

VII.

WOMAN IN MEDICINE.

BY

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“Fifty years hence, it will be difficult to gain credit for the assertion that American women acquiesced throughout the former half of the 19th century, in the complete monopoly of the medical profession by men, even including midwifery, and the diseases peculiar to women. The current usage in this respect is monstrous.”—*New York Tribune*, Editorial, 1853.

THE history of the movement for introducing women into the full practice of the medical profession is one of the most interesting of modern times. This movement has already achieved much, and far more than is often supposed. Yet the interest lies even less in what has been so far achieved, than in the opposition which has been encountered: in the nature of this opposition; in the pretexts on which it has been sustained, and in the reasonings, more or less disingenuous, by which it has claimed its justification. The history, therefore, is a record not more of fact, than of opinion. And the opinions expressed have often been so grave and solid in appearance, yet proved so frivolous and empty in view of the subsequent event, that their history is not unworthy careful consideration among that of other solemn follies of mankind.

In Europe, the admission of women to the profession of medicine has been widely opposed because of disbelief in their intellectual capacity.* In America it is less often permitted to doubt—out loud—the intellectual capacity of women. The controversy has therefore been shifted to the entirely different ground of decorum.

At the very outset, however, two rival decorums confronted

* See the arguments interchanged in open letters,—learned essays, between Prof. Bischoff attacking, and Prof. Hermann defending, the admission of women to the University of Zurich. See also the address made last year by Prof. Waldeyer, before the Society of German Physicians and Naturalists.

each other. The same centuries of tradition which had, officially, reserved the practice of medicine for men, had assigned to women the exclusive control of the practice of midwifery. It was assumed that midwifery did not require the assistance of medical art,—that the woman in labor traversed a purely physiological crisis, and required only the attendance of kindness, patience, and native sagacity,—all obtainable without scientific knowledge, from her own sex. This being taken for granted, the propriety of limiting such attendance to women appeared so self-evident, that, from the beginning of the world till the eighteenth century A.D., the custom was not seriously questioned. There is an exact parallelism between the relations of men to midwifery and of women to medicine. The limitation of sex in each case was decided by a tradition so immense, as to be mistaken for a divinely implanted instinct, intended by Providence as one of the fundamental safeguards of society and of morals. In each case the invasion by one sex of a "sphere" hitherto monopolized by the other, aroused the coarsest antagonism of offended delicacy. In each case finally, a real basis existed for the traditional etiquette: there *was* some reason for protesting against the introduction of the male accoucheur into the lying-in room, or of the ardent young girl into the medical school. But in each case, whatever reasons for protest existed, were outnumbered and outweighed by others, to whose greater importance they were finally compelled to give way. Other things being equal, it *was* unpleasant for a woman to be attended in the crisis of her confinement by a man. But when the necessity for knowledge was recognized, when men became skilled while midwives remained ignorant,—the choice was no longer possible; the greater decorum of female midwifery was obliged to yield to the greater safety of enlightened masculine practice. Similarly, it *was* occasionally unpleasant for young women students to find themselves engaged in certain subjects of medical study together with classes of young men. But in proportion as midwifery became enlarged by the new province of gynæcology, did occasions multiply on which it was extremely unpleasant for non-medical women to be medically treated by men. The difficulties of educating a relatively few women in medicine were compelled to be accepted, in order to avert the far greater difficulties of medical treatment for a very large number of women.

The history of medical women in the United States, to which these pages exclusively apply, may be divided into seven periods, as follows :

First, the colonial period of exclusively female midwifery,* many of whose practitioners, according to their epitaphs, are reported to have brought into the world one, two, or even three thousand babies apiece. The Mrs. Thomas Whitmore of Marlboro, mentioned in the note, is especially described as being "possessed of a vigorous constitution, and frequently traveling through the woods on snow-shoes from one part of the town to another by night and by day, to relieve the distressed." †

During this period of female midwifery, the medical profession proper of the colonies remained entirely unorganized and inarticulate. ‡ Without making especial inquiry, a superficial observer could have almost overlooked the existence of doctors, as a special class, in the community.

There followed, however, a second period, that, namely, of the Revolution, and the years immediately preceding and following it. During the former, physicians began to travel to Europe for instruction. During the Revolutionary war their public services in the military hospitals, though apparently not very useful to the sick, § yet served to bring the profession, for the first time, out of obscurity; and the

* "It is scarcely more than half a century, since among us, females were almost the only accoucheurs."—"Remarks on the employment of Females as Practitioners in Midwifery," by a Physician. Boston, 1820. See also collections Maine Historical Society; Proceedings General Court held at Wells, July 6, 1646, to "present" Frances Rayns for presuming to act the part of midwife. Also, Blake's Annals of the town of Dorchester. Record of death, in 1705, of Mrs. Wiat, aged 94 years, having as midwife assisted at the births of 1100 and odd children. Also Thomson's History of Vermont, sketching the career of Mrs. Thomas Whitmore in town of Marlboro, 1765. In the town records of Rehoboth is mentioned the arrival, on July 3, 1663, of Dr. Sam Fuller and his mother, he to practice medicine,—she as midwife, "to answer to the town's necessity, which was great." So also Mrs. Elizabeth Phillips settled in Charleston in 1718. Anne Hutchinson began her career as a midwife. It will be remembered that the mother of William Lloyd Garrison practiced midwifery in Baltimore, and thereby supported herself and two children, after she had been mysteriously deserted by her husband.

† This sturdy woman lived to be eighty-seven years of age; an ironical comment on the theory of necessarily deficiency of endurance in the female sex.

‡ "More than 150 years elapsed after the first settlement, before a single effort was made either by public authority or by the enterprise of individuals, for the education of physicians, or for improving the practice of medicine. . . . No medical journal was published in America, until toward the close of the 18th century. . . . The first anatomical dissection was made in New York, in 1750.—Thacher, *Am. Med. Biog.* 1828, p. 16.

§ "It would be shocking to humanity to relate the history of our general hospital in the years 1777 and 1778, when it swallowed up at least one half

opportunities afforded for the collective observation of disease on a large scale, first breathed the spirit of medical science into the American profession. The first achievement of the new-born interest in medical art and education was the expulsion of "females," from even the outlying provinces of the profession, and from their world-old traditional privileges as accoucheurs.* It was a harsh return to make for the services rendered to the infant settlements by these valiant midwives, who had been tramping through the snow by night and by day to bring into a very cold world the citizens of the future republic!†

Third. After this, however, came a period of reaction. In 1848, a Boston gentleman, Mr. Samuel Gregory, began to vehemently protest against the innovation of "male midwives," and, opened a crusade on behalf of the women, with something of the pathetic ardor of the Emperor Julian for a lost cause.‡ To judge by the comments of the public press, Mr. Gregory's protest against "man-midwifery" awoke sympathetic echoes in many quarters. At the present day the interest in the movement thus roused, at once progressive and reactionary, lies chiefly in the remarkable similarity between the arguments which were then advanced against the intrusion of men into

our army, by crowding and consequent infection." "At Bethlehem, out of 40 men who came sick from one regiment,—not three returned alive.—Tilton on Military Hospitals (quoted by Tower, "Medical Men of the Revolution." Address 1876, p. 77.)

* "It was one of the first and happiest fruits of improved medical education in America, that females were excluded from practice; and this has only been effected by the united and persevering efforts of some of the most distinguished individuals of the profession."—Remarks of a Boston physician, cited *ut supra*.

† The suppression of midwives was more immediately due to the development of obstetrical science in England, whither the more ambitious among the colonial physicians were beginning to travel for instruction, and where their intellects were quickened by direct contact with the minds of men of genius. In 1752 Dr. James Lloyd, returning after two years' study in England, began to practice obstetrics in Boston: In 1762, Dr. Shippen, similarly prepared, began to lecture on obstetrics in Philadelphia. ("Hist. of Art of Midwifery," Lecture by Dr. Augustus Gardner, 1851). These actions sounded the professional death-knell of the poor midwives. Organized knowledge must invariably triumph over unorganized ignorance, even though tradition, decorum, and religion be all on the losing side.

‡ "Man-midwifery Espoused and Corrected; or, The Employment of Men to attend Women in Childbirth, shown to be a modern innovation, unnecessary, unnatural, and injurious to the physical welfare of the Community, and pernicious in its influence on Professional and public Morality." By Samuel Gregory, A.M., Lecturer on Physiology. Boston, 1848.

midwifery, and those which were subsequently urged against the admission of women to medicine. Thus:

"The employment of men in midwifery practice is always grossly indelicate, often immoral, and always constitutes a serious temptation to immorality."—*Summary of Mr. Gregory's argument in "Man-Midwifery Exposed,"* 1848.

"I view the present practice of calling on men in ordinary births, . . . as a means of sacrificing delicacy and consequently virtue.—*Thomas Ewell, M.D., of Virginia.*

"The practice (of male midwifery) is unnecessary, unnatural, and wrong,—it has an immoral tendency."—*W. Beach, M.D., New York.*

"There are many cases of practice among women . . . in which the sense of propriety would decide that the presence of a female practitioner is more desirable than that of a man.—*New York Observer,* 1850.

"There are a few self-evident propositions which it would be questioning the common sense of mankind to doubt. One is that women are by nature better fitted than men to take care of the sick and the suffering."—*Godey's Lady's Book,* 1850.

"The especial propriety of qualifying women to practice among

"To attend medical clinics in company with men, women must lay aside their modesty. There are still enough *gentlemen* who would blush to expose their mothers or sisters or wives to what, before women, would be improper and indecent."—*Letter to editor N. Y. Med. Record,* 1884, by *M. K. Blackwood.*

"History, physiology, and the general judgment of society unite in the negative of woman's fitness for the medical office."—"Woman and her Physician." *Lecture, Theoph. Parvin. Prof. Dis. Women,* 1870.

"If I were to plan with malicious hate the greatest curse I could conceive for women, if I would estrange them from the protection of women, and make them as far as possible loathsome and disgusting to man, I would favor the so-called reform which proposed to make doctors of them."—*Editorial Buffalo Med. Journal,* 1869, p. 191.

"There are free-thinkers in the medical profession as there are free-lovers in social life. . . . The opposition of medical men arises because this movement outrages all their enlightened estimate of what a woman should be. It shocks their refined appreciation of woman to see her assume to follow a profession with repulsive details at every step, after the disgusting preliminaries have been passed."—*Sherry, Med. and Surg. Reporter,* July 6, 1867.

"It is obvious that we cannot instruct women as we do men in the science of medicine; we cannot carry them into the dissecting room and hospital; many of *our* more delicate feelings, much of *our* refined sensibility must be subdued before we can study medicine; in females they must be destroyed"—*Remarks on Employment of Females as Practitioners,* Boston, 1820.

"The ceremonies of graduating Miss Blackwell at Geneva may well

children and their own sex, will be admitted I hope by all."—*Rt. Rev. Bishop Potter*, 1850.

"We have long been persuaded that both morality and decency require female practitioners of medicine. Nature suggests it; reason approves it; religion demands it."—*Northern Christian Advocate*, 1850.

"This is one of the most important projects of the day for the improvement of the condition of women."—*Zion's Herald*, 1850.

"The employment of men as 'midwives' is a modern custom, and one not to be commended."—*Phil. Saturday Post*, 1850.

These parallel columns might be extended much further, did our space permit. We cannot, however, pass by the following gem of eloquence from an English source, but quoted in the Cincinnati *Lancet and Clinic* for 1881. It is from the address at the British Medical Association by the President of that year:

"I am not over-squeamish, nor am I over-sensitive, but I almost shudder when I hear of things that ladies now do or attempt to do. One can but blush, and feel that modesty, once inherent in the fairest of God's creation, is fast fading away. You gentlemen, who know the delicacy of women's organization,—you must know that constitutionally they are unfit for many of the duties of either doctor or nurse.

"May not habit so change that fine organization, that sensitive nature of women, as to render her dead to those higher feelings of love and sympathy which now make our homes so happy, so blessed?

"Will not England's glory fade without its modest sympathizing women, and its race of stalwart youths and blooming maidens?

be called a farce. I am sorry that Geneva should be the first to commence the nefarious process of amalgamation. The profession was quite too full before."—*Letter by D. K. to Boston Journal*, Feb. 1849.

"The bare thought of married females engaging in the medical profession is palpably absurd. It carries with it a sense of shame, vulgarity, and disgust. Nature is responsible for my unqualified opposition to educating females for the medical profession."—*Dissert. on Female Phys.* by N. Williams, M.D., read before a N. Y. Med. Soc., June 6, 1850.

"Females are ambitious to dabble in medicine as in other matters, with a view to reorganizing society."—*Edit. Boston Med. and Surg. Jour.*, 1852, p. 106.

"The serious inroads made by female physicians in obstetrical business, one of the essential branches of income to a majority of well established practitioners, make it natural enough to inquire what course to pursue."—*Ibid.*, Feb. 1853.

“You now, gentlemen, know my views as to the propriety of ladies *becoming doctors or nurses.*” *

The Fourth period of woman's medical history was initiated when Mr. Gregory, supported by the popular enthusiasm he had aroused, succeeded in opening a School of Medicine (so called) for women, in Nov. 1848.† The first term lasted three months: a second term began the following April, 1849;—and with the announcement for the second year it was declared that the twenty pioneer pupils had not only followed the lectures, but “had attended above 300 midwifery cases with the most satisfactory success.”

In the prospectus issued for the second year of the school, Mr. Gregory brought forward a new set of arguments in its support, in addition to those previously adduced. There was then (1849) in New England, a surplus female population of 20,000 persons,—and “hundreds of these would be willing to devote any necessary length of time to qualify themselves for a useful, honorable, and remunerative occupation.” They could afford, moreover, to give their services at a much cheaper rate than men, charging about a third the ordinary fees,—thus \$5 instead of \$15 for attendance on a confinement case.

Thus not only would the morals of the community be preserved, but the burdens on its purse be considerably lightened by the employment of educated women as obstetricians. As the medical profession had just become keenly alive to the peculiarly lucrative character of obstetrical and gynæcological practice, this suggestion that it might now profitably be undersold naturally aroused the keenest resentment. It was soon retorted that the cheaper practitioners were to be prepared by a system of education so cheap as to be absolutely worthless; and unfortunately the early history of the first medical schools for women entirely justified this accusation.

To support Mr. Gregory's school, a Female Medical Education Society was formed in Boston, and incorporated with a state charter. Nothing seemed at the outset fairer than the promises of the new college,—but it had one fatal defect. There was no one connected with it who either knew or cared what a medical education should be. It followed that, under

* Is it possible not to seem to hear, from some quiet corner of dispassionate observation, the echo of the immortal “Fudge!” which so disturbed the complacency of the innocent Vicar of Wakefield?

† “To Massachusetts is due the credit of establishing the first medical school for women in the world.”—Chadwick, “The Study and Practice of Medicine by Women,” *International Review*, October, 1879.

the name of medical education, was offered a curriculum of instruction, so ludicrously inadequate for the purpose, as to constitute a gross usurpation of the name,—in a word, to be an essentially dishonest affair. And still more unfortunately, the same inadequacy, naïvely or deliberately unconscious of itself, continued in greater or less degree, to characterize all efforts for the isolated medical education of women for the next twenty years. This, the fourth period of their medical history,—deserves therefore to be considered by women rather as a pre-medical or preliminary epoch; where purposes were enunciated that were only to be fulfilled many years later.

The Gregory Medical School maintained a precarious existence until 1874, when, by an enabling act of the Legislature, the funds were handed over to the Boston University, just founded,—upon condition that women should be admitted to the medical department of the latter. This condition was punctually fulfilled; women students were rendered eligible to all departments of the new university. But as the medical school, for some reason, became exclusively homœopathic,—the fortunes of medical women in the regular profession were not thereby greatly advanced.*

Now, however, the movement for women had widened and reached Philadelphia, where two schools were started. One of these, the Penn Medical School, ran a permanently unenviable career of unfitness, and was finally extinguished. The other, the Woman's Medical College of Pennsylvania, was founded in 1850, and after a long and precarious period of struggle, finally touched upon a solid basis of medical realities, and thence began its prosperous modern career. In the mean time, and fortunately for the cause, a new departure had been taken in several other directions. The Gregory School had been founded with the avowed intention of educating women for

* On two other occasions did these fortunes become associated with those of homœopaths. When in 1869 the State University of Michigan opened its medical department to women, the Legislature simultaneously ruled that two professors of homœopathic medicine must be appointed in the school. And when in 1886 the trustees of the Boston City Hospital inquired into the propriety of admitting female medical students, they reported at the same time upon the application of homœopathic physicians, to be appointed in the medical service of the wards. At this point, however, the fortunes of the two classes of applicants diverged: the first request was granted; the second refused.

