseases of women and chil-

¹ *Treasurer*, T. B. WINTER, Esq., 28 Montpelier Road, Brighton.

dren (especially the latter two). The second-class learn anatomy, materia medica, and physiology, in English and Urdee. The pupils of the other (preparatory) class are taught English and Urdee. We have a female ward attached to the dispensary for women and children, and these girls entirely attend to them, under my and the sub-assistants' supervision. It is wonderful how they can manipulate; they have plenty of nerve."¹ Even more recently we learn that "the Mahommedan Nawab of Rampoor has presented to the Bareilly mission a large building for the purpose of a medical school for women. Several women are now going through a scientific course of instruction."²

About eight or ten years ago, "several of the wild tribes of Russian Asia petitioned the Government to send them out properly qualified women to act as midwives. Their petition was granted, the Government undertaking all the expense of the education and maintenance of a certain number of women for this purpose. After a time one of these tribes, the Kirgesen, petitioned further, that the women thus sent to them should also be taught some branches of the art of Medicine. One of the women, then being trained as a midwife, hearing of this petition, wrote to the Kirgesen, proposing that she should study Medicine thoroughly, and go out to them as a qualified doctor.

¹ *Scotman*, Oct. 26, 1870. ² *Brit. Med. Journal*, May 25, 1872.

She suggested at the same time that they should try to get permission for her to enter the Academy of St Petersburg as a regular medical student. The Kirgesen welcomed the proposal, and, through an influential Russian general, obtained an official document, empowering their future doctor to attend the Academy as a student. They have regularly sent money for her education and maintenance, and from the first have taken the greatest interest in her progress and welfare, requiring, among other things, periodical bulletins of her health. Hearing last summer that she was not well, they sent money for her to go abroad for her holiday, and asked for an extra bulletin."¹

I cite the above facts to show that the demand for female physicians is no artificial or imaginary one, and that it does not spring out of any fanciful whim of an over-refined social state ; but lest it should be supposed on the other hand to be confined to half-barbarous nations, I may quote the opinions expressed on this subject two years ago in one of the most thoughtful of our English journals : " We heartily admit that the only way to discriminate clearly what practical careers women are, and are not, fitted for, is to let them try. In many cases, as in the medical profession, we do not feel any doubt that they will find a special kind of work for which they are specially

¹ *Macmillan's Magazine*, September 1868.

fitted, which has never been adequately done by men at all, and which never would be done but by women. . . . We have heard the opinion of one of the most eminent of our living physicians, that one of the new lady physicians is doing, in the most admirable manner, a work which medical men would never even have had the chance of doing."¹

I am told by Catholic friends that a great many cases of special disease remain untreated in convents, because the nuns, with their extreme notions of feminine seclusion, think that it would be little short of profanation to submit to some kinds of medical treatment from a man.² Indeed, it is expressly laid down by a great Catholic authority, St Alphonsus,³ that though monks and nuns are required to place themselves in the doctor's care when commanded to do so by their superiors, a special exception is to be made in the case of nuns suffering from certain maladies, who can only be required to accept treatment from a skilled woman, if any such be available; as, under existing circumstances, is so rarely the case. I do not ask any reader to applaud or even justify these poor nuns, if they, esteeming themselves "the martyrs of holy purity," sacrifice life to such scruples; but I do most emphatically ask, in the

¹ *Spectator*, April 13, 1867.

² See *Note C*.

³ "*Theologia Moralis*," by St Alphonsus.

name of humanity, whether the state of things can be defended which may drive women, from the highest and most holy motives, to submit to the extremity of physical suffering and even death itself, because it is impossible for them to obtain the medical services of their own sex, and because they believe they can best fulfil the spirit of their vows by accepting no other ?

I am informed by a friend that Archbishop Manning, when expressing to her his strong interest in the question of the medical education of women, alluded to facts like those referred to above, as affording one of the strongest motives for such interest in the minds of Catholics. Nor, surely, need sympathy in such a case be limited within the bounds of any religious denomination.

To pass to the consideration of other cases of a less exceptional kind, there can, I think, be little doubt that an enormous amount of preventible suffering arises from the unwillingness of very many girls on the verge of womanhood to consult a medical man on various points which are yet of vital importance, and to appeal to him in cases of apparently slight illness, which yet issue but too often in ultimately confirmed ill-health. I firmly believe that if a dozen competent women entered upon medical practice at this moment in different parts of England, they might, without withdrawing a single patient from her present medical at-

tendant, find full and remunerative employment in attending simply to those cases which, in the present state of things, go without any adequate treatment whatever ; for I believe that many suffering women would be willing to consult one of their own sex, if thoroughly qualified, when they refuse, except at some crisis of acute suffering, to call in a medical man.¹ Probably Queen Isabella of Castile² was neither the first nor the last woman whose life was sacrificed to her modesty. Even if such extreme instances are rare, I think it cannot be denied that very much needless pain, “and pain of a kind that ought not to be inflicted,” is caused, especially to young girls, by the necessity of consulting men on all occasions, and I believe that those who know most of the facts insist most strongly on this point.

¹ A curious coincidence recently occurred which may illustrate this feeling. Not long ago I was attacked in the newspapers for having alluded to this subject, and a certain doctor published three letters in one week to prove that “ninety-nine out of every hundred Englishwomen suffering from female diseases freely consulted medical men.” During that very week no less than three women, in different classes of society, appealed to me for advice and treatment for sufferings about which they “did not like to ask a gentleman.” In each case I advised them to consult a medical man, as I was not yet myself in practice, and there were no women doctors in Edinburgh ; but in each case I found that their feeling in the matter was too strong to allow them to do so.

² “Concerning her death, it was magnanimous and answerable to the courage of heroes,” &c.—*Gallerie of Heroick Women*, written in French by Pierre le Moyne, and translated by the Marquess of Winchester, 1652.

I do not know how far the Medical Profession would acknowledge the truth of the above statement; it is probable that they are really less competent to judge about it than women are themselves, for, as an eminent divine remarked that it was considered a point of politeness not to express theological doubts before a clergyman, it may probably be thought still more obligatory not to question the adequacy of the existing medical profession before one of its members. One can hardly imagine a lady sending for a doctor to tell him why she will *not* consult him; it is sufficient to know that many cases of disease among women go without treatment; it is surely open to any one at least to suggest the above as one of the possible reasons.

And indeed, if no such special suffering were often involved in the idea of consulting a man on all points, it seems self-evident that a woman's most natural adviser would be one of her own sex, who must surely be most able to understand and sympathise with her in times of sickness as well as of health, and who can often far more fully appreciate her state, both of mind and body, than any medical man would be likely to do.¹

Nor can I leave the subject without expressing a hope that, when women are once practising medi-

¹ See *Note D.*

49a *Medicine as a Profession for Women.*

cine in large numbers, great gain may accrue to medical science from the observations and discoveries which their sex will give them double facilities of making among other women. One of the most eminent of the so-called "ladies' doctors" of the day writes :—" The principal reason why the knowledge of diseases of women has so little advanced, is the hitherto undisturbed belief that one sex only is qualified by education and powers of mind to investigate and to cure what the other sex alone has to suffer." After alluding to women physicians of both ancient and modern times, Dr Tilt further remarks, that, " if well educated, they may greatly improve our knowledge of the diseases of women."¹

Moreover, there is reason to hope that women doctors may do even more for the health of their own sex in the way of prevention than of cure, and surely this is the very noblest province of the true physician. Already it is being proved with what eagerness women will attend lectures on physiology and hygiene when delivered to them by a woman, though perhaps not one in ten would go to the same course of lectures if given by a medical man. I look forward to the day when a competent knowledge of these subjects shall be as general among women as it now is rare ; and when that day arrives, I trust that the " poor

¹ "*Handbook of Uterine Therapeutics*," by Edward John Tilt, M.D.

health" which is now so sadly common in our sex, and which so frequently comes from sheer ignorance of sanitary laws, will become rather the exception than, as now too often, the rule. I hope that then we shall find far fewer instances of life-long illness entailed on herself by a girl's thoughtless ignorance ; I believe we shall see a generation of women far fitter in mind and body to take their share in the work of the world, and that the Registrar will have to record a much lower rate of infantile mortality when mothers themselves have learned to know something at least of the elementary laws of health. It has been well said that the noblest end of education is to make the educator no longer necessary ; and I, at least, shall think it the highest proof of success if women doctors can in time succeed in so raising the standard of health among their sister women, that but half the present percentage of medical practitioners are required in comparison to the female population.