The class of 1890 of the Boston University School only contains nine women.

midwives; and it did not succeed even in this limited aim, because it was either ignorant of or indifferent to the rigid system of education imposed, wherever, as in Europe, midwives are recognized and educated. In America, where hostility to class distinctions is so profound as to interfere with the recognition of even the intellectual distinctions which are alone just,—it was probably a foregone conclusion that the various ranks in medicine which exist in European countries would never here become officially established.* But a startlingly long step was taken at a stride, when, thirty years after the pæan of victory had been sounded over the complete suppression of female midwives, so that not even this corner of possible medicine might remain in possession of women,—that then, half a dozen women, unknown to each other, and widely separated in this immense country, should appear almost simultaneously upon the scene, and demand the opportunity to be educated as full physicians. Their history marks a fifth period in the movement.

The first of this remarkable group of women was Harriet K. Hunt of Boston.

This lady had for several years assumed the responsibility of practicing medicine, while yet unprovided with a medical diploma. This was reprehensible, but from a practical standpoint, the course seems to have been justified by subsequent events. For when, in 1847, Miss Hunt requested permission to attend lectures at the Harvard Medical School, her request was promptly refused. After the graduation of Elizabeth Blackwell at Geneva in 1849, Miss Hunt thought that the times might have become more favorable, and, in 1850, repeated her application at Harvard. In mobile America, three years may sometimes effect such a change in sentiment as would require three centuries in the Old World. On this occasion, five out of the seven members of the Faculty voted "That Miss Hunt be admitted to the lectures on the usual terms, provided that her

* Thus in France,—docteur en médecine, officier de santé, sage femme; In England,—physician, surgeon, apothecary. The midwife in England, was, until recently, assumed not to exist; but as she existed nevertheless, she became all the more dangerous because uncontrolled. "At present date, 60 per cent. of poor women are attended in their confinements by midwives, uninstructed and uncultivated,—probably 10,000 in number. The fatal results to both mothers and children arising from the ignorance of these midwives is notorious. They must either be annihilated or instructed."—Dr. Aveling, writing to Gen. Med. Council, 1873.

The Obstetrical Society of London now undertakes to instruct and examine midwives.

admission be not deemed inconsistent with the statutes." * A week later, the President and Fellows of the University announced that the statutes of the Medical School offered no obstacle to the admission of female students to their lectures. But, on the eve of success, Miss Hunt's cause was shipwrecked, by collision and entanglement with that of another of the unenfranchised to privileges. At the beginning of the session, two, and later a third, colored man, had appeared among the students, and created by their appearance intense dissatisfaction. When, as if to crown this outrage to gentlemanly feeling, it was announced that a *woman* was also about to be admitted, the students felt that their cup of humiliation was full, and popular indignation boiled over in a general meeting. Here resolutions were adopted, remonstrating against the "amalgamation of sexes and races." The compliant Faculty bowed their heads to the storm, yielded to the students, who, though young and inexperienced, were in the majority, and might possibly withdraw in a body to Yale,—and, to avoid the obloquy of rejecting, under pressure, a perfectly reasonable request, advised the "female student" to withdraw her petition. This she did; the storm subsided, and the majesty of Harvard, already endangered by the presence of the negro, was saved from the further peril of the woman. Miss Hunt returned to her private medical practice, which, though unsanctioned by law and condemned by learning, was so successful that, in 1872, she celebrated her silver wedding to it. †

Thus, on this first occasion, it was not a sentiment of delicacy that forbade the Harvard students to share their privileges with a woman; but a sense of offended dignity of sex, which distinctly allied itself with the other and equally touchy dignity of race. The odd idea was advanced on this, as on so many other occasions, that whenever a woman should prove herself capable of an intellectual achievement, this latter would cease to constitute an honor for the men who had previously prized it. Hence the urgent necessity of excluding women from all opportunity of trying. ‡

* Drs. Jacob Bigelow and James Jackson voted in the negative. The latter had been the physician to introduce into Boston the midwife, Mrs. Janet Alexander. So it would seem that his objection was not to women, but to *educated* women, who might aspire to rank among regularly educated men physicians.

† The details of Miss Hunt's application to Harvard are dispassionately related by Dr. Chadwick, *loc. cit.*

‡ When, in 1872, the London University, after a two years' bitter contro-

In 1849, "Diplomas and advanced courses of study were things entirely outside the intellectual life of women." * The pioneer female colleges, the Troy Seminary and the Mt. Holyoke school, had scarcely been founded, † and women everywhere received only the most rudimentary education. On the other hand, the medical education of men, was, as compared with the objects to be attained by it,—in about an equally rudimentary condition. The intrinsic tests were so shifting and unreliable, the standard of attainments so low, that it was proportionately necessary to protect the dignity of the profession by external, superficial, and arbitrary safeguards. Of these the easiest to apply was the distinction of sex. It was often difficult to decide, in the absence of intrinsic tests, whether a given individual were or were not a competent physician : but it was of course always easy to recognize that he was a man. This simple principle of distinction was adopted, therefore, as the guiding rule in future controversies. All men, however or wherever educated, were to be considered competent physicians, if only they chose to say so themselves. And all women were correlatively to be declared incompetent, no matter what care they had taken to prepare themselves. The principle was well suited to crude and uncultured societies, and became proportionately popular.

Elizabeth and Emily Blackwell were led to the study of medicine in a different manner than Harriet Hunt, their immediate predecessor. While still quite young girls, they were, by the sudden death of their father, unexpectedly confronted with the necessity of supporting not only themselves, but their mother, and a large family of younger brothers and sisters. "Then we realized the infinite narrowness and pettiness of the avenues open to women, and the crowds of competitors who kept each other down in the struggle. We determined that we would endeavor to open a new door, and tread a fresh path,—rather than push for a footing in one already filled to overflowing." ‡

In this determination a new key-note was sounded. The

versy, declared women eligible to its degrees, the journals were flooded with letters from indignant physicians, who declared that by this action their own diplomas, previously obtained, had been lowered in value, their contracts violated, and their most sacred property rights invaded.

* Address at Chickering Hall, New York, March 18, 1888, by Dr. Emily Blackwell.

† Mt. Holyoke was founded by Mary Lyon in 1837.

‡ Address of Emily Blackwell, *cit. ut supra.*

Blackwells, and especially Elizabeth, were less the associates of Harriet Hunt, and of their own immediate successors, than the spiritual daughters of Mary Wollstonecraft, whose courageous demand for a wider field for her sex had remained hitherto almost alone, like a voice crying in the wilderness. They did not seek wider opportunities in order to study medicine, but they studied medicine in order to secure wider opportunities for all women.*

It was by sheer force of intellect, and of the sympathetic imagination born of intellectual perception, that Elizabeth Blackwell divined for women the suitability of an occupation whose practical details were, to herself, intrinsically distasteful. Among all the pioneer group of women physicians, hers chiefly deserves to be called the Record of an Heroic Life. For with her, the struggle with bitter and brutal prejudices in the world was not sustained by the keen and instinctive enthusiasm for medicine, which has since carried hundreds of women over impossibilities. Rather was the arduousness of the struggle intensified by a passionate sensitiveness of temperament, which, under a cold exterior, rendered her intensely alive to the hardships of the social obloquy and ostracism which she was destined to encounter in such abundance.

Those accustomed to value ideas according to their intrinsic power, as shown by their originality and their fruitful result, should admit that there was real grandeur in this thought: the thought that the entire sex might be lifted upon a higher intellectual plane, by means of a practical work, for which, at the moment, not half a dozen people in America discerned the opportunity. "The thorough education of a class of women in medicine will exert an important influence upon the life and interests of women in general." "Medicine is so broad a field, so closely interwoven with general interests, and yet of so personal a character in its individual applications, that the coöperation of men and women is needed to fulfill all its requirements." "It is not possible or desirable to sanction the establishment of an intermediate class" [of midwives.] †

* Elizabeth Blackwell, like Tennyson's Princess,

"Shuddered but to dream that maids should ape
Those monstrous males that carve the living hound,"

And also like the Princess, it was

"through many a weary moon
She learned the craft of healing."

† "Medicine as a Profession for Women." Address by Elizabeth and Emily Blackwell, delivered Dec. 2, 1859.

So much more broad and sound were the views of this self-taught Cincinnati school-teacher,* than of the kind-hearted but short-sighted men, who in Boston were then trying to establish the Female Medical Education Society!

It was in 1845 that the plan of studying medicine became with Elizabeth Blackwell a settled resolution; and she was thus the first person on the American continent to whom such an idea did come.

It is worthy of note, that the originality of the main idea was sustained by an almost equal originality of view in regard to the true nature of a medical education.

Only a few years ago an eminent New York professor† showed that it was both practicable, and a common thing to do, for men to graduate, even from New York schools, after only ten months attendance upon lectures, of which the second five months was a mere repetition of the first: and without ever having seen a sick person. If this were true of New York,—where, after all, it is possible to do otherwise,—it may be imagined what would be true of the multitude of small schools scattered through the country, where the resources for either clinical or didactic instruction were confessedly inadequate. And if this were true in 1880 the status of 1850 may be divined.

It was at this time that Elizabeth Blackwell recognized that preparation for medical practice demanded the sanction of test examinations at a respectable school; not a few months, but years of study; and above all abundant clinical experience. Rather than accept as final the indorsement of little schools established *ad hoc*, or exclusively for women, she applied to be admitted as student at twelve medical schools throughout the country, and among these found one, the school at Geneva, N. Y., to grant her request. The faculty referred the matter to the students, and they decided to invite the courageous applicant. Poor, dependent entirely upon her own exertions, and with others more or less dependent upon her, she nevertheless found means to devote five years to the study of her profession, of which two were spent in Europe, at that time a rare extravagance.‡ Uninstructed or informed by the laws and cus-

* Miss Blackwell was of English birth and family, but had come to Cincinnati at the age of twelve.

† Dr. Robert Weir.

‡ Miss Blackwell earned money by several years' work at school teaching, the great resource of American girls.

toms of the entire country that attendance on didactic lectures was sufficient to justify a medical diploma, and hospital training was superfluous,—her native common sense perceived the absurdity of this theory, and left no stone unturned to secure such fragments of hospital training as were obtainable for her in either hemisphere. During the term of study at Geneva, she utilized a vacation to seek admittance to the hospital of the Blockley almshouse at Philadelphia, and obtained it by skillful manipulation of the opposing political influences which prevailed among the managers of the institution.* After graduating at Geneva in 1849, the first woman in America or of modern times to receive a medical diploma, Miss Blackwell immediately went to Europe, and by exceptional favor succeeded in visiting some of the hospitals of both London † and Paris. In Paris, moreover, she submitted for several months to the severe imprisonment of the great school for midwives, La Maternité.

Emily Blackwell was refused admission to the Hobart College at Geneva, which had graduated her sister; but was allowed, for one year, to study at the Rush College of Chicago. For this permission, however, the college was censured by the State Medical Society, and the second term was therefore refused to the solitary female student. She was, however, enabled to complete her studies at Cleveland, Ohio, and graduated thence in 1852. During one of her vacations, she obtained permission to visit in Bellevue Hospital, where Dr. James Wood was just initiating the system of regular clinical lectures. After graduation, Emily Blackwell also went to Europe, and had the good fortune to become the private pupil of the celebrated Sir James Simpson of Edinburgh. She remained with him for a year, and when she left he warmly testified to her proficiency and competence for the work she had undertaken. The testimonial is worth quoting entire:

“MY DEAR MISS BLACKWELL :

“I do think that you have assumed a position for which you are excellently qualified, and where you may, as a teacher, do a great amount of good.

“As this movement progresses, it is evidently a matter of the utmost importance that female physicians should be most fully

* “It was the first time that a unanimous vote was ever cast in the board.”
—*Personal letter from Dr. Blackwell.*

† Especially St. Bartholomew, through the influence of Dr., afterwards Sir James, Paget.

and perfectly educated; and I firmly believe that it would be difficult or impossible to find for that purpose any one better qualified than yourself.

"I have had the fairest and best opportunity of testing the extent of your medical acquirements during the period of eight months, when you studied here with me, and I can have no hesitation in stating to you—what I have often stated to others—that I have rarely met with a young physician who was better acquainted with the ancient and modern languages, or more learned in the literature, science, and practical details of his profession. Permit me to add that in your relation to patients, and in your kindly care and treatment of them, I ever found you a 'most womanly woman.' Believe me, with very kindest wishes for your success,

"Yours very respectfully,

"JAMES G. SIMPSON." *

Miss Blackwell received similar testimonials from several distinguished physicians in London and Paris, in whose hospital wards she faithfully studied. Thus equipped, she returned to New York in 1855 to join her sister, with a fair hope of success in the arduous undertaking before them.

Dr. Elizabeth Blackwell, with the aid of a few generous friends, had opened a little dispensary for women and children,—which after three years' existence, and one year of suspension, developed into the New York Infirmary. This was first chartered in 1854. But when Emily Blackwell returned from Europe, no opportunities existed for either of the sisters to secure the hospital medical work, whose continued training is justly regarded of such inestimable advantage to every practicing physician. This was recognized even at a time that hospitals were regarded as superfluous in undergraduate education.

In 1850, Dr. Marion Sims, arriving as an exiled invalid from Alabama, with a brilliantly original surgical operation as his "stock in trade,"—succeeded, with the aid of some generous New York women, in founding the first Woman's Hospital in the world. It was just seven years since the first imperfect medical school for women had been opened

* The "ancient and modern languages," comprised Latin, Greek, French, German, and Italian,—an unusual list of accomplishments for a self-taught, Western bred girl of those days. Miss Blackwell particularly charmed Dr. Simpson by translating for him into English (or Scotch) some Latin versions of old Arabic medical treatises.

in Boston: six years since the first woman physician had graduated at Geneva: five years since a permanent school for women had been founded in Philadelphia. The coincidence of these dates is not fortuitous. There is a close correlation between the rise of modern gynæcology, and the rise of the movement for readmitting women to the medical profession, where they once held a place, and whence they had been forcibly extruded. While it is far from true that women physicians are intended only for obstetrics and gynæcology, it is unquestionably true that these two great branches of medicine peculiar to their sex constitute the great opportunity, the main portal, through which women have passed, and are destined to pass, to general medicine. It would have been well if those who conducted the one movement had frankly allied themselves with the leaders of the other. Unfortunately, the more important, and especially the more lucrative, the new medical spheres* seemed likely to be,—the more eager were those who engaged in them to keep out women.

Dr. Sims thus describes the circumstances of the founding of the Woman's Hospital:

"As soon as they (the New York surgeons) had learned how to perform these operations successfully" (those that Sims had invented), "they had no further use for me. My thunder had been stolen, and I was left without any resources whatever. I said to myself, 'I am a lost man unless I can get somebody to create a place in which I can show the world what I am capable of doing.' *This was the inception of the idea of a woman's hospital.*"—"Story of My Life."

When the New York women organized the hospital they framed a by-law,—which has since passed into oblivion,—to the effect that the assistant surgeon should be a woman. Emily Blackwell was the woman who should have been chosen. She had had an education far superior to that of the average American doctor of the day, a special training under the most distinguished gynæcologists of the time,—Simpson and Huginer—and had received abundant testimonials to capacity; while there was really not another person in New York possessed of either such opportunities or of such special testimonials. At her return, informal inquiries were made to ascertain whether the second woman physician in New York would be allowed a footing where she so justly belonged, in New York's first Woman's Hospital. The overtures were

* For modern obstetrics is almost as new a sphere as gynæcology.

rejected : Dr. Sims passed by these just claims to recognition, and evaded the mandatory by-law of his generous friends, in a way that is most clearly shown in his own words : " One clause of the by-laws provided that the assistant surgeon should be a woman. I appointed Mrs. Brown's friend Henri L. Stuart, who had been so efficient in organizing the hospital. *She was matron and general superintendent.*"*

Having thus evaded the distinct and far-sighted intention of the founders of the hospital, Dr. Sims proceeded to select his medical assistant upon grounds extraordinarily frivolous.