Of course I do not expect that every reader will look at this question from my point of view, or will be able to arrive at the same conclusions respecting it. But I think that many who have never before seen the matter in the light in which I have tried to place it, will be ready to admit that there are at any rate *prima facie* grounds for my argument, and that allowing even for considerable over-statement on my part, there

50a *Medicine as a Profession for Women.*

may still remain subject for serious consideration.

Even if I am wholly mistaken, and if all that needs doing *can* in England be effectually done by men, we have still, I think, no reason for the exclusion of women from the medical profession ; —there is still no ground on which it can be right to refuse to every patient the power of election between a physician of her own sex and of the other, when women as well as men are desirous of qualifying themselves for this work, seeing that it will after all be always a matter of choice ; for we cannot suppose that the time will ever come when women will be arbitrarily prevented from employing men, as they now are arbitrarily prevented from employing women, as their medical attendants.

The assertion that women *are* at present “arbitrarily prevented from employing women as their medical attendants” may sound startling, but it is at this moment practically true in England, in the most literal sense. Since medical practice has, for the protection of the public, been made a matter of legislation, it has been absolutely illegal for any physician or surgeon to practise as such in this country, unless registered by the appointed Medical Board, and that Board is not obliged to register any one who has not a British medical degree. It is evident, then, that to deny all British medical degrees to

women,—not only to refuse them instruction, but to refuse to examine them if they have acquired knowledge elsewhere,—is most arbitrarily to prohibit all women, whatever their qualification, from practising medicine in the United Kingdom, except under legal pains and penalties.

Of course no such arbitrary action was even contemplated when the Act of 1858 was passed; and I think that when once the great practical injustice of the present state of things is fully understood by the public, a change is inevitable,—either British medical degrees will be thrown open to women, as is most desirable, or the legal conditions of practice will be modified to meet the case of those to whom such degrees are denied. It is perhaps hardly to be expected, though very much to be desired, that medical men as a body should themselves take the initiative in this matter, and throw open the doors to all women who desire worthily to join their fellowship, for it proverbially “needs *very* good men to give up their own monopoly;” but the action of the general public in the matter can hardly be doubtful except as a question of time;—no English court could be expected to condemn to legal penalties a succession of highly-educated ladies who may have seized, often with great effort, every opportunity open to them to fit

themselves thoroughly for a work which they believe to be especially their own.

The recent action taken in the matter by the authorities at Apothecaries' Hall is exactly of the kind to outrage an Englishman's sense of fairness, and therefore is sure before long to bring its own redress. As the facts may not be thoroughly understood in the non-medical world, I will briefly recapitulate them. When Miss Garrett first began to study medicine in 1860, she tried to obtain admittance to one School and University after another, and finally found that Apothecaries' Hall was the only body which, from its charter, had no power to refuse to examine any candidate complying with its conditions. She accordingly went through the required five years' apprenticeship, and obtained her diploma in 1865, having gone to very great additional expense in obtaining privately the required lectures by recognised Professors,—sometimes paying fifty guineas for a course when the usual fee, in the classes from which she was debarred, was but three or four. Not content, however, with indirectly imposing this enormous pecuniary tax on women, the authorities now bethought them to pass a rule forbidding students to receive any part of their medical education privately,—this course being publicly advised by one of the leading medical journals as a safe way of evading the obligations of the charter,

and yet effectually shutting out the one chance left to the women!¹

Of course the efficacy of this measure ceases the moment that any regular medical school fairly opens its doors to women ; but till that day comes, it presents a formidable, if not insuperable, difficulty. Commenting on this proceeding, the *Daily News* remarks :—" We recommend these facts to the good people who think that coercion, restriction, and the tyranny of combination, are peculiar to any one class of society. It will be a great day in England when the right of every individual to make the most of the ability which God has given him, free from interested interference, is recognised, and to that goal we are surely advancing ; but our progress is slow, and it is very clear that it is not only in the lower ranks of the community that the obstructive trades-union spirit is energetically operating."

While such is the state of affairs in England, other European nations have taken a very different position. We have already seen that the Italian Universities were, in fact, never closed to women, and that at Bologna no less than three women held Professors' chairs in the Medical Faculty.²

¹ See *Note E*.

² Besides these we have, at Bologna,—Maddalena Buonsignori, Professor of Laws, 1380 ; Laura Bassi, Professor of Philosophy, 1733 ; Maria Gaetana Agnesi, Professor of Mathematics, 1750 ; Clothilde Tambroni, Professor of Greek, 1794 ; and also other instances in various Italian Universities.

We have several instances of degrees granted to women in the Middle Ages by the Universities of Bologna, Padua, Milan, Pavia, and others; the earliest instance that I have found being that of Betisia Gozzadini,¹ who was made Doctor of Laws by the University of Bologna in 1209. In Germany also several such instances have occurred. At Paris no less than seven degrees in Arts and Sciences have been granted to women by the University of France within the last ten years, and a number of women are now studying in the Medical School there. In answer to my enquiries in 1868, the Secretary to the Minister of Public Instruction made the following communication:—

“ *Paris, le 18 Août 1868,*

“ *Ministère de l'Instruction Publique.*

“ **MADemoisELLE,**—En réponse à la lettre que vous me faites l'honneur de m'adresser, en vous recommandant du nom de Lord Lyons, qui a écrit pour vous à Mons. le Ministre, je m'empresse de vous faire savoir que le Ministre est disposé à vous autoriser, aussi que les autres dames Anglaises qui se destinaient à la médecine, à faire vos études à la Faculté de Paris, et à y subir des examens.

“ It est bien entendu que vous devez être munie, par voie d'équivalence ou autrement, des diplômes exigés pour l'inscription à la faculté de médecine.

“ Agreez, Mademoiselle l'assurance de mon respect,

(Signed) “ **DANTON.**”

Since this Essay was first published, two women have obtained the degree of M.D. in Paris, after

¹ Ghirardacci, “*Historia Bologna,*” Bologna, 1605.

passing brilliant examinations in each case. The first graduate was our distinguished country-woman, Miss Garrett, who, after passing the five examinations required, received her degree in June 1870. The *Lancet* records that "her friends must have been highly gratified to hear how her judges congratulated her on her success, and to see what sympathy and respect was shown to her by all present."¹

The next lady who graduated was Miss Mary C. Putnam of New York, who, after quietly pursuing her studies (combined with original researches), like a second Archimedes, during both the sieges of Paris in 1870-71, took her degree with great honour in August 1871. The *Lancet*² remarked—"Miss Putnam has just been undergoing the very strict examinations for the doctor's degree in Paris, and has passed very creditably. This is the second case in the Paris faculty, the innovation being made quietly, whilst elsewhere angry discussions intervene."

At Lyons, also, two women have obtained degrees in Arts, in 1861 and 1869 respectively. At Montpellier a degree in Arts was also conferred on a woman in 1865, and another lady has passed the first two examinations in the *Ecole de Pharmacie Supérieure* in that city.

For several years past the University of Zurich

¹ *Lancet*, June 18, 1870.

² *Lancet*, August 26, 1871.

has been thrown open to women as freely as to men ; a Russian woman, named Nadejda Suslowa, being the first to obtain a degree in Medicine, in 1867. Several more have since then graduated, and others are at present pursuing their studies there in the ordinary classes.¹

In March 1870 it was announced, on the authority of the *Lancet*, that the University of Vienna had formally decided to admit women as students, and to confer on them the ordinary medical degrees.²

A month or two later the Swedish newspapers published in their official columns a royal decree, granting to Swedish women the right to study and practise medicine, and ordaining that the professors of the Universities should make arrangements for teaching and examining them in the usual way.³

Even Russia seems in advance of England in this matter. In 1869, "the Medico-Chirurgical Academy of St Petersburg conferred the degree of M.D. upon Madame Kaschewarow, the first female candidate for this honour. When her name was mentioned by the Dean, it was received with an immense storm of applause, which lasted for several minutes. The ceremony of investing

¹ See Note F.

² *Scotsman*, March 22, 1870.

³ *Pall Mall Gazette*, August 1870.

her with the insignia of her dignity being over, her fellow-students and colleagues lifted her upon a chair, and carried her with triumphant shouts through the hall."¹

At Moscow, also, "the Faculty of Medicine, with the full concurrence of the Council of the University of Moscow, have decided to grant to women the right of being present at the educational courses and lectures of the Faculty, and to follow all the labours of the Medico-Chirurgical Academy. The tests of capacity will be precisely the same as for male students."² Still more recently we hear from St Petersburg that "the success of the lady physicians is encouraging other ladies to devote themselves to medicine, and a considerable step has been made in this direction. . . . A person who interests herself in the higher education of women has requested the Minister of State to accept the sum of £8000, and to devote it to the establishment of medical classes for women at the Imperial Academy of Medicine."³

Nor is the progress of liberality less marked on the other side of the Atlantic. It is well known that several of the smaller medical schools in the United States admitted women as soon as they

¹ *Medical Gazette*, New York, February 27, 1869.