" The hospital had been opened about six months, when I told the board of lady managers that I must have an assistant. They told me to select the man. I offered the appointment to Dr. F. N. Johnson, Jr., *who had just graduated.*† He was about to be married, and was going to locate in the country near Cooperstown. I then offered the place to Dr. George F. Shrady. He too was about to be married, and for some cause or other he did not see fit to accept it. Soon after this, a young friend of mine at the South, was married to Dr. Thomas Addis Emmett, of New York. As I was looking for an assistant, I did not know that I could more handsomely recognize the friendship of former days, than to appoint the husband of Mrs. Emmett assistant. So to the accident of good fortune in marrying a beautiful Southern young woman, Dr. Emmett owes his appointment."

Suffering womanhood undoubtedly owes much to Marion Sim's inventive genius. But, on the other hand, Sim's fame and fortune may be said to have been all made by women, from the poor slaves in Alabama who, unnarcotized, surrendered their patient bodies to his experiments,‡ to the New York ladies whose alert sympathies and open purses had enabled him to realize his dream, and establish his personal fortunes. It would have been an act both graceful and just on his part, at this crisis, to have shared his opportunities with the two

* "Story of My Life," by Marion Sims, p. 299.

It must be said that Dr. Sims was subsequently president of the American Medical Association, at the meeting which received its first woman delegate ; and doubtless his influence contributed toward her favorable reception.

† It will be remembered what were the conditions of graduation in New York in 1855.

‡ " This was the thirtieth operation performed on Anarcha." (1849.—Sims, *loc. cit.* p. 246.) 1849, foundation date of American gynæcology, was the date of the year when Elizabeth Blackwell received her diploma.

women who, like himself, had been well buffeted in an opposing world,* and whose work and aspirations were so closely identified with his own. But this he failed to do; and the lost opportunity made all the difference to the pioneer women physicians, between brilliant and modest, between immediate and tardy professional success.

Unable elsewhere to obtain hospital opportunities, the Blackwells resolved to found a hospital that should be conducted not only for, but by women. The New York Infirmary, chartered in 1854, preceded the Woman's Hospital by a year, and, like it, was the first institution of the kind in the world. For three years it consisted exclusively of a dispensary; then was added a tiny lying-in ward of twelve beds. At this moment the advance guard of women physicians received their fourth recruit, Marie Zakzrewska, a young midwife from Germany. She had been a favorite pupil of Dr. Schmidt, one of the state examiners of the school for midwives in Berlin, and chief director of the Charity Hospital. He had been so impressed by the talents of his pupil, as to entrust her with the responsibility of teaching his own classes, when ill-health compelled him to resign his work. Discouraged, however, by some intrigues which sprang up after the death of her powerful friend, Fräulein Zakzrewska decided to abandon the home where a career seemed ready marked out for her, and to seek a wider horizon and larger fortunes in America. Here she arrived in 1853. Her pluck and courage carried her safely through the first difficult year of an almost penniless exile; then the generous kindness of Elizabeth Blackwell secured her a place among the advance guard of women physicians, taught her English, and procured her admission to the Medical School at Cleveland. She assisted the Blackwells in the task of collecting from an indifferent or hostile community the first few hundred dollars with which to found the New York Infirmary, and in this served as physician for a year; was thence invited to lecture on midwifery at the Female Medical School at Boston; was finally summoned to build up the New England Hospital, which for many years was almost identified with her name and

* Dr. Sims, in his autobiography, complains that he was denounced as a quack by the "conservative" surgeons of New York, some of whom did not hesitate to secretly try to dissuade the ladies from doing anything about the Woman's Hospital, and urging that the New York Hospital already accomplished every purpose.

Thus whatever *is*, invariably seeks to strangle in the birth that which is about to be!

with that of Dr. Lucy Sewall,* and of Dr. Helen Morton. This, the second hospital to be conducted by women physicians, was founded in 1862.

The fifth pioneer was Ann Preston, a Quaker lady of Philadelphia, an ardent abolitionist, as it was the inherited privilege of the Friends to be.† Miss Preston had become early habituated to interest herself in the cause of minorities. Small and fragile in body, she possessed an indomitable little soul; and when the suggestion had once been thrown out, that a medical college for women might be opened in Philadelphia, Ann Preston never ceased working until had been collected the meagre funds considered sufficient for its establishment. This was in 1850; and the sixth annual announcement of the school mentions Dr. Preston as already installed as professor of physiology. This position she held till the day of her death.

At the outset, the new medical school was scarcely an improvement upon its Boston predecessor. Four months lectures,—composed of compilations from three or four text-books,—the same repeated the following year, constituted the curriculum. There was much zeal, but little knowledge. Dr. Preston herself, philanthropist and excellent woman as she was, was necessarily ignorant of her subject, because she had never had any opportunity to learn anything about it. The other professors were not more qualified, although without the same excuse of necessity. Ten years after the opening of the college, the Philadelphia County Medical Society found an apparently plausible pretext for refusing recognition to the school, in the fact that the lecturer on therapeutics was not a physician but a druggist,—who moreover presumed to practice medicine over his counter, and “irregular” and advertised medicine at that. Even more to the purpose than these accumulated crimes was the fact that his lectures consisted almost exclusively of strings of prescriptions, and had no real claim to be accepted as exponents of the modern science of therapeutics.

The first adequate teacher to appear in the school was Emmeline Cleveland, who, having graduated under its meagre instructions, was sent to Europe through the generosity of two

* Dr. Zakzewska's life has been sketched in outline down to the above date, in a little volume entitled “Practical Illustration of Woman's Right to Labor,” by Caroline Dall.

† A petition for the emancipation of negro slaves was presented to Congress by a group of Quaker gentlemen, within a few years after the framing of the Constitution.—Van Holst, *Constitutional History of America*.

Quaker ladies,* to fit herself at the Paris Maternité to lecture upon obstetrics. Dr. Cleveland thus repeated the career of Dr. Shippen in 1762,† and like him found in Europe the instructions and inspiration her native city would not afford. Dr. Cleveland was a woman of real ability, and would have done justice to a much larger sphere than that to which fate condemned her. Compelled by the slender resources of the college to unite the duties of housekeeper and superintendent to those of professor, she not unfrequently passed from the lecture room to the kitchen to make the bread for the students who boarded at the institution. Possessed of much personal beauty, and grace of manner, she had married young; but her husband had been stricken with hemiplegia early in their married life, and it was the necessity of supporting him as well as herself, which led the wife, childless and practically widowed, to enter the profession of medicine.

Of the remaining typical members of the pioneer groups of woman physicians, all were married, either already when they began their studies, or immediately after graduation. The latter was the fortune of Sarah Adamson, the second woman in the United States to receive a medical diploma, and who a year later married Dr. Dolley, of Rochester, where she at once settled and has been in successful practice for thirty-eight years. Miss Adamson was a niece of the Dr. Hiram Corson, who, in Montgomery County of Pennsylvania, was destined to wage a forty years' chivalrous warfare in defense of women physicians. At the age of eighteen, having come across a copy of Wistar's Anatomy, she devoted a winter to its engrossing study, and became fired with enthusiasm for the medical art, to which anatomy formed such a grand portal.‡ At that time, 1849, the Philadelphia Medical School had not yet opened; but the Eclectic School at Rochester had announced its willingness to receive woman students, and to this Miss Adamson persuaded her parents to allow her to go. She graduated in 1851.

Besides Miss Adamson, four other ladies availed themselves of the liberality of the "irregular" eclectic school at Rochester, but of these only one graduated. Even more than her Quaker colleagues, did this lady represent a distinctive type

* Hannah Richardson and Rebecca White.

† See *ut supra*, p. 13, note.

‡ *Galaxy*, 1868. The innocent young Quaker girl did not find this "a disgusting preliminary!"

among women physicians, for she was already married when she began her studies. Mrs. Gleason was the wife of a young Vermont doctor, who opened an infirmary in the country for chronic invalids, shortly after acquiring his own diploma. In the management of his lady patients, the young doctor often found it an advantage to be assisted "by his wife as an intermediary, on the one side to relate the symptoms, on the other to prescribe the directions." Thus the wife became gradually associated with the husband's work, while he on his part remained generously alive to her interests. He it was, who, in order to secure an opportunity for his wife for some kind of systematic medical education, persuaded the eclectics, assembled in council, to open the doors of their new school to women. "In his opinion, the admission of women was the reform most needed in the medical profession." "I remember vividly," writes Mrs. Gleason, "the day of his return, when he exclaimed, with enthusiasm, 'Now, wife, you can go to medical lectures.'"* The husband and wife have practiced medicine in harmonious partnership ever since this early epoch. Their sanitarium at Elmira still exists to sustain its old and honorable reputation.†

There is something idyllic in this episode. Here in western New York was realized, simply and naturally, the ideal life of a married pair, as was once described by Michelet, where the common interests and activities should embrace not only the home circle, but also professional life. It is the secret ideal of many a sweet-natured woman, hitherto attained more often when the husband is a clergyman than when he is a physician, but in America is by no means unknown in the latter case. By Mrs. Gleason's happy career, the complex experiment in life which was being made by the first group of women physicians was enriched by a special and, on some accounts, peculiarly interesting type.

The two remaining women of the group were also married, and the husband of one, Mrs. Thomas, was also a physician.‡ She and her sister, Mrs. Longshore, both graduated in the first class sent out from the Woman's Medical College of Phila-

* Personal letter.

† To them were born two children, a son who died in early childhood; a daughter who lived to grow up and became educated as a physician.

‡ Out of 189 graduates of the Philadelphia College whose status was reported in 1881, 56 were married women. The total number of graduates at that time was 276. (Rachel Bodley, "The College Story," Commencement address, 1881.

delphia.* Dr. Longshore was the first woman to settle in practice in this city, and her sign was regarded as a monstrous curiosity, collecting street idlers for its perusal. On one, and perhaps more than one, occasion, a druggist refused to fill a prescription signed by the "female doctor," and took it upon himself to order her home "to look after her house and darn her husband's stockings."† But Dr. Longshore ultimately established herself in a lucrative practice. Mrs. Thomas, the sister, first began to study medicine privately, with her husband, a practitioner in Indiana. For four years, while caring for a family of young children, Mrs. Thomas "read medicine" at all odd minutes; and at last, upon hearing that a medical college had been opened for women in Philadelphia, she made a grand final effort to secure its advantages. She sewed steadily until she had provided her family with clothes for six months in advance, and then started for the East. Returning with her coveted diploma, Mrs. Thomas began to practice medicine with her husband at Fort Wayne, and continued to do so until her death about a year ago (1889). During eight years she held the position of city physician, and for twelve years was physician to a home for friendless girls.

The married women physicians of the West, with protection and sympathy at home, and encountering abroad only a good-natured laxity of prejudice, were in a favored position compared with their colleagues in Philadelphia, Boston, and New York. At the time that the tiny New York infirmary was opened (1857) the name of "woman physician" had become a by-word of reproach, from its usurpation by a notorious abortionist, "Madame" Restell. So wide a stain could be diffused over innocent persons by a single evil reputation, that it was difficult for Drs. Blackwell and Zakzewska to obtain lodgings or office room; their applications were refused on the ground that their business must be disreputable. Scarcely more than fifty years had elapsed since the practice of obstetrics at least was entirely in the hands of women: yet the recollection of this had so completely faded away, that the women who now renewed the ancient claim to minister to the the physical necessities of their sex, were treated as repro-

* There were eight graduates. The first medical class that ever graduated in Philadelphia about a century before consisted of a single number.

† Quite a group of bystanders collected to hear the discussion, which was animated by opposing cheers and hisses.

bates.* The little group of women who nevertheless dared to face this opprobrium, contained collectively nearly all the elements necessary for success, although in no one member of the group were these united. Instinctive enthusiasm for the science of life, instinctive predilection for medical practice, enlightened resolve to elevate the intellectual capacity and enlarge the practical opportunities of women,—the habit of progressive philanthropy,—personal interest in the pursuits of the nearest friend, the husband; literary training, exceptional among the uncultivated physicians of the day,—the tradition of centuries in the discipline of the practical European midwife,—all these were representative, and certainly none could have been spared. What was most conspicuously lacking was systematic education, which might have enabled the medical students to judge more critically of the medical education which was offered them. However, even without adequate intellectual preparation, there was a complex representation of interests which sufficiently showed that the enterprise was no isolated eccentricity, but sprang from roots widely ramifying in the permanent nature of things, and in the changing circumstances of the day.

This fourth period in the history of women physicians, to which belong the early careers of the pioneers in the movement, must nevertheless be considered as a sort of pre-medical episode, analogous in many respects to that of the entire American profession before the Revolutionary War. And this notwithstanding, and indeed a good deal because during this epoch some women were admitted to inferior or "irregular" schools, already established, and because other medical schools were founded exclusively for them. The Philadelphia school owed its foundation to the most generous impulses: but knowledge and pecuniary resources were both inadequate, and the active and bitter opposition of the medical profession of the city was an almost insuperable obstacle in the way of securing efficient assistance for instruction. The idea of the school seems to have originated with Dr. Bartholomew Fussell, a poor schoolmaster, who had been educated by an elder sister

* "To be addressed in public as doctor," writes Dr. Zakzrewrka, "was painful, for all heads would turn to look at the woman thus stigmatized." (Personal letter.) "Women," said Dr. Blackwell at this time, "occupy an anomalous position, standing alone in medicine,—often opposed or ignored by the profession, not acknowledged by society, and separated from the usual pursuits and interests of women."—"An Appeal in behalf of the Medical Education of Women." New York: 1856).

"to whom he looked up with veneration ; and he thought that such as she ought to have a chance of studying medicine, if they desired."*

A few friends were collected, the plan was matured, the charter secured, and the school opened for the reception of students in 1850. During the first four years the yearly sessions did not last more than four months ; but in the fifth annual catalogue the trustees announced with pride an extension of the course to five and a half months, and claimed that this was the longest course of instruction adopted by any medical college in the United States. They further, and with evident sincerity, declared that the curriculum of study was fully equal to that of any other medical college.

The instruction consisted of rambling lectures, given by gentlemen of good intentions but imperfect fitness, to women whose previous education left them utterly unprepared to enter a learned profession, and many of whom were really, and in the ordinary sense, illiterate. As fast as possible the brightest students were chosen, after graduation, to fill places in the Faculty, and among these one, Emmeline Cleveland, having received a real education, at least for obstetrics, in Europe, returned to Philadelphia to become a really effective teacher. For twelve years scarcely any opportunity existed for the students of the college to see sick people, an anomaly which would at the time have been considered more outrageous in any other country than the United States. As late as 1859, nine years after the foundation of the college, the Philadelphia County Medical Society passed resolutions of excommunication against every physician who should teach in the school, every woman who should graduate from it, and everybody else who should even consult with such teachers.

Had the tiny college been a virulent pest-house, the *cordon sanitaire* could not have been more rigidly drawn around it. Nevertheless, the trustees claimed that their graduates rapidly secured medical practice, at least to the extent of a thousand dollars a year ; and that applications were frequently received from communities in different parts of the country, requesting that women physicians be sent to settle among them.† In 1857 115 students had matriculated at the college.

In 1859 Elizabeth Blackwell estimated that about 300 women had managed to "graduate" somewhere in medicine, supposing

* Personal letter of niece.—*R. L. Fussell.*

† Annual Catalogue, 1854.

that their studies had really "qualified them to begin practice, and that by gaining experience in practice itself, they would gradually work their way to success." "It is not until they leave college, and attempt their work alone and unaided, that they realize how utterly insufficient their education is to enable them to acquire and support the standing of a physician. Many of them, discouraged, having spent all their money, abandon the profession; a few gain a little practical knowledge, and struggle into a second-rate position."

This view of the realities of the situation is in curious contrast with the cheerful optimism of the leaders of the Philadelphia School. These did indeed walk by faith,—and the numerous addresses of Ann Preston, who for many years was its guiding spirit, breathe a spirit of moral enthusiasm which, as the final result proved, really did manage to compensate for the intellectual inadequacy. Dr. Preston seems to have been thoroughly convinced, that if the moral behavior of the new physicians were kept irreproachable, intellectual difficulties would take care of themselves, or be solved by an over-ruling Providence.*

The fifth period for women physicians began with the founding of hospitals, where they could obtain clinical training, and

* "Every woman will be narrowly watched and severely criticised because she is a woman. If she bear not herself wisely and well, many will suffer for her sake. Gentleness of manner, the adornment of a quiet spirit, are as important to the physician as the woman. . . . I too have felt the hopes and the aspirations after a fuller and more satisfying life, which have arisen in the souls of some of you. . . . The office of healing is Christlike. . . . Your business is, not to war with words, but to make good your position by deeds of healing. . . . Probity, simplicity, modesty, hope, patience, benevolence, prudence,—are needed alike by the woman and the physician. All the brave, struggling women, who, in various walks of life, are laboring for small compensations, will be benefited by a movement which opens to women another department of remunerative and honorable activity."

Contrast with these modest statements of the gentle Philadelphia Quakeress the aggressive self-consciousness of the emancipated French woman, who rushes into the arena, with a little red flag waving in every sentence: "À nos lectrices, à nos lecteurs, à nos collaborateurs, à nos amis connus et inconnus, à tous ceux qui s'intéressent à notre entreprise. Salut! Nous voyons tous les jours des professeurs qui ont étudié dans leurs moindres détails, tous les êtres organisés qui forment la série zoologique, et qui semblent ignorer absolument ce qu'est cet être qui tient tant de place dans l'humanité, la femme. Faisons-nous connaître, et quand ils sauront ce que nous valons, ils nous apprécieront comme nous le méritons."—Mme. C. Renooz, *Revue Scientifique des femmes*. Paris, Mai, 1888.

The *Revue* is already extinguished after a year's existence. The college survives and prospers after forty years of struggle.

thus give some substance to the medical education they had received in mere outline. The oldest of these institutions is the New York Infirmary, chartered, as has been said, in 1854 as a dispensary,—opened with an indoor department in 1857, with the Drs. Blackwell and Zakzewska as attending physicians. The Infirmary was fortunate in securing several eminent New York physicians as consultants, Dr. Willard Parker, Dr. Kissam, Dr. James B. Wood, Dr. Stephen Smith, Dr. Elisha Harris. The medical profession in New York never took the trouble to organize opposition and pronounce the decrees of ostracism that thundered in Philadelphia; its attitude was rather that of indifference than active hostility.

From 1857 until 1865, the indoor department of the Infirmary was limited to a single ward for poor lying-in women, and which contained but twelve beds. But in the dispensary, several thousand patients a year were treated, and the young physicians living in the hospital also visited the sick poor at their own homes. The persevering efforts of the Blackwells, moreover, finally succeeded in opening one medical institution of the city to their students, the great Demilt dispensary. As early as 1862, the succession of women students who annually pressed forward to fill the two vacancies at the Infirmary patiently waited in the clinic rooms of Demilt, and there gleaned many crumbs of experience and information.* These, together with the practical experience gained in the obstetrical ward and the out-practice of the Infirmary, afforded the first and for a long time the only opportunity for clinical instruction open to women students in America.

In 1865, a medical college was added to the Infirmary; a new building was purchased for the hospital, which became enlarged to the capacity of 35 beds. For the first time it then began to receive private patients, chiefly from among self-supporting women of limited income, to hundreds of whom the resources of the Infirmary has proved invaluable. Their pay, though modest, has contributed materially to the resources of the hospital for the treatment of entirely indigent patients.†

The report for 1869 shows a hospital staff of : Resident

* The celebrated Dr. Camman, who for many years held a clinic for heart and lung diseases at the Demilt, gave valuable instruction to the women students.

† This innovation (for it was one) was effected during the residentship of Dr. Elizabeth Cushier, who has contributed immensely to the building up of the hospital.

physician, 1; internes, 3; visiting physicians, 3; associate physicians, 3; out-visiting physician, 1.

Total number in-patients, 342; Total number dispensary patients, 4825; Total number patients treated at home, 768.

The Woman's Hospital at Philadelphia was founded in 1862 during the excitements of the great Civil War. It was the outgrowth of a singularly brutal incident. In 1861 the resources of the college became entirely exhausted; there was not enough money in the treasury to hire lecture rooms, and it was reluctantly decided that the lecture course must be suspended. Permission, however, had been obtained for the students to visit the wards at the Blockley almshouse, and thither they went under the tiny escort of Dr. Ann Preston. On one occasion, in order to effectually disconcert the women students, one of the young men suddenly introduced into the room a male patient perfectly nude. The insult stung the friends of the college to renewed exertions, which were not relaxed until funds were collected sufficient to purchase a house in which might be opened a hospital where women could obtain clinical instruction by themselves. A lecture room was rented in this house, and lectures were resumed in the fall of 1862. From this date, the obstetrical chair of the college, at least, was fairly supplied with clinical material. The double institution, college and hospital, was first lifted out of its period of depressing struggle, when, at the death of its generous president, the Hon. Wm. S. Pierce, it received a bequest of \$100,000. With this, a really beautiful building was erected for the use of the college.

Adjoining the college, soon sprang up a separate building for a general hospital, which has, however, always been predominantly gynæcological. Later was added a special maternity pavilion. The report of 1889 reads as follows:

Hospital staff: Resident physicians, 1; internes, 6; visiting physicians, 6; district physicians, 12; in-patients, 583; * dispensary patients, 6365; patients treated at home, 695.

The woman's hospital in Boston, the New England Hospital for Women and Children, was also founded during the war, and incorporated in 1862. The women who engaged in it were all heavily burdened by the great public anxieties of the time. But the very nature of these anxieties, the keen interest aroused in hospital work and in nursing organizations, helped to direct attention to the women's hospitals. In New York, the first meeting to consider the organization of nursing for the army

* This is an increase of 100 patients over the preceding year.

was held in the parlors of the Infirmary, and at the suggestion of Elizabeth Blackwell. This little meeting was the germ from which subsequently developed the splendid organization of the Sanitary Commission.

Dr. Zakzewska was invited by the founders of the New England Hospital to preside over its organization;* and to do this, she left the Female Medical School, with which great dissatisfaction was beginning to be felt. Dr. Zakzewska received powerful assistance for the work from one of the graduates of the school, Lucy Sewall, descendant of a long line of Puritan ancestors. This young lady seemed to have been the first girl of fortune and family to study medicine in the United States. Her romantic and enthusiastic friendship formed for Dr. Zakzewska, while yet her pupil, led the young Boston girl to devote her life, her fortune, and the influence she could command from a wide circle of friends, to building up the hospital, where she might have the privilege of working with her.

This element of ardent personal friendship and discipleship is rarely lacking in woman's work, from the day—or before it—that Fabiola followed St. Jerome to the desert, there to build the first hospital of the Roman Empire.

Other pupils of the rudimentary Gregory school also felt the magnetism of Dr. Zakzewska's personal influence, and entered a charmed circle, banded together for life, for the defense of the hospital,—Anita Tyng, Helen Morton, Susan Dimock, the lovely and brilliant girl whose tragic death in the shipwreck of the *Schiller*, in 1875, deprived the women physicians of America of their first surgeon. Dr. Morton spent several arduous years in the Paris Maternity, where she became chief assistant in order to fit herself for the medical practice at home in which she has so well succeeded. Dr. Dimock went to Zurich, and was the first American girl to graduate from its medical school. In the three brief years that she was resident physician at the New England Hospital, she exhibited a degree of surgical ability that promised a brilliant professional career. The three surgical cases published by her in the *New York Medical Record* (see Bibliographical List) are of real importance and originality.†

* In the chapter on "Women in Hospitals," in this volume, Mrs. Ednah Cheney gives the details of the early formation of the New England Hospital.—ED.

† "She was as fresh and girlish as if such qualities had never been pronounced incompatible with medical attainments. She had, indeed, a certain

The New England Hospital, like its sister institutions at New York and Philadelphia, outgrew, and more rapidly than they, its early narrow limits in Pleasant Street, and in 1872 the present beautiful little building was erected in the suburbs of Boston. The work was steadily enlarged, year by year. The report for 1889 shows :

Hospital staff: Resident physician, 1; advisory physicians, 3; visiting physicians, 3; visiting surgeons, 3; internes, 6. In-patients for year, 376; Dispensary patients, 3175.

In 1865, a fourth hospital for women and children was organized in Chicago, "at the request and by the earnest efforts of Dr. Mary H. Thompson, the pioneer woman physician in the city. Opened just at the close of the war, many of those to whom it afforded shelter, nursing, and medical attendance were soldiers' wives, widows, and children, and women whose husbands had deserted them in hours of greatest need. There came from the South refugees both white and colored."* Thus in the West as in the East, we find repeated for the women physicians of the nineteenth century the experience of the men of the eighteenth; it was amidst the exigencies of a great war that their opportunities opened, their sphere enlarged, and they "emerged from obscurity" into the responsibilities of recognized public function.

In 1871, just as money had been collected to purchase a better house and lot for the small hospital, the great fire occurred; and when after it, "the remnants were gathered together, they were found to consist of one or two helpless patients, two housemaids, a nurse, a pair of blankets, two pil-

flower-like beauty, a peculiar softness and elegance of appearance and manner. I have wondered whether she did not resemble Angelica Kaufman. Underneath this softness, however, lay a decision of purpose, a Puritan austerity of character that made itself felt, though unseen. "She ruled the hospital like a little Napoleon," said a lady who had been there. . . . Both the surgical talents and surgical training of Dr. Dimock are certainly at the present date (1875), exceptional among women. It is on this account that our loss is irreparable, for at this moment there seems to be no one to take her place. Many battles have been lost from such a cause. But although ours be ultimately won, we would not, if we could, grieve less loyally for this girl, so brilliant and so gentle, so single of purpose and so wide of aim, whose life had been thus ruthlessly uprooted and thrown upon the waves at the very moment it touched upon fruition."—M. P. Jacobi in *New York Medical Record*, 1875.

Dr. Dimock, like so many of the early gynæcological surgeons of America, was a Southerner, born in North Carolina.

* Nineteenth Annual Report Chicago Hospital for Women and Children, 1884.

lows, and a bit of carpet."* The hospital "remnant," however, profited with others by the outburst of energy which so rapidly repaired misfortune and rebuilt the city. In 1871, a building was purchased by the Relief and Aid Society, for \$25,000, and given to the hospital, on conditions, one of which was that it should annually care for twenty-five patients free of charge.

During the first nineteen years of its existence, up to 1854, over 15,000 patients had been cared for by the hospital, of which 4774 were house patients, 9157 were treated in the dispensary, and 1404 attended at home. The report of the hospital for 1888 gives a summary for four years.† There is a hospital staff, comprising attending physicians, 5; pathologist, 1; internes, 3. Annual average from four years summary: In-patients, 334; dispensary, 806; visited at home, 138.

The fifth woman's hospital was opened in San Francisco in 1875, under the name of the Pacific Dispensary, by Dr. Charlotte Blake Brown and Dr. Annette Buckle, both graduates of the Philadelphia school. During the first year, it contained but six beds. To-day, after fifteen years' untiring work, the enlisted sympathies of generous friends have developed it to a hospital for 110 beds, to which sick children are admitted gratuitously, and adult female patients on payment of a small charge. It is under the care of six attending physicians, who serve in rotation.

Finally, in distant Minneapolis, a sixth hospital has sprung up in 1882. At its latest report, only 193 patients had been received during the year. But the history of its predecessors, and the irresistible Western energy of its friends, predict for this a growth perhaps even more rapid than that possible in cities in the East.

It is worth while to summarize the actual condition of these six hospitals in a tabulated form :

* Report, *loc. cit.*

† "To the fixedness and honesty of purpose of Dr. Mary H. Thompson, may be credited these satisfactory results of nineteen years' work. They mean a devotion and self-sacrifice on her part that few can estimate."—*Report of results from 1884 to 1888.*

NAME.	DATE OF ORIGIN.	CAPACITY.	NO. ON STAFF.	ANNUAL NO. IN-PATIENTS.	ANNUAL NO. DISPENSARY.	ANNUAL NO. OUT-PATIENTS.
New York Infirmary.	1857	35 beds	3 visiting physicians. 3 internes, 3 associates. 1 resident. 1 out physician.	342 (report for 1889)	4,825	768
Woman's Hospital, Philadelphia.	1862	47 beds	6 visiting. 6 internes. 1 resident. 12 district.	583 (report for 1889)	6,365	695
New England Hospital.	1863	58 beds	6 visiting. 6 advisory. 6 internes.	376 (report for 1889)	3,175	
Woman's Hospital, Chicago.	1865	80 beds	5 visiting. 3 internes. 1 pathological.	354 (average of collective report for 4 years)	806	138
Hospital for Sick Children and Women, San Francisco.	1875	110 beds	6 attending. 2 specialists. 2 internes.			
Northwestern Hospital, Minneapolis.	1882		4 visiting.	193 (report for 1889)		

Thus, total number of women physicians engaged in six hospitals, 94; number renewed annually, 32; annual number indoor patients, 1828; annual number of dispensary patients, 15,171; annual number patients treated at home, 1601; total number patients, 18,600.

This represents the growth since 1857, when the only hospital conducted by women, in this country, was the lying-in ward of the New York Infirmary, containing twelve beds.

The foundation of these hospitals effected the transition for women physicians from the pre-medical period, when medical education was something attempted but not effected, to a truly medical epoch, when women could really have an opportunity to engage in actual medical work. Correlatively the theoretic education began to improve. In Boston, the Female Medical College was happily extinguished as an independent institution. In Philadelphia, the Faculty gradually struggled free of its inefficient or objectionable members, utilized its legacy of \$100,000 to fully equip its beautiful college building, with amphitheatres, lecture rooms, and even embryo laboratories, museums, and libraries,—enlarged its corps of instructors until they numbered twenty-three, instead of the original and

meagre seven,—and even, though more timidly, began to enforce something like a rigid discipline among its students, in regard to conditions of admission, examination, graduation, and terms of study. In 1885, Lawson Tait, the famous English surgeon, described the college building as “being very large and splendidly appointed. Last year twenty-six degrees of doctor of medicine were granted by the Faculty, and from the perusal of the curriculum, as well as from conversation with some of the graduates, and from discussion with both the friends and opponents of the school, I am quite satisfied that its graduates are quite as carefully trained as those in any other medical school. When I tell you that last winter 132 students matriculated in this school, that the amphitheatre in the hospital is large enough to seat 300 persons, and that every year about 4000 patients pass through this amphitheatre in the college clinics, I shall have said enough to prove to you that in the United States the practice of medicine by women has become an accomplished fact.”*

In New York, after much hesitation, a charter was obtained in 1865 for the establishment of a medical college in connection with the Infirmary. “This step was taken reluctantly, because the desire of the trustees of the Infirmary, of Drs. Elizabeth and Emily Blackwell, was not to found another medical school, but to secure the admission of women to the classes for instruction already organized in connection with the medical charities of the city, and to one at least of the New York medical colleges. . . . The demand of women for a medical education had resulted in the founding of small colleges in different places, all, with the exception of the Philadelphia School, limited to the narrow and cheap standard of legal requirements, and producing equally cheap and narrow results in the petty standard of medical education they were establishing among women students.† Application was made to the College of Physicians and Surgeons for advice, and the case was laid before the Faculty. It was stated that a sufficient number of women were studying medicine to show that there was a demand for instruction that must be satisfied ; that the

* *Medical News*, 1885. Reprint of address at Birmingham by Lawson Tait.

† The establishment of such schools, professing to further the education of women, has continued to be the greatest bane to the movement for their effective education. So late as the current year (1890), a lady writes from Cincinnati: “The college already in existence is one of the unpardonable sins against a confiding public.”

standard of education was so low that incompetent women were in possession of degrees, while competent women could not obtain the thorough instruction they desired, and those who were fitted to do good work had to contend, not only against popular and unjustified prejudice, but against the justified prejudices of those who saw the slipshod work of ignorant graduates from women's medical colleges."* The trustees proposed to the College of Physicians and Surgeons, the oldest and most reputable in New York, that they receive a limited number of female students on scholarships established by the Infirmary, to the amount of \$2000 a year. This proposition was rejected, and the opinion expressed, in no unfriendly spirit, that the ends proposed were only to be obtained by establishing an independent school for women in connection with the Infirmary.