² *British Medical Journal*, October 1871.

³ *British Medical Journal*, May 18, 1872.

applied for instruction, but until 1869 no American University threw open its doors. About the end of that year, however, the State University of Michigan took the initiative in this matter, and the following statement was inserted in last year's official Calendar:—"Recognising the equality of rights of both sexes to the highest educational advantages, the Board of Regents have made provision for the medical education of women, by authorising a course of education for them, separate, but in all respects equal to that heretofore given to men only. The conditions of admission, as well as graduation, are the same for all." During the first year fourteen women appeared as students in the Faculty of Arts, three in that of Law, and thirteen were studying Medicine and Surgery. In the spring of 1871 Miss Sanford received the first medical degree granted to a woman by an American University; and it is worth notice that this lady (herself a pupil of Dr Lucy Sewall of Boston,) took her place among the most distinguished graduates of the year;—her thesis on "Puerperal Eclampsia" being the one selected by the Medical Faculty for publication. The number of women studying at Michigan University during the session 1871-72 was sixty-eight, as compared with the thirty of the previous year; such rapid increase being tolerably significant of the avidity with which women embrace

the long-denied opportunities of instruction, and offering sufficient encouragement to any British University that may resolve to try the same experiment.

It will thus be seen that many nations have, from the earliest period, recognised and acted upon the truth that "Mind is of no sex," and that, where this has not been the case in former times, the barriers are being rapidly and readily thrown down as civilization advances, till, in truth, Great Britain now stands almost alone in refusing to admit her daughters to the national universities, and in denying them the opportunity of proving experimentally whether "the male mind of the Caucasian race¹" is indeed so immeasurably superior to its feminine counterpart. It may be remarked, by the bye, that it is very curious to notice how the very people who loudly maintain the existence of this vast mental disparity are just those who strenuously resist every endeavour to submit their theory to the touchstone of experience, instead of welcoming the application of those tests that might be expected so triumphantly to prove their point! But, jesting apart, the present state of things can hardly be agreeable

¹ For a *reductio ad absurdum* of the whole question, let me refer to Dr Henry Bennet's letter, containing the above words, in the *Lancet* of June 18, 1870. An answer to it occurs in the *Lancet* of July 9, 1870, and is referred to in *Note B*.

to English self-respect ; and it is to be hoped that our country will soon descend from her bad eminence, and no longer be marked out as the one land where men only can reap benefit from the educational advantages provided at the expense of the nation at large. It can hardly be an object of ambition to the learned men of any people to deserve the woe pronounced of old against those who "have taken away the key of knowledge, and them that were entering in, they hindered."

There seems to be practically no doubt now that women are and will be doctors. The only question really remaining is, how thoroughly they are to be educated and fitted to take their share of responsibility in the care of the life and health of the nation ; how far their difficulties are to be lightened or increased ; and whether the state of things shall continue by which they are driven into unwilling quackery on the one hand, or made to suffer real oppression from irresponsible authority on the other.

Men who, after an irregular education and incomplete training, claim the name of physicians, are justly stigmatised as quacks, and excluded from honourable fellowship, for they have refused the straight and direct path as too laborious, and have sought admittance by crooked ways. It is right enough to impose heavy penalties on them for practising without a diploma which it needs

only industry on their part to obtain ; but what shall we say when women are refused admission to every regular Medical School, and then, when they have perhaps painfully and laboriously gathered their own education, either in England or abroad, are excluded from the fellowship of the profession, for the sin of having been unjustly treated ! That some women have succeeded in acquiring most competent medical knowledge and skill can hardly be denied, except by those who really know nothing of the facts, or are wilfully blind to them ; but in almost every case they have done so at a cost of money, effort, and personal sacrifice, that can be expected only from the few. Imagine all medical students met by the difficulties which female students must encounter ; —how many properly educated doctors should we have ?