The establishment of such a school called for money,—but the money was forthcoming. A new building was purchased for the hospital ; the old one, which had done such modest but effective work, was surrendered to the use of the college, and a prospectus issued announcing the requirements of the latter. In this prospectus a bold attempt was made to outline a scheme of education, which should not only satisfy the conventional existing standard, but improve upon this. It was realized, and, oddly enough, for the first time, that the best way to compensate the enormous disadvantages under which women physicians must enter upon their work, was to prepare them for it with peculiar thoroughness. Women students were almost universally deficient in preliminary intellectual training : their lesser physical strength rendered a cramming system more often dangerous to health, and more ineffective as a means of preparation ; and the prejudices to be encountered in their medical career would subject them not only to just, but also to abundant unfair criticism. Instead, therefore, of the senseless official system which then everywhere prevailed, it was proposed to establish a three years graded course, with detailed laboratory work during the first years, and detailed clinical work during the last. A chair of hygiene was established for the first time in America, and an independent board of examiners was appointed consisting of professors from the different city schools. By this means the college voluntarily submitted itself to the external criticism of the highest local authori-

* Memorial of Trustees of Women's Medical College of N. Y. Infirmary, 1887.

ties. When the Infirmary put forth this prospectus, drawn up by the Drs. Blackwell, no college in the country required such a course: it was deemed Quixotic by many medical friends, and several of its features were for a time postponed. The independent board of examiners, however, was established from the beginning, and, little by little, the other parts of the scheme were realized. In 1876, the three years graded course, at first optional, was made obligatory. At this time no college but Harvard had taken this step. The next year the class fell off one-third,—a curious commentary on the character or circumstances of the students.* In 1881, the college year was lengthened to eight months, thus abandoning the time-honored division of a winter and spring course, the latter comparable to the Catholic works of supererogation, and equally neglected. At the same time entrance examinations were established. These moderate improvements upon the naïve barbarism of existing customs again reduced the classes one-half. When people first began to think of educating women in medicine, a general dread seemed to exist that, if any tests of capacity were applied, all women would be excluded. The profound skepticism felt about women's abilities, was thus as much manifest in the action of the friends to their education as in that of its opponents. But by 1882, the friends dared to "call upon those who believe in the higher education of women, to help to set the highest possible standard for their medical education; and upon those who do not believe in such higher education to help in making such requirements as shall turn aside the incompetent,—not by an exercise of arbitrary power, but by a demonstration of incapacity, which is the only logical, manly reason for refusing to allow women to pursue an honorable calling in an honorable way." †

"A career is open to women in the medical profession, a career in which they may earn a livelihood; a career in which they may do missionary work among the poor of our own country, and among their own sex in foreign lands; a career that is practical, that is useful, that is scientific." ‡

Even when a theoretic demand is not entirely realized in the actual facts of the case, its distinct enunciation remains a great achievement; and, in an almost mysterious way, constantly

* The same thing had happened at Harvard, when it raised its standard of requirements.

† Memorial Trustees, *loc. cit.*

‡ *Ibid.*

tends to effect its own ultimate realization. And so it has been here.

During the current year, the college has emerged from its original chrysalis condition within the inconvenient precincts of a private house building, and entered upon a new phase of existence in a suitable building especially erected for its needs. The money for this building was collected from private subscriptions, by the indefatigable exertions of the friends of the college, and may be said to some extent to measure the growth of interest in the medical education of women, which had become diffused through the community.

In the West, two medical schools for women were opened in the same year, 1869; in Chicago a separate women's school; in Michigan the medical department of the State University.

The State University was founded and controlled by the State Legislature. On this account, in accordance with a principle generally recognized in the West, the youth of both sexes are equally eligible to its schools, as being equally children of the citizens who support the schools by means of taxation.* The application of this simple principle to the medical school at once solved the question of "medical co-education of the sexes," which had been such a bugbear in the East. The difficulties which had elsewhere been considered so insolvable, were arranged in the simplest manner. In regard to all subjects liable to create embarrassment, if discussed before a mixed audience of young students, the lectures were duplicated, and delivered to the male and female students separately. These was thus a double course for obstetrics, gynæcology, and some sections of internal medicine and surgery. The lectures, lecturers, and subsequent examinations of the students were, however, identical, and the clinics are held in common.

The value to women of this State recognition, and of opportunity to study at a university school, was immense. There were numerous disadvantages due to the youth and undeveloped character of the school, and still more to its control by a popular legislature, unversed in the requirements of learned professions. Yet there was promise of indefinite growth in the future, and in all the development of the future, women might hope to share.

At first the course of instruction was limited to two years; it has lately been extended to three; though it still has the serious defect of demanding no thesis from students as a con-

* See history of the founding of the University of Michigan, chapter Education in the Western States.—ED.

dition of graduation. Clinical instruction has been necessarily inadequate in a small country town. It has been lately proposed to transfer this part of the curriculum to Detroit, where large hospitals furnish clinical material in abundance.

In Chicago, application to admit women was made in 1865 to the Rush College, where Emily Blackwell had studied during the winter of 1851. The appeal was refused.

In 1868, application was made at a rival school, the Chicago Medical College, and was accepted. For a year female students attended the lectures and clinics in company with young men. "The women," observes a Chicago writer, "were all right; but the men students were at first embarrassed and afterwards rude. The mixed classes were therefore abandoned, but the woman's movement, being essentially just and correct,"* was not abandoned, but led to the founding of a special school for women in 1869.

The pioneer woman physician in Chicago was Dr. Mary H. Thompson, who, having graduated at Philadelphia, and spent a year as interne at the New York Infirmary, settled in the West in 1863. At this period she was often introduced as a curiosity. Western curiosity, however, is rarely ill-natured, and in this case was soon exchanged for respect and a substantial sympathy, which enabled Dr. Thompson to establish the Hospital for Women and Children. In 1869, when the medical school was opened for women, its students found in this little hospital their first opportunities for clinical instruction. From 1869 till 1877, the collegiate course was conducted in a "small two-story building containing a dissecting room and one little lecture room furnished with two dozen chairs, a table, a portable blackboard, and a skeleton. There were scarcely any means for practical demonstration in the lectures, there was no money to procure them."† Worse than all, several among those who had consented to teach the students seemed, strangely enough, to have done all they could to discourage them. "One lecturer only delivered two lectures in the entire term, and then took up part of the time in dwelling upon the 'utter uselessness of teaching women.' The professor of surgery went on the staff with great reluctance, and remarked in his introductory lecture that he did not believe in female

* Letter from Chicago in *Boston Med. and Surg. Journal*, July, 1878.

† "History of Competitive Examinations for the Woman's Medical College of Chicago." Read before its Alumnae Association, April 1, 1889, by Dr. Marie Mergler.

doctors, and that the students were greatly mistaken if they imagined the world was waiting for them. His lectures chiefly consisted of trifling anecdotes." * The class which graduated in 1871 under these discouraging circumstances consisted of three students. No one would study more than two years, "because it was found that in that time could easily be mastered all the college had to teach." But in 1881, the graduating class rose to 17, and in 1889, to 24. There is now a Faculty of twenty members, with eight lecturers and assistants. There were 90 students in the current year, and it was announced that in twenty years had been graduated 242 pupils.

In 1863, the same year in which Dr. Thompson settled in Chicago, another graduate of the Philadelphia school penetrated still further west, and tried to establish herself in San Francisco. But this pioneer enterprise failed. In 1872, Mrs. Charlotte Blake Brown applied to be admitted to the medical colleges of San Francisco, but being refused, went to Philadelphia to study. In 1874 Mrs. Lucy Wanzer applied at the Toland Medical School. This had been founded by a generous millionaire, who presented it to the State University,—and as the State laws provide for the admission of both men and women to the State schools, the regents were compelled to receive Mrs. Wanzer, who thus was the first woman to graduate in medicine on the Pacific Coast. In 1875 the rival school, the Cooper Medical College, also opened its doors to women, Mrs. Alice Higgins being the first candidate. Both colleges now freely admit women, and there are about half a dozen in each class.

Three of the ladies at present practicing in San Francisco are, however, graduates of Paris. †

Two other medical schools, both in Western New York, have for several years admitted women: the school of the Syracuse University, and the school at Buffalo.

Finally, in 1882, a fourth woman's school was opened in Baltimore, and has connected with it a hospital, which is not, however, managed by women. The total number of students annually attending the various institutions which have now been enumerated may be approximately tabulated as follows:

* These early experiences were, as has already been hinted, common to all the schools ever established independently for women. Until very recently, the gentlemen who have professed to teach surgery have never persuaded themselves to take their subject seriously.

† Dr. Sutro Merritt, daughter of the famous engineer, and who married a fellow student from the University of California; and the twin sisters, Agnes and Isabel Lowry.

Woman's Medical College of Pennsylvania, report in 1890, 181 students.

Woman's Medical College, N. Y. Infirmary, report in 1890, 90 students.

Woman's Medical College, Chicago, report in 1890, 90 students.

University of California, report in 1890, 8 female students out of total of 27.

Cooper College, San Francisco, report in 1890, 18 women out of total of 167.

From Ann Arbor I have only obtained the list of female graduates, which is 88.

The total number of graduates from the Philadelphia School, who have been enrolled among the alumnae, is 560.

The total number of graduates of the New York School is 135.

During the current year, a movement has been inaugurated to obtain admission for women to the medical school of the Johns Hopkins University for the purpose of advanced study.*

Future advance for the education of women in medicine must be in the line of their admission to the schools where the highest standard of education is maintained; and to such affiliation of their own schools with universities, as may bring them under the influence of university discipline. There is no manner of doubt that, with a few unimportant restrictions, co-education in medicine is essential to the real and permanent success of women in medicine. Isolated groups of women cannot maintain the same intellectual standards as are established and maintained by men. The claim of ability to learn, to follow, to apply knowledge, to even do honest original work among the innumerable details of modern science, does not imply a

*“ The education of the college is a conquered standpoint : what remains is to make the post-collegiate education equally easy of access to women. To duplicate the great laboratories and the great professorships of the two or three colleges which give adequate post-graduate instruction, would be foolish in the extreme. It is little less than silly to suppose that seriously minded men and women could not brave the associations of the lecture room without danger of impropriety. What possible reason can Columbia College, or Clark University, or the Johns Hopkins urge for not throwing open their post-graduate courses to women? What more graceful act could be imagined with which to mark this memorable year, when Vassar College celebrates her first quarter of a century and when Phillippa Fawcett is four hundred marks ahead of the senior wrangler, than for these universities, without further wheedling or coaxing or bribing, to open to women the opportunities for hard work which women covet, and which the sense of justice of men, tardy though it be, will not permit them much longer to refuse.—Editorial in *New York Evening Post*, June 17, 1890.

claim to be able to originate, or to maintain by themselves the robust, massive intellectual enterprises, which, in the highest places, are now carried on by masculine strength and energy.

Whether, as has been asserted,* the tendency to quackery among women is really more widespread than among men, may well be doubted. It is true that their lesser average strength peculiarly inclines women to follow the lines of the least resistance. On that very account, it is singularly unfortunate that the greatest, indeed in this country an invincible, resistance has been offered to woman's entrance at the best schools, while inferior and "irregular" colleges have shown an odd readiness to admit them. It would seem that co-educational anatomy is more easily swallowed when administered in homœopathic doses! Evidently, however, for the maintenance of these irregular schools,† the women are not responsible: and they only have two of their own.

Because women require the intellectual companionship of man, to be able to recognize the highest intellectual standards, or to attain them in some cases, and to submit to their influence in others,—it does not follow that they have no special contributions of their own to offer to the work of medicine.

The special capacities of women as a class for dealing with sick persons are so great, that in virtue of them alone hundreds have succeeded in medical practice, though most insufficiently endowed with intellectual or educational qualifications. When these are added, when the tact, acuteness, and sympathetic insight natural to women become properly infused with the strength more often found among men, success may be said to be assured.

The sixth period is that of the struggle to obtain for women physicians official recognition in the profession. In the prolonged debate which followed, the women's cause was defended by many distinguished men, with as much warmth as it was opposed by others. This debate began long before the close of the period which has just been described. It was the Philadelphia County Medical Society, which assumed the responsibility of being the first to check the alarming innovation of women's schools and female doctors. In 1859, was introduced the resolution which has already been mentioned,‡ declaring

* *New York Medical Record*, June 24, 1885.

† Of which sixteen admit women. There are altogether thirty-five co-educational medical schools. See *Record*, *loc. cit.*

‡ *Ut supra*, p. 106.

that any member who should consult with women should forfeit his membership. Upon this resolution the censors declined to express an opinion. Endorsement was, however, obtained from a committee of the State Medical Society. The recommendations of this society were supposed to be mandatory on all the county societies throughout the State. But one of these, that of Montgomery County, under the chivalrous inspiration of Dr. Hiram Corson, early distinguished itself by a revolutionary independence in this matter. It passed a resolution "that females, if properly educated, should receive the same treatment as males, and that it was not just to deny women admission to male colleges, and then, after they had with great perseverance established one for themselves, to refuse it recognition." This resolution being brought before the State Medical Society in 1860, a new resolution was passed, which reaffirmed the decree of excommunication. In 1866, the State Society met at Wilkesbarre, and Dr. Corson, who then entered the lists as a champion for women, moved that this motion be rescinded. Dr. Mowry offered a resolution declaring that the resolution in question was not intended to prevent members from consulting with "regularly" educated female physicians, who observe the code of ethics. This latter resolution was finally referred for discussion to the different county societies, and in 1867, was the subject of an elaborate report from a special committee, of which Dr. Condie was the chairman.*

Dr. Condie opposed the repeal of the resolution of 1860, because (he claimed) "the present condition of female colleges is rather worse than it was when the resolution was adopted." He strongly "objected to women having schools of their own, where any physician, of any kind of notoriety, no matter what his moral or professional standing, might be admitted to teach. We will have female practitioners. We must decide whether they shall be properly educated. It cannot be doubted that there are women well qualified by nature and who could be thoroughly instructed as practitioners in medicine. To such women should be freely extended the advantages of the leading medical colleges,—and they should graduate, if at all, at the same schools and under the same conditions as men." To this recommendation, Dr. Bell objected that there were no means at present existing where the women could be instructed. Dr. Coates said he had no doubt but that women were perfectly competent under favorable circumstances to make good prac-

* *Phil. Med. and Surg. Reporter*, 1867, vol. 16.

titioners, but it seems to be very rarely the case that they do. He did not believe it possible at that date to give women a proper medical education. "The tendency of female medical schools seems to be of the cheapening kind."

Dr. Condie remarked that the report [which, however closed with a resolution not to "recognize" the woman's college], begins by stating that females are competent, if properly educated, to practice medicine. History instructs us that the female mind is competent to anything the male mind has accomplished. Nevertheless females ought not to be encouraged to become physicians. God never intended them to be physicians. Dr. Atlee* urged that the policy of non-recognition, if persisted in, should be placed absolutely on the ground of the status of the female colleges. "Have not women applied year after year at our doors and begged to be received, yet been rejected? In self-defense they had to organize their own college, which had now been in existence seventeen years." Dr. Atlee then warmly defended the college on the basis of its published curriculum and on the reputation of such of the gentlemen as had dared to incur professional odium by teaching in it.

In reply to this, Dr. Maybury declared that "he knew some of his nurses who could hardly read the directions accompanying a prescription, who entered the woman's college, and emerged shortly after, fully equipped with their legal diploma."

Dr. Lee observed that the committee report and its concluding resolution might be considered to read about as follows: "Whereas in the opinion of this society, the female mind is capable of reaching every stage of advancement to which the male mind is competent: and whereas all history points out examples in which females have mastered every branch of science, art and literature: *therefore*, be it resolved, that any member of this Society who shall consult with a female physician, shall forfeit his privileges as a member of this society." "The resolution completely stultifies the report."

Nevertheless the resolution was adopted, and the County Medical Society, notwithstanding so many internal protests, reaffirmed its former position. The doughty little society from Montgomery then rushed to the rescue with a counter resolution, flung at its big Philadelphia neighbor like the pebble of David at the face of Goliath:

"Whereas the Woman's Medical College *is* properly organized, with an intelligent and efficient corps of instructors, in posses-

* The distinguished ovariologist, one of the earliest in the country.

sion of good college buildings, and of all the appliances necessary for medical instruction ; that the students and graduates are irreproachable in habits and character, as zealous in the pursuit of knowledge, as intelligent and conscientious, as any of their male compeers ; we hold it to be illiberal and unworthy the high character of our profession to withhold from them the courtesies awarded to male physicians."—E. M. Corson, M.D., Recording Secretary.