Many persons, however, who would gladly see women engage in the practice of Medicine, yet think it undesirable that they should obtain their education in the same schools as men ; and here another practical point arises for consideration. If it is indeed true that no one is fit for the profession of Medicine unless able to banish from its practice the personal idea of sex, it certainly seems as if all earnest students seeking the same knowledge for the same ends, ought to be able to pursue their studies together. We are constantly

told (and I think rightly) that no woman *need* object, when necessary, to consult a medical man on any point, because the physician will see in it simply an impersonal "case," and will, from his scientific standpoint, practically ignore all that would be embarrassing as between persons of opposite sexes. If this is and ought to be true, it does not seem too much to demand equal delicacy of feeling among those who will in a year or two be themselves physicians; and, from personal experience when studying in large American hospitals with students of both sexes, I believe that no serious difficulty need ever occur, except in cases of really exceptional coarseness of character on one side or the other. That such joint study will be for the first few days novel and embarrassing is of course natural; but I believe that, as the first novelty wears off, the embarrassment too will disappear in the interest of a common study, and that no thoroughly pure-minded woman, with an ordinary amount of tact, need ever fear such association with students of whom the majority will always be gentlemen. It is of course a radically different thing to study any or all subjects with earnest scientific interest, and to discuss them lightly in common conversation.¹

Not only in America has the system of joint education been tried, but at Paris and at Zurich

¹ See *Note G.*

ladies are at the present moment studying in the regular Medical Schools, and friends at each place assure me of the complete success of the experiment, if such it is considered. Dr Mary Putnam (the first lady ever admitted to the Parisian Medical School) in 1869 wrote thus: "There is not the slightest restriction on my studies or my presence at the Classes. . . . I have never found the slightest difficulty in studying with the young men with whom I am associated, not only at lectures, but in the hospitals, reading-room, laboratory, &c. I have always been treated with a courtesy at once frank and respectful." A lady studying Medicine at the University of Michigan in 1870, wrote—"We are very much pleased with the way in which we have been received here, both by professors and students; they have treated us in every respect with great courtesy." Another lady, when studying at Zurich, reported that "in the Medical School of Zurich, no advantage which is afforded to the male students is denied to the women. Every class is open to them, and they work side by side with the men. The students have invariably been to me most friendly, helpful, and courteous." In answer to an official letter of enquiry, the Dean of the Medical Faculty at Zurich wrote: "Since 1867, ladies have been regularly admitted as matriculated students, and have been allowed all the

privileges of *cives academici*. As far as our experience has gone, the new practice has not in any way been found to damage the interests of the University. The lady students we have hitherto had have all been found to behave with great good taste, and to be diligent students." Such evidence must surely carry more weight than the opinions of those who merely theorize about probabilities, especially when such theorists start, as is often the case, with a predisposition to find "lions in the way."

If the admission of women to the regular Medical Schools has been proved to bring no evil consequences, wherever teachers and professors have shown good will, it needs strong arguments to justify their exclusion from advantages which they can hardly obtain elsewhere; for it has been well remarked, that nothing can be more false than to confound a "small injustice" with "injustice to a small number."

It is simply a mockery, and one calculated to mislead the public, when a medical journal¹ announces that "We would offer no obstacle to any steps which women may think would be conducive to their own benefit. But if it be indispensable that they should study Anatomy and Medicine, let them, in the interests of common decency, have an educational institution and licensing body of

¹ *Medical Times and Gazette*, Feb. 23, 1867, and April 24, 1869.

their own." And again, "If women are determined to become Medical Practitioners, they are at perfect liberty to do so ; but it is only consistent with decency that they should have their own special Schools and examining bodies." Such writers know perfectly well that it is utterly impossible for two or three struggling women students to found "their own special Schools," (though, when a sufficient number of women are educated, they may gladly make such provision for those who will succeed them,) and that, if in truth women as well as men have a right to claim opportunities of education, the duty of providing separate instruction for them clearly falls on the existing Schools, if the authorities refuse to admit them to share in the general advantages offered.

For myself, I cannot see why difficulties that have in France and Switzerland been proved chimerical, should in England be supposed (without any fair trial) to be insurmountable ; as I, for one, cannot believe that less good and gentlemanly feeling should be expected from English and Scotch students, wherever their Professors set them an example of courtesy, than is found among the undergraduates of foreign Universities.