In 1870, the Montgomery County Society elected Dr. Anna Lukens to membership.

In these debates the reasoning of the "opponents," was always secretly hampered by the lack of a definite standard with which the curriculum of the condemned female schools could be compared. It was perfectly true that the idea prevailed in them, that the real preparation for medical practice was to be "picked up" by beginning to practice; and that, when a legal diploma had once been obtained, all essential difficulties had been removed, and the graduate could at once enter upon her "life work," with a light heart and assured prospects of success. But then this same idea prevailed also in the men's schools, that were nevertheless recognized as perfectly "regular," and whose graduates were readily admitted to membership. On this account, detailed argument upon a legitimate basis soon broke down, and resolutions were substituted which declared the views of the Supreme Being in regard to female physicians.*

The question was now transferred to the larger area of discussion in the American Medical Association. This is a great national body, composed of delegates from all the State societies, and meeting only once a year in a session of three days, at different portions of the country. In 1871, the annual meeting was held at San Francisco, and the "female physician question" was there subjected to a long and animated debate.†

The preceding year, 1870,‡ Dr. Hartshorne of Philadelphia, a physician of excellent standing, and professor of physiology in the Woman's Medical School, had moved such an amend-

* Quite a number of the members of the Society defied the authority of its resolution, and "consulted" with women or even taught them. Among the latter, Dr. Hartshorne, who became an able professor of the Woman's College, was the only one who took the trouble to withdraw from the County Medical Society on account of his relations with the woman's school.

† *Boston Medical and Surgical Journal*, May 25, 1871.

‡ The matter had apparently first been brought forward in 1868, at a meeting held at Washington, D. C., by a resolution offered by Dr. Bowditch of Boston.—*N. Y. Med. Record*, 1868.

ment to the constitution as would permit teachers in such schools (if men) to be received as delegates of the association. In 1871, Dr. Harding of Indiana moved the adoption of the resolution. But Dr. Davis of Illinois asked solemnly whether "the time had come by deliberate action to open the door and welcome the female portion of the community, not only into our profession, but into all professions. Do we desire this time ever to come? Is there any difference in the sexes? Were they designed for any different spheres? Are we to heed the law plainly imprinted on the human race, or are we as a body to yield to the popular breeze of the times and say it must come, and therefore we will yield to it?"

Dr. King of Pittsburgh remarked that this matter had been debated in the society many years, and on one occasion a vote was taken, 47 on one side, 45 on the other, a majority of only two against the women. This war against women was beneath the dignity of a learned society of scientific men. Prof. Gibbons of California said: "If a woman showed herself to be the equal of a man, I cannot for the life of me see what objection there should be to it."

Prof. Johnson of Missouri did not understand that woman has asked admission to this floor. The questions only related to the admission of her teachers as delegates to the association. "I am wholly opposed to the admission of women here. Let women have their own associations. This body will stultify itself by the admission of women."

Dr. Atlee of Philadelphia remarked that the opposition to female colleges generally comes from the professors or controllers of other colleges. These women's colleges stand in many respects better than many of the colleges represented in the association; they give obstetrical and clinical instruction, *as is not given in a majority of the colleges represented here. . . .* By the rules of our medical association, I dare not consult with the most highly educated female physician, and yet I may consult with the most ignorant masculine ass in the medical profession."

Prof. Thomas asked that a committee be appointed to examine the Woman's College, [which, amid all the discussions, had never yet been done, and indeed never was done.] The Pennsylvania State Medical Society had never dared to enforce its resolutions of excommunication. One physician had even challenged it publicly to "dare to enforce this most unjust law."

Dr. Johnson pointed out that the president of the associa-

tion, Dr. Stillé, was, by its rules, under the ban, because he was in the habit of consulting with women.

Dr. Storer of Boston seized the occasion in the evening session to pronounce a discourse on his favorite subject, the physiological incapacities of women. Dr. Storer had been for two years a visiting surgeon to the New England Hospital; but the boldness and ill success of many of his operations having alarmed the women physicians and the trustees, rules were passed subjecting future operations to the decision not only of the surgical, but of the medical, staff. Such rules were distinctly contrary to medical etiquette, and possibly unnecessary for the purpose in view. Dr. Storer resigned, which was not altogether unreasonable, but the letters in which he proclaimed his annoyance to the world exhibited less of reason than of irrelevant petulance. The main argument of this earlier letter was now reproduced in the memorable San Francisco debate,—although this, on the face of it, was not concerned with the philosophy of the female physician at all.

“There is,” declared the Boston orator, “this inherent quality in their sex, that uncertain equilibrium, that varying from month to month in each woman, that unfits her from taking those responsibilities which are to control questions often of life and death.”

To this Dr. Gibbons of San Francisco replied: “If we are to judge of this proposition by the arguments of my friend from Boston, I think it would prove conclusively the weakness of his side of the question. . . . It is a fact that a large majority of male practitioners fluctuate in their judgment, not once a month with the moon, but every day with the movement of the sun. I ask whether it be not true that one half of the male practitioners of medicine are not to a greater or less extent under the influence of alcohol at some period of the twenty-four hours? I do not say that they get drunk, but their judgment is certainly more or less affected.” A rude rejoinder to a gentleman who had traveled all the way from Boston to San Francisco to make himself heard on the eternal verities of physiology and psychology in regard to “female physicians,” which must be rescued from the “popular breeze” of contemporary opinion!

Notwithstanding the warm championship of many of the debaters, including the venerable president, the distinguished Dr. Stillé, Dr. Hartshorne's motion was lost, and the whole subject laid on the table without a vote. This, however,

seems to have been the last occasion on which the matter was discussed. For in 1876, when the Association met in Philadelphia, Dr. Marion Sims being president, a woman delegate appeared, sent by the Illinois State Medical Society, Dr. Sarah Hackett Stevenson, of Chicago. Dr. Brodie, of Detroit, moved that hers, "and all such names, be referred to the Judicial Council." A motion that this resolution be laid upon the table was carried by a large vote, amid considerable applause. The president asked if this vote was intended to recognize Dr. Stevenson's right to a seat. Loud cries of yes, and cheers, emphatically answered the question.* Thus this mighty question, which had disturbed the scientific calm of so many medical meetings, was at last settled by acclamation. The following year at Chicago, Dr. Bowditch of Boston, being president, congratulated the Association in his inaugural address that women physicians had been invited to assist at the deliberations.

The State Medical Society of Pennsylvania, where the discussion originated, did not really wait for the action of the National Association to rescind its original resolution of 1860. This did not refer to the admission of women as members, that was not even considered, but forbade "professional intercourse with the professors or graduates of female medical colleges. "In 1871, when the Society met at Williamsport, Dr. Traill Green moved to rescind this resolution, and, "amid intense but quiet excitement," the motion was carried by a vote of 55 yeas to 45 nays.

"Thus," writes the now venerable champion of the women, Dr. Hiram Corson, "ended successfully the movement originated by Montgomery County, to blot from the transactions of the State Society a selfish, odious resolution adopted eleven years before. . . . This report gives but the faintest idea of the bitterness of the contest, of the scorn with which the proceedings of the Montgomery County were received, and the unkindness manifested against all who from year to year asked for justice to women physicians. . . . What would now be their status, had not the blunder of the Philadelphia Medical Society been committed?" † In 1881, the first woman delegate was admitted as member of the State Society; and in 1888, the Phila-

* *New York Medical Record*, June 10, 1876.

† "History of Proceedings to procure the Recognition of Women Physicians by the Medical Profession of the State." By Dr. Hiram Corson. Philadelphia, 1888.

delphia County Society also yielded, and admitted its first woman member, Dr. Mary Willets.*

Pennsylvania was not the first State to admit women to medical societies. It has been mentioned that the American Association, at its Centennial year meeting, received Dr. Sarah Stevenson from the Illinois State Medical Society. But, earlier than this, women had been received in New York State and city. The very first occasion was 1869, when the Drs. Blackwell were accepted as members of a voluntary "Medical Library and Journal Association," which held monthly meetings for hearing papers on medical subjects read by its members.† In 1872, a paper was read before this society by a young lady who had just returned from France with a medical diploma, the first ever granted to an American woman from the Paris *École de Médecine*.‡ In 1873, Dr. Putnam was admitted without discussion to the Medical Society of New York county, at the suggestion of Dr. Jacobi the president, whom she married a few months later. In 1874 she was sent as a delegate from the County Society to the State Medical Society, at its annual meeting at Albany. She also became a member of the Pathological, Neurological and Therapeutical societies, but was excluded from the Obstetrical Society by means of blackballs, although her paper as candidate was accepted by the committee on membership, and she received a majority vote. Finally, and a few years later, she was elected, though by the close majority of one, to membership in the New York Academy of Medicine.

The facile admission of Dr. Putnam to these various privileges, in New York, at a time that the propriety of female "recognition" was still being so hotly disputed in other cities, was due partly to the previously acquired honor of the Paris diploma; § partly to the influence of Dr. Jacobi. This phy-

* "It must be acknowledged that the strictly regular instruction imparted in the principal medical schools for women has excited respect, and greatly tended to overcome former prejudices. The admission of women is now a fixed fact."—*Phil. Med. Times*, 1883.

† This society no longer exists; but it can hardly be said to have died from the admission of women, as it never had but three female members.

‡ Mary Putnam, who was in fact the first woman to be admitted to the Paris School, though Miss Garrett of London was the first to graduate from it. The paper read before the New York Society was on Septicæmia, and seems to have been the first read by a woman physician in the United States, before a medical society.

§ Miss Putnam's graduating thesis had moreover secured a bronze medal, the second prize awarded.

sician may be said to have accomplished for women in New York what was done in Philadelphia by Drs. Hartshorne, Atlee, Stillé, and Thomas; in Boston by Drs. Bowditch, Cabot, Putnam, and Chadwick; in Chicago by Dr. Byford. The door was opened, other women entered without difficulty. The County Medical Society was expected to register all regular and reputable practitioners in the city, and at the present date contains the names of 48 regular physicians.

Four other women became members of the Pathological Society,* two of the Neurological Society,† one of the Neurological Association,‡ and two of the Academy of Medicine.§ No new application has been made to the Obstetrical Society, a private club. But the obstetrical section of the Academy contains one female member.||

In Boston the "admission" of women was debated in three directions: to the Harvard Medical School, to the Massachusetts State Medical Society, and to the Boston City Hospital. The application of Miss Hunt to the Harvard Medical School in 1847 and 1850 have already been described. After the final discomfiture of this first applicant, no other attempt to open the college doors was made until 1879,¶ when a Boston lady, Miss Marian Hovey, offered to give \$10,000 toward the new building the college was about to erect on condition that it should receive women among its students. A committee was appointed from among the overseers of the university to consider the proposition;** and after a year's consideration reported, with one dissenting voice, in favor of accepting the conditions. The committee outlined a plan for medical co-education, substantially like that already adopted at the Michi-

* Drs. Cushier, McNutt, Withington, Dixon Jones.

† Drs. Peckham, Fiske-Bryson.

‡ Dr. McNutt.

§ Drs. Peckham, Cushier.

|| Dr. Cushier.

¶ In 1876, the Boylston Prize, conferred every two years by Harvard University for a medical essay, was won by Dr. Mary Putnam Jacobi. The prizes were awarded in ignorance of the names of the writers, and consequently of their sex; but this was the first occasion on which a woman had competed. The subject was, "The Question of Rest for Women during Menstruation."

Dr. Boylston, the founder of the prize, had been the first colonial physician to practice inoculation, after this had been suggested by Cotton Mather.

** The committee consisted of Prof. Alexander Agassiz chairman, Dr. Morrill Wyman, President Eliot, Mr. J. Elliott Cabot, Dr. Le Baron Russell.

gan University, where certain parts of the instruction should be given to both sexes in common ; for others, where embarrassment might occur, the instructions should be duplicated. The one dissenting voice, that of Le Baron Russell, disapproved of co-education in any shape, but urged that Harvard University should charge itself with providing a suitable independent school for women.

The majority report expressly advised against the establishment of a separate school for women because "A considerable number of the most highly cultivated women physicians of the country state that the same intellectual standard cannot be maintained in a school devoted to women alone, and that the intellectual stimulus obtained by female students from their association with men is an all-important element of success." *

To guide its deliberations the committee had sent questions to 1300 members of the State Medical Society, to which 712 answers were received ; of these 550 were in favor either of admitting women to the school, or of providing in some way for their education and recognition. These answers helped to decide the affirmative character of the majority report. Upon its reception, the Board of Overseers recommended the Medical Faculty to accept Miss Hovey's \$10,000 and admit women to the school. But of the 21 members of the Medical Faculty, seven were strongly opposed to the admission of women, six were in favor of admitting them under certain restrictions, eight were more or less opposed but were willing to try the experiment. It was generally considered too rash an experiment to be tried, at the moment that the school was already embarked on certain improvements in its course of education, which threatened to cause a falling off in the number of its students. So the proposition was finally rejected by a vote of 14 to 4. The overseers of the university, having no actual

* *Boston Medical and Surgical Journal*, May 22, 1879. The editor expresses surprise at "so frank a confession of inferiority." Although it was only a few years since women physicians were ostracised on the ostensible ground of the necessary inferiority of their means of education, the Boston editor now, in order to confute the claim of necessity for the Harvard education, passes in most flattering review the existing schools for women at New York, Philadelphia, and Chicago, and insists that these offer all the advantages any reasonable woman can want. Thus (this in 1879):

Philadelphia, 29th year, class 90 students.

New York, 10th year, class 47 students.

Chicago, 9th year, class 32 students.

"Answers to letters of inquiry show that these schools for women are looked on with great favor."

control over the decisions of the Medical Faculty, were therefore compelled to decline Miss Hovey's offer. But, in doing so, they strongly recommended as expedient that, "under suitable restrictions, women should be instructed in medicine by Harvard University."

The defeat at Harvard in May was, however, followed by a triumph in another direction in October of the same year. On Oct. 9, 1879, an editorial in the *Boston Medical and Surgical Journal* says: "We regret to be obliged to announce that, at a meeting of the councilors held Oct. 1, it was voted to admit women to the Massachusetts Medical Society."

This society is not, like that of New York and many of the States, composed of delegates from county societies, but it comprises, and indeed consists of, all the legally qualified practitioners of the State. Refusal to enroll women among its members, therefore, meant a refusal to recognize the legality of diplomas that the authority of the State had conferred. The profession, therefore, in this matter deliberately set itself above the law, a most exceptional act in American communities. A precedent for such action had previously been established when the society refused to recognize homœopathic and eclectic physicians, who also held diplomas by legal authority, inasmuch as their schools were chartered by the State. The action of the Medical Society towards women was, in fact, intended as a means of permanently relegating women among classes of practitioners pronounced inferior and unscientific, and whose legal rights merely sufficed to save them from prosecution as quacks, and to recover their fees from such persons as were foolish enough to employ them.

For twenty-five years the battle was waged, and arguments advanced pro and con, of substantially the same nature as those which have already been sufficiently quoted. A circular was sent to the 1343 members of the society, asking the following question: Do you favor the admission of women to the Society on the same terms with men? To this circular, 1132 replies were received, of which 709 were in the affirmative, 400 in the negative, while 23 were indifferent. "It was thus evident that a considerable majority of the Society, seven to four of all who answered the circular, favor the admission of women."*

In June, 1875, a committee of five was chosen from the

* Chadwick, "Admission of Women to the Massachusetts Medical Society," *Boston Medical and Surgical Journal*, 1881.

society to report whether duly educated women could not be admitted to membership. In October a majority reported in favor of examining for membership men and women without distinction. But the minority objected so vigorously, that the whole matter was postponed indefinitely. In 1878, another committee was appointed: in June, 1879, the members were found equally divided; the subject was referred back to the committee, who, in October of the same year, advised no action. But this time the minority reported to instruct the censors to admit women for examination. The councilors voted, 48 to 38, to adopt the minority report.*

But the end was not yet, for in February, 1880, the censors of Suffolk County (including the city of Boston), voted that the society be advised to rescind its vote of October. This, however, was never done; but, after some further delay, the first female candidate, Dr. Emma Call, a graduate from Ann Arbor, passed a satisfactory examination and was admitted. The decisive step once taken, other women passed in readily, and 1889, ten years from the date of the conclusion of the famous controversy, a dozen women sat down to the annual banquet of the society, among whom was one invited guest from another State. The "moral tone" did not seem to be "perceptibly lowered," on this occasion.

In 1882, Dr. Chadwick published a tabulated summary of the dates at which various State societies had admitted women to membership.

In 1872, Kansas, Iowa; in 1874, Vermont; in 1875, Maine, New York, Ohio; in 1876, California, Indiana; in 1878, New Hampshire; in 1879, Minnesota, Massachusetts; in 1880, Connecticut; in 1881, Pennsylvania.

Rhode Island, Illinois, and Oregon also had women members, but the date of their first admission was not known. Thus seventeen societies contained, in 1882, 115 female members—that of New York alone having forty-two, much the largest of all.

* The editor of the *Boston Medical and Surgical Journal* announced this decision with great regret. The writer declared it "to be impossible that women can frequent our public meetings or lecture-rooms when certain topics are discussed, without breaking through barriers which decency has built up, and which it is for the interest of every lady and gentleman to preserve. . . . The moral tone of the society will soon be perceptibly lowered."—(*Loc. cit.*, October, 1879.)

The success of the movement was due to the chivalrous energy of a group of younger members, especially Drs. James and Charles Putnam, Dr. Chadwick, Dr. Cabot, and Dr. Derby.

From this time the question of the official "recognition" of women might be regarded as settled. Another question of equal, if not greater importance, now came to the front,—namely, the extension to women of opportunities for study and practice in great hospitals, opportunities absolutely indispensable both to obtaining and maintaining a valid place in medical practice and the medical profession. The discussion of this question belongs to the seventh period of the history.

For this purpose the small hospitals conducted by women were (and are) quite insufficient. There is such a demand upon their slender accommodations and resources for obstetric and gynæcological cases, and the claims of such cases to the special advantages of these hospitals are so paramount, that they have so far tended to a specialism, which, though useful for the patients, is detrimental to the physicians who must find all their training in them. Efforts, therefore, have constantly been made to widen the range for women, by securing their admission as students, internes, or visiting physicians to the great hospitals, which constitute the medical treasure-houses of the country.* In describing the actual condition of the medical schools, mention has been made of the hospital advantages which have been, little by little, secured for their undergraduate students. In Boston, where there is no school for women but the homœopathic school of the Boston University, fewer opportunities exist than anywhere else.

The Massachusetts General Hospital is reserved exclusively for the students of the Harvard Medical School. But the City Hospital remained unappropriated, and in 1886, the President and Trustees of the Boston University petitioned for permission for their female students to visit there, on the same terms as the young men. A committee was appointed to consider the matter, and after an elaborate report on the contemporary usage in ninety-one hospitals throughout the United States, advised that the request be granted. This enabled the female students to attend the public lectures given and the

* It will be remembered that it was the experience gained in the rude hospitals of the Revolutionary War, which, by affording American physicians for collective observation of the sick on a large scale, first breathed some scientific spirit into the profession. Similar experience was afterwards gained in the epidemics of yellow fever and of spotted fever, that at different times ravaged the country. An analogous influence was exercised by the Civil War, which influence is becoming most distinct a quarter of a century after its close.

operations performed in the hospital amphitheatre about once a week.*

Similar, though more frequent, opportunities for clinical instruction had been previously secured for women at the city hospitals of New York (Bellevue), Philadelphia (Blockley), and Chicago (Cook County). At the Pennsylvania Hospital in Philadelphia, moreover, the women from the Medical School had been admitted to lectures on special days, when no male students were present. These scanty privileges (for not much can be learned about a patient by spectators seated on the benches of an amphitheatre) were only obtained after a series of collisions with the men students, occasionally rising to the dignity of a row, as upon one memorable occasion at the Pennsylvania Hospital; † more often consisting in petty teasings and annoyances, which bore considerable resemblance to the pranks of schoolboys. To students habituated to the daily visits in the wards of the vast European hospitals, this form of clinical instruction, where the patient studied is seen but once, and then at a distance, must seem ludicrously inadequate. ‡ From these defects, however, the male and female students suffer alike. But the former have, until recently, retained the monopoly of the hospital appointments, whereby a certain number of graduates are enabled to acquire real clinical instruction. This monopoly is only just beginning to break down.

Apparently the first general hospital in the country to confer a hospital appointment on a woman, was the Mt. Sinai Hospital of New York. Here, in 1874, Dr. Annie Angell, a graduate of the Infirmary School, was made one of the resident physicians, at the instance of several members of the medical staff. § She served three years very acceptably.

In 1884 Dr. Josephine Walter, another graduate of the In-

* It was also ruled that "any cases deemed improper for a mixed audience should be reserved for the end of the lecture, and that the surgeon before proceeding with them may require the withdrawal of all male or female students as the case may be"; further, "No female patient shall be taken into the amphitheatre without the attendance of a female nurse: and no operation upon a female patient requiring special exposure shall be performed in the presence of male visiting students."

In this simple and even-handed manner were adjudged the vexed questions that had been declared so insoluble.

† *New York Medical Record*, Jan. 1, 1870.

‡ These inadequacies might be rectified, without necessarily introducing into clinical practice the brutalities that so often disfigure the European treatment of hospital patients.

§ Including Dr. Jacobi, Dr. Emil Krackowizer, Dr. Guhleke. The two

firmatory School, was admitted as interne after a severe competitive examination, among nineteen candidates, of which only two could be appointed. She also served three years in the hospital, and then spent two years in Europe in medical study.

Since her appointment, none others have been made, or indeed applied for, in this or any other hospital in the city. Even in the Woman's Hospital, with exclusively female patients, and a host of female nurses, the medical staff have repeatedly expressed their formal opposition to the admission of female internes; and the Board of Lady Managers, oblivious of the first resolution of the first founders of the hospital, have so far remained indifferent to the anomalous injustice of the situation.*

Among dispensary services, however, many women have found places. Dr. Angell and Dr. Putnam Jacobi founded a dispensary at the Mt. Sinai Hospital, and for a year conducted it exclusively themselves. It was then systematically organized by the directors of the hospital, and has since always had women on the staff. In 1882, a school was open for post-graduate instruction in New York, and Dr. Putnam Jacobi was invited to a place in its faculty, as the clinical lecturer on children's diseases, the first time a lectureship in a masculine school was ever, in this country, filled by a woman. In the same school, another woman, Dr. Sarah McNutt, was also appointed as lecturer, and founded a children's hospital ward in connection with the school. The positions at present held by women physicians in New York dispensaries may be thus summarized, exclusive of the dispensary of the Infirmary:

Demilt Hospital, 3; Mt. Sinai Hospital, 2; St. Mary's Hospital for Children, 1; Hospital for Ruptured and Crippled, 4; Manhattan Eye and Ear Infirmary, 1; Foundling Hospital, 1 (resident physician); Nursery and Child's Hospital, 1 (resident at country branch); Babies' Hospital, 1.

In Philadelphia, the Blockley Hospital, the first in the United States to allow a woman to visit its wards,† appointed a female interne upon competitive examination, in 1883.‡ Since this date, eleven other women have received such appointments,—

former were German radicals of 1848, and in this action remained consistent with philosophic principles of their youth.

* It has been said that if any woman was admitted on the staff of internes, all the patients would demand her for the personal services now rendered by young men, and which are now accepted, though under protest, for the sake of the special skill of the distinguished visiting surgeons of the institution.

† Elizabeth Blackwell in 1848.

‡ Dr. Mary P. Root.

of whom four in 1889. Dr. Clara Marshall and Dr. Hannah Croasdale were put on the visiting staff in 1882. Chicago, however, is the city where the hospital privileges have been most equitably distributed, though the opportunity has been obtained by a struggle rendered severe, not from the opposition of those adverse to women physicians, but from the inadequate instruction given by those who had professed to be their friends.

In 1877, an invitation was sent to the senior class to take part in the examination for internes at the Cook County Hospital. "To go meant to fail. We decided to go, if only to show how little we had been taught in surgery." This was really an heroic determination; and the ordeal was severe. "The students and other spectators received us with deafening shouts and hisses. . . . The gynæcological and obstetrical examiners made vulgar jokes. The surgeon tried to wreck us. We forced things as best we could, but of course no one received an appointment."* As a rather unusual result of this trial, the professor of surgery at the Woman's College was roused to exertion, and for two years taught so well, that on another competitive examination the Woman's College was said to have stood first. However, no woman was appointed, but a relative of the commissioners, without an examination. Still the women's pluck and determination held out; they came up a third time,—and then, in 1881,—the coveted position was gained, and a young woman only twenty-one years of age was nominated as interne. Since then, appointments have multiplied, thus:

NAME OF HOSPITAL.	DATE OF APPOINTMENT.	NO. OF WOMEN PHYSICIANS.
Cook County Hospital.....	{ 1881.....	1
	{ 1888.....	2
	{ 1889.....	2
Illinois Woman's Hospital	{ 1882.....	1
	{ 1887.....	1
	{ 1888.....	1
	{ 1889.....	1
Wesley Hospital	1889.....	1
State Insane Asylum.....	Unknown.....	2

Finally, it is noteworthy that Dr. Sarah Hackett Stevenson holds an appointment to the Cook's County Hospital as visiting physician, and Dr. Marie Mergler a similar appointment to the Woman's Hospital.

* Dr. Marie Mergler, *loc. cit.*

A special and extremely interesting branch of the struggle for hospital positions for women physicians has related to their appointment in the female wards of insane asylums. This movement also originated in Pennsylvania, and in the personal efforts of Dr. Corson, supported, as before, by Dr. Atlee. At the annual meeting of the State Society in 1877, the following preambles and resolution were read :

"Whereas, The State Medical Society has taken a deep interest in the welfare of the insane during the last few years; and

"Whereas, The inmates of our State hospitals are in nearly equal numbers of the sexes; and

"Whereas, We have many female physicians who are eminent practitioners, and one at least* who has had experience in the medical management of the insane : therefore,

"Resolved, That a committee of three persons be appointed by the president of this society, to report at its next annual meeting on the propriety of having a female physician for the female department of every hospital for the insane, which is under the control of the State."

A committee was appointed,† and reported at length in favor of the resolution. Just emphasis was laid on the fact that the very first attempts ever made to reclaim the insane asylums of the State from a condition of utter barbarism were due to a woman, Miss Dorothy Dix, whose name has been a household word in America, as that of Elizabeth Fry in England. The fact that at present there were no women who had received the special training requisite for the scientific treatment for the insane was offset by the other facts, that the existing medical superintendents were charged with the business responsibilities of the asylum, and thus had entirely insufficient time to devote to the medical care of the patients ; and that the subordinates, upon whom such care practically devolved, were usually recent graduates, who were entirely destitute of special training, and indeed for whose education in psychiatry no provision anywhere existed.

A bill was drafted, to be presented with a memorial to the Legislature, making the appointment of a female superintendent

* Dr. Mary H. Stinson, of Norristown, Pa.

† Dr. Hiram Corson, Dr. A. Nebinger, Dr. R. L. Sibbett.

obligatory in all asylums with female patients. The legislative committee returned the bill to the House with an affirmative recommendation.

A counter memorial was, however, sent to the Senate judiciary committee, protesting against the appointment of a female superintendent as liable to cause clashing in the management of the asylum. The memorial said that assistant female physicians could already be employed wherever deemed expedient. The memorial was so copiously signed as to suggest that much other opposition than that of superintendents, dreading collision, had been marshaled to defeat the proposed law.*

Another counter thrust, however, was given by the trustees of the State Lunatic Hospital at Harrisburg, who warmly supported the bill. Before the adjournment of the Legislature, the bill was in fact enacted, but so altered that the trustees are not obliged to appoint a woman chief physician, but only empowered to do so. At this same time, a new hospital for the insane was opened at Norristown, not far from Philadelphia; and to this Dr. Alice Bennett, a graduate of the Woman's Medical College of Philadelphia, was elected by the trustees as chief physician of the female department. Dr. Annie Kugler was appointed assistant. Three months later, in September, 1880, the trustees of the asylum at Harrisburg elected Dr. Margaret Cleaves to a position as assistant.† Legislative action analogous to that initiated in Pennsylvania was not long afterward taken in Massachusetts and Ohio, and finally, during the current year, 1890, in the State of New York.‡

In New York, the bill required the employment of a woman physician in every State insane asylum where women are confined. It passed with only two negative votes in the Assembly, and three in the Senate.§

* It was signed first by Dr. Kirkbride, superintendent of the Pennsylvania Insane Asylum, and then by the surgeons and physicians, the consultants and the assistants, the in-door and out-door staff of thirteen colleges and hospitals, of which only one received insane patients, the Blockley. In addition were the names of nineteen physicians unconnected with any institution.

† Dr. Bennett's nomination was indorsed by eminent physicians from Philadelphia, Drs. Joseph Leidy, Wm. Pepper, S. Weir Mitchell, H. C. Wood, W. W. Keen, S. D. Gross. The latter venerable surgeon had formerly been bitterly opposed to women physicians.

‡ "The only regret and wonder are that a provision so humane and natural and consoling for these unfortunate wards of the State, has not yet been made law."—*Harper's Weekly*, 1820.

§ *Woman's Journal*, April 26, 1890.

Previous to the enactment of this law, however, women assistants had served for a year at the Willard Asylum for the chronic insane,* and in 1888, two other women, Dr. Steadman and Dr. Wakefield, were appointed in the New York City Asylum on Blackwell's Island. Similar appointments have been voluntarily made in ten other States, and more than twenty women are now serving as physicians in insane asylums.† The latest appointment was the greatest innovation, for it was in a Southern State, Virginia, at Staunton, and a Southern candidate, Miss Dr. Haynes, was appointed.‡ The *Springfield Republican* concludes its notice of this event (see note), with the remark: "This reform is steadily advancing, and it will not be long before the opposition to it will be as obsolete as it is now indecent."§

Thus the last word, (so far) like the first in this long controversy, is indecency. And it is characteristic of the world-old social position of women that it should be so; since women have in the mass, never been publicly and officially regarded as individuals, with individual rights, tastes, liberties, privileges, duties, and capacities, but rather as symbols, with collective class functions, of which not the least was to embody the ideals of decorum of the existing generation, whatever these might happen to be. These ideals once consigned to women, as to crystal vases, it became easier for men to indulge their vagrant liberty, while yet leaving undisturbed the general framework

* Rhoda Wilkins, in 1885, a graduate of the New York Infirmary School.

† The following is a partial list of the women now or recently holding such positions, in addition to those already named: Helen Bissell, Kalamazoo, Michigan; Alice M. Farnham, Hart's Island, New York City; Alice Wakeman and Augusta Steadman, Blackwell's Island, New York; Jane Garver, Harrisburg, Pa.; Amelia Gilman, Blockley Insane Hospital, Philadelphia; Laura Hulme, Worcester, Mass.; Martha Morgan, Harrisburg, Pa.; F. McQuaide, Norristown, Pa.; Martha Perry, Taunton, Mass.; Alice Rogers, Taunton, Mass.; Julia K. Cary, Danvers, Mass.; and others in Maine, Minnesota, Indiana, Illinois, Iowa, Nebraska, and California.

‡ "It was a great step for Virginia, thus taken by the trustees, and required considerable effort on the part of some members of the board. . . . Massachusetts is the only State where it is absolutely required by law that every such hospital shall employ one woman assistant physician."—*Springfield Republican*.