But this is a point which I do not greatly care to urge ; although Medical Science can undoubtedly be most favourably studied under those conditions which only large institutions can command,

and which could for many years be but imperfectly attained in a Medical College designed for women only. Still there is no doubt that women, thoroughly in earnest, and with a certain amount of means at their command, *can* obtain adequate medical instruction without entering any of the existing Schools for men, and no doubt arrangements could be made to secure all that is necessary with much less effort and expense than at present. We should be very thankful to have the Medical Schools thrown open to us, to be allowed some share in the noble provision made, chiefly with public money, for the instruction of medical students; but this is not absolutely indispensable; we may be refused this, and yet gain our end, though with greater toil and at greater expense. As time goes on, and as the number of women attracted by the study of Medicine increases, it will probably, apart from all extrinsic considerations, be both natural and convenient that they should have a Medical School of their own, in which every means of study should be specially provided for, and adapted to, their needs. It is not, however, I think, desirable that this should be done until the number of students is sufficient to guarantee funds for the liberal payment of first-rate teachers, and the ample provision of all needful facilities. If no women are to be made competent physicians till they have a

school of their own, there never will be any at all ; for those who broadly oppose the movement will always be able to say, " Women have never proved that they can use such advantages as will be thus furnished ; do not establish a College for them till they have."

So the double argument would run thus : " Do not found a Female Medical School till we are sure that women can successfully study Medicine ; do not let any woman study Medicine except in a Medical School of their own." Between such a Scylla and Charybdis who can steer clear ?

Supposing, however, that this dilemma were escaped, and that adequate means of instruction were provided, (with men, or apart from them, I care not,) it would still, I think, be essential, not only to the interests of women doctors, but to those of the public at large, that the standard for medical practitioners of both sexes should be identical ; that women should be admitted to the examinations already established for men, and should receive their medical degree on exactly the same terms. I do not for a moment desire to see degrees granted to women by a College of their own, or to see a special examination instituted for them ; for there would be extreme difficulty in measuring the exact value of any such diplomas, and danger would arise, on the one hand, of injustice being done to those thoroughly competent,

but possessing "only a woman's degree," and, on the other, of the standard being really lowered, and the medical degree coming to possess an uncertain and inferior value.

Of this latter danger we have abundant warning in America, where every fresh College is allowed the right of "graduating" its own students on whatever terms it pleases, and where, indeed, one is confounded by the innumerable diplomas granted by all sorts of Colleges to all sorts of people, so that one has need to inquire whether the M.D. attached to a name represents a degree granted by some "Eclectic" or "Hygeio-therapeutic" College of mushroom growth, or by the Universities of Harvard and Yale.

We cannot wish for such a state of things in England. Let British degrees continue to be of perfectly definite value; make the conditions as stringent as you please, but let them be such as are attainable by all students, and are clearly understood by the general public; and then, for all that would worthily win and wear the desired honours, "a fair field and no favour."

Is there not one of the English, Scotch, or Irish Universities that will win future laurels by now taking the lead generously, and announcing its willingness to cease, at least, its policy of arbitrary exclusion? Let the authorities, if they please, admit women to study in the ordinary classes

with or without any special restrictions (and it is hard to believe that at least the greater part of the lectures could not be attended in common); or let them, if they think needful, bid the women make their own arrangements, and gather their knowledge as they can;¹ with this promise only, that, when acquired, such knowledge shall be duly tested, and, if found worthy, shall receive the Hall-mark of the regular Medical Degree.

Surely this is not too much to ask, and no more is absolutely essential. If, indeed, the assertions so often made about the incapacity of women are true, the result of such examinations (which may be both theoretical and practical, scientific and clinical,) will triumphantly prove the point. If the examinations are left in the hands of competent men, we may be very sure that all unqualified women will be summarily rejected, as indeed it is to be desired that they should be.

¹ It would have been perfectly easy in Edinburgh, during 1871-72, to make complete arrangements for instruction, partly inside and partly outside the walls of the University, if only the authorities would have authorised the lady students to organize the necessary classes for themselves at their own expense. But the obstructive party took refuge behind the traditional *non-possumus*, and could not be driven from their position, though the Lord Advocate of Scotland gave a distinct opinion to the effect that any needful arrangements might legally be made, and though the more far-sighted Professors strongly deprecated such an abnegation of University power for the purpose of subserving a merely temporary object. In point of fact, the whole history of this struggle is one long illustration of the good old proverb,—“Where there’s a will, there’s a way.”

If, on the contrary, some women, however few, can, under all existing disadvantages, successfully pass the ordeal, and go forth with the full authority of the degree of Doctor of Medicine, surely all will be glad to welcome their perhaps unexpected success, and bid every such woman, as she sets forth on her mission of healing, a hearty God-speed!