§ The Directors of the Woman's Educational and Industrial Union of Buffalo wrote to the superintendents of insane asylums in 38 States, asking their opinion on the law pending in the New York Legislature during its session of 1889-1890. Forty-six answers were received from 32 States, of which 33 favored the law, 5 were opposed, 5 non-committal, and 3 not prejudiced.

of order and society. But all the more imperative was it, that the standard of behavior, thought, and life for women should be maintained fixed and immovable. Any symptom of change in the status of women seems, therefore, always to have excited a certain terror. This is analogous to the fierce conservatism of savage communities, ready to punish by death the slightest deviation from established custom, because, as Mr. Bagehot observes, without such strenuous care their entire social structure is liable to fall to pieces. It is perfectly evident from the records, that the opposition to women physicians has rarely been based upon any sincere conviction that women could not be instructed in medicine, but upon an intense dislike to the idea that they should be so capable. Failure could be pardoned them, but—at least so it was felt in anticipation—success could not. Apart from the absurd fear of pecuniary injury, which was only conceivable so long as women were treated, not as so many more individuals in the community, but as a separate class, and a class alien to men of their own race and blood and even family,—apart from this consideration, the arguments advanced have always been purely sentimental. There has always been a sentimental and powerful opposition to every social change that tended to increase the development and complexity of the social organism, by increasing the capacities and multiplying the relations of its members. The opposition to women physicians is, in its last analysis, only one of the more recent manifestations of this universal social instinct. So true is this, that in the strife physicians have abandoned the sentiments proper to their own profession, and have not hesitated to revile and defame it, in order to prove that it was unfit for the delicacy or virtue of woman. They have forgotten the tone of mind, the special mode of vision that becomes habitual to every one who has really crossed the threshold of the sublime art; they have talked of “revolting details” and “disgusting preliminaries,” like the veriest outside Philistine. There are horrors in medicine, because there are horrors in life. But in medicine these are overcome or transformed by the potency of the Ideal; in life they must be borne unrelieved. The women, who, equally with men, are exposed in life to the fearful, the horrible, the disgusting, are equally entitled to access to those regions of knowledge and ideas, where these may be averted, or relieved, or palliated, or transformed.

Again: A mother occupied with her young child offers a spectacle so beautiful and so touching, that it cannot fail to

profoundly impress the social imagination. Contemplating this, it is easy to feel that all the poetry and romance, all the worth and significance of women are summed up in the exquisite moments of this occupation; easy to dread the introduction of other interests lest the women be unduly diverted from this, which is supreme. Yet nothing is more obvious than that diversion comes, a thousand times, from frivolity, but never through work; and that these moments are preceded by many years, and followed by many years, and for many women, through no fault of their own, never come at all. The seventy years of a lifetime will contain much waste, if adjusted exclusively to the five or six years of even its highest happiness. The toiling millions of women of every age of the world have not been permitted to make such an adjustment, even if they should wish to do so. They have always worked; but they demand now, and simply, some opportunity for a free choice in the kind of work, which, apart from the care of children, they may perform. The invasion of the medical profession is one of the more articulate forms of this demand.

Although, according to the census of 1880, there were 2432 women registered as physicians throughout the United States, and several hundred must have graduated in the last ten years, it is probable that many of them have received an education too irregular and imperfect to justify their claim to the title in any serious sense. Thus the numbers are still too small, the time too short, to begin to estimate the work of women physicians. A large number of the women recorded in the census tables will not be found among the graduates of any suitable colleges, or on the registered lists of regular physicians, and these cannot be counted in an estimate like the present. Thus the census of 1880 records 133 women physicians in New York, but the medical register of ten years later contains the names of but 48. There seem to be about fifty at present in Philadelphia, twenty or thirty in Boston. Eighteen are said to be practicing in Detroit. The great majority are scattered through the country in small towns or country villages.

It is irrelevant to inquire with Waldeyer, "What women have done?" from the scientific standpoint, because the problem given was to enable them to become observant, faithful, and skillful practitioners of medicine, and this is possible without the performance of any really scientific work.

It is premature to make such inquiries, except for single cases which serve to illustrate the possibility, for it is but little more

than a generation that the first school was opened to women ; it is not more than a dozen years since the official education attainable has approached any degree of effectiveness. What women have learned, they have in the main taught themselves. And it is fair to claim, that when they have taught themselves so much, when they have secured the confidence of so many thousand sick persons, in the teeth of such vigorous and insulting opposition, and upon such scanty resources and such inadequate preparation ; when such numbers have been able to establish reputable and even lucrative practice, to care for the health of many families over long terms of years, to sustain medical institutions of their own, almost exclusively dependent upon the good-will of citizens who have closely watched their work,—to serve in public hospitals in competition with men, to care for many thousands of sick poor, to whom abundant other medical aid was accessible, had it been preferred,—to restore to health many thousand women who had become helpless invalids from dread of consulting men physicians, or from delay in doing so,—to hold their own in private practice, in matters of judgment, diagnosis, medical and operative treatment, amidst the incessant and often unfair rivalry of brother competitors,—to do all this, we repeat, itself demonstrates a very considerable, indeed an unexpected amount of native ability and medical fitness on the part of women. With longer time, with more solid and varied opportunities, and with extension to the many of those which have hitherto been shared only by a very few, the amount of work accomplished may certainly be expected to increase, and in geometrical progression.

It could be wished that space remained to bring to light the obscure heroisms of the many nameless lives, which have been expended in this one crusade. It has been fought, and modestly, in the teeth of the most painful invective that can ever be addressed to women,—that of immodesty. Girls have been hissed and stampeded out of hospital wards and amphitheatres where the suffering patient was a woman, and properly claiming the presence of members of her own sex ; or where, still more inconsistently, non-medical female nurses were tolerated and welcomed. Women students have been cheated of their time and money, by those paid to instruct them : they have been led into fields of promise, to find only a vanishing mirage. At what sacrifices have they struggled to obtain the elusive prize ! They have starved on half rations, shivered in cold rooms, or been poisoned in badly ventilated ones ; they have often borne a triple load of ignorance, poverty, and ill health ; when they were not

permitted to walk, they have crept,—where they could not take, they have begged; they have gleaned like Ruth among the harvesters for the scantiest crumbs of knowledge, and been thankful. To work their way through the prescribed term of studies, they have resorted to innumerable devices,—taught school, edited newspapers, nursed sick people, given massage, worked till they could scrape a few dollars together, expended that in study,—then stepped aside for a while to earn more. After graduating, the struggle has continued,—but here the resource of taking lodgers has often tided over the difficult time.

These homely struggles,—the necessity in the absence of State aid, of constantly developing popular support and sympathy for the maintenance of the colleges and hospitals, has given a solidity, a vitality to the movement, which has gone far toward compensating its quaint inadequacies and inconsistencies. On the European continent, the admission of women to medical schools has depended on the fiat of government bureaus, prepared in this matter to anticipate a popular demand, and to lead rather than to follow public opinion. In America, as in England, the movement for such extension of privilege has sprung from the people, it has fought its way,—it has been compelled to root itself in popular sympathy and suffrage. Hence a feeling of enthusiasm widely diffused among the women students, the sense of identification with an impersonal cause, whose importance transcended that of their individual personal fortunes, and yet which could only be advanced by the accumulation of their individual successes. The ill-taught girls at Chicago, who, sure in advance of defeat, resolved to face ridicule and contempt at the competitive examinations, in order to make a road for their successors, really exhibited, in a moral sphere, the heroism of Arnold Von Winkelreid on the old Swiss battlefield.

The change from the forlorn conditions of the early days has been most rapid, and those who survived the early struggle, and whose energies were not so absorbed by its external difficulties that not enough were left for the intrinsic difficulties of medicine, have been really invigorated by the contest. Indeed one of the ways in which women have secured the infusion of masculine strength essential to their success, has been by successfully resisting masculine opposition to their just claims. It is as in the fable of Antæus,—those knocked down to the earth gained fresh strength as they touched the ground. The character and self-reliance natural to American women

have thus been reënforced even by the adverse circumstances of their position. And, conversely, those for whom circumstances of fortune and education have been apparently the most propitious, even those who have received the best theoretical education, have not unfrequently been distanced, or even altogether dropped altogether out of the career, because of an incurable dilettantism, for which the remedy had not been found either in practical hardship or in native intellectual vigor.

Efforts have several times been made to estimate the actual proportion of markedly successful practitioners among the women now engaged in medicine.* The two monographs cited below are both based upon circulars of questions sent out to as many women physicians as possible.† The answers to these inquiries are necessarily very partial, and can be quoted rather as illustrations than as statistics. Among such illustrations, the statements of the pecuniary results of practice are interesting. Dr. Bodley received answer from 76 ladies, and their total annual income, if divided equally among the 76, amounted to about \$3000.‡ Among these, however, ten earned between \$3000 and \$4000 a year, five between \$4000 and \$5000, three between \$5000 and \$15,000, and four between \$15,000 and \$20,000.

In Dr. Pope's paper, 138 women reported on their income, and out of them only eleven had then practiced over two years and failed to become self-supporting. Another item of interest is, that 32 per cent. of these women report that they have one or more persons partially or wholly dependent on them.§

* "The Practice of Medicine by Women in the United States." Paper read before Social Science Association, by Emily H. Pope, M.D., Sept. 7, 1881; and "The College Story,"—address at Woman's Medical College of Philadelphia, by Dean Rachel Bodley, March 17, 1881.

† Dr. Bodley sent circulars only to the graduates of the Philadelphia school, of whom, in 1881, there had been 276. Of these, 189 answered the circular. Dr. Pope sent circulars to 470 graduates of all schools, and received 390 answers, many, however, duplicating those of the Philadelphia circular of March.

‡ \$2907.30 exactly.

§ The writer knows personally of two women physicians, one in large general practice including much surgery, the other at the head of a Sanitarium, who have each brought up and educated twelve children. One of these ladies was a widow, with one child, when she began to study medicine; the other was never married. A very large number of childless women adopt children, or contribute to the education of the children of brothers or sisters.

So great are the imperfections, even to-day, of the medical art, so numerous all the difficulties of applying even all existing resources, so inevitable are the illusions in regard to the real cause of either success or failure, that it is the most difficult thing in the world to estimate the intrinsic ability of a physician, even by his success in practice. A large practice certainly always testifies to some kind of ability; but this is not always strictly medical. The essential test is that of accuracy in diagnosis, and this test cannot, by means of any public documents accessible, be applied. Its successful application can only be inferred by the gradual development of confidence in women, both among the more intelligent and critical of the laity, and among the more unbiassed of the professional observers, who, in consultations, have had ample opportunity to scrutinize diagnoses.* For a dozen years it has become customary in America for the most distinguished members of the profession, even in large cities, to send patients to women physicians, in any case where the circumstances of the illness lead the patient to prefer a woman.† The same is done when, from personal acquaintance, or on account of public reputation, the patient has confidence in some special woman physician, and desires her counsel therefore, for other reasons than those of delicacy.

The women physicians of America share, while rather intensifying, the main characteristics of their medical countrymen. They have, as a rule, little erudition; but they have great capacity for bringing to bear all available and useful knowledge upon practical issues. They certainly do not read enough; and there is, therefore, a noticeable thinness in their discussions of medical topics when they meet in isolated council. But they have a resolute helpfulness in dealing with the individual cases entrusted to their care, and a passionate loyalty to those who have put their trust in them. They are possessed of abundant motive power for concrete intellectual action, though they might lack this power, if the work depended exclusively on abstract intellectual interest. And, after all, it is this habit of mind which most distinctively marks the modern practicing

* A distinguished surgeon recently wrote to a woman physician, when he had confirmed her diagnosis in a serious case, where the family then requested the presence of the consultant at the operation the woman physician was to perform: "I shall be out of town for a week; you had better not wait for me—go ahead and operate yourself." Which she did successfully.

† The above form of consultation has greatly extended the facilities of medical treatment for unmarried women and young girls.

physician, and without it the advances in medical science would be of little profit to the sick; indeed, would often not be made. And, what is often overlooked, it is precisely these mental habits here described which have been usually considered as particularly characteristic of women. Thus the introduction of women into medicine demands no modification of the typical conception traditionally held of women, but only an enlargement of the applications which may be made of this characteristic type.*

In nothing are popular views about women more at variance with fact than in regard to their capacity for operative surgery. The popular conception of surgery is itself entirely false, being inherited from a by-gone period, when hospital operations were conducted in the wards, filled with shuddering patients awaiting their own fate; amid clouds of steam from burning irons, torrents of blood, and the groans and shrieks of the victim.† But to-day, with anæsthetics, hæmostatics, and antiseptics, the surgeon may operate as calmly as on an insensible wax figure; and, moreover, with a reasonably correct technique, be assured of success in a vast majority of cases whose result was formerly, even under the best skill, always doubtful. The very greatness of the achievements of surgical genius have lessened the amount of ability requisite to perform many surgical operations; and especially have the modern conditions of operating removed the perturbing influences which female nerves might be supposed unable to resist. Moreover, the technique has become so precise that it can be taught; and women, even when defective in power of original thought, are extremely susceptible of being trained by exact drill. On this very account the model of a practical medical school should be that of a military academy, where every operation, mental or manual, that the graduate is subsequently expected to perform, will be rehearsed before graduation.

Now the remarkable thing about women surgeons is, not that

* "I believe that the department of medicine in which the great and beneficent influence of women may be especially exerted, is that of the family physician. Not as specialists, but as the trusted guides and wise counselors in all that concerns the physical welfare of the family, they will find their most congenial field of labor." Elizabeth Blackwell, "The Influence of Women in the Profession of Medicine." Address before London Medical School for Women, 1889.

† See Tenon's report on the Hôtel Dieu of Paris, made to the National Assembly in 1789. He describes the usage of the time, which eight centuries of hospital existence had not taught how to improve.

they have learned how to operate when they have been taught, but that, with very insufficient teaching for the most part, they have contrived to learn so much, and to operate so successfully. Obstetrics and gynæcology have here again offered peculiar advantages, in presenting a series of cases for operation which vary from the most trifling* to the most serious capital operations in surgery. The latter have only been attempted in the last decade, and it is worth while to quote such statistics as I have been able to obtain, even though they are necessarily incomplete :

New York Infirmary : From 1875 to 1890 ; 535 operations (29 laparotomies) ; operators, chiefly Dr. Elizabeth Cushier, but in a smaller number of cases, Drs. Blackwell, Peckham, McNutt, Putnam Jacobi.

New England Hospital : From 1873 to 1890 ; 829 operations (48 laparotomies) ; operators, Drs. Dimock, Buckel, Keller, Berlin, Whitney, Smith, Crawford, Bissell, Kellogg, Angell, Pagelson.

Chicago Hospital : From 1884 to 1888 ; 206 gynæcological, 114 general surgery. Dr. Mary Thompson operated on all the gynæcological cases, except four ; the report does not state whether she also operated on the others.

The reports of the Philadelphia Hospital do not give the total number of operations performed in it, but through the kindness of Dr. Fullerton, resident physician, I have received a report of the capital operations, nearly all abdominal :

Women's Hospital, Philadelphia : From 1876 to 1889 ; 91 operations (all laparotomies, including several Cæsarean sections). Operators, chiefly Dr. Anna Broomall ; for a small number of cases, Drs. Croasdale and Fullerton.†

In addition to the above, Dr. Marie Werner of Philadelphia reports 23 laparotomies from private practice.

Other personal statistics I have not been able to obtain. Some are quoted in the list of Literature.‡ These statistics,

* Dr. Sims, in his treatise on Uterine Surgery, declared that the local treatment of uterine diseases was, almost always, surgical.

† During this year Dr. Broomall has gone to Asia, to make a tour of the different missionary stations where there are women physicians, and there perform capital operations on the cases which have been accumulating. This is an expedition unique of its kind in history.

‡ At the meeting of the Philadelphia Alumnae Association, held in March, 1889, six successful cases of capital operations in abdominal surgery were reported by members, including two Cæsarean sections and one hysterectomy. Sixteen laparotomies were further reported from the Woman's Hospital, but these have been included in the statistical table.

though still on a small scale, are, for the time in which they have accumulated, and for the extremely meagre opportunities which have been so far afforded, not at all unsatisfactory.

Written contributions to medical literature are also, though not abundant, at least sufficient to prove that "the thing can be done." The 145 citations made in the list* all belong to the period ranging between 1872 and 1890, a period of eighteen years.

The intellectual fruitfulness of this period is not to be compared with that exhibited by other and contemporary classes of medical workers, but rather with that of the first 150 or 200 years of American medicine. For, until now, it is a mentally isolated, a truly colonial position, which has been occupied by the women physicians of America. When a century shall have elapsed after general intellectual education has become diffused among women; after two or three generations have had increased opportunities for inheritance of trained intellectual aptitudes; after the work of establishing, in the face of resolute opposition, the right to privileged work in addition to the drudgeries imposed by necessity, shall have ceased to preoccupy the energies of women; after selfish monopolies of privilege and advantage shall have broken down; after the rights and capacities of women as individuals shall have received thorough, serious, and practical social recognition; when all these changes shall have been effected for about a hundred years, it will then be possible to perceive results from the admission of women to the profession of medicine, at least as widespread as those now obviously due to their admission to the profession of teaching.

NOTE.—While these pages are passing through the press, the important announcement is made that the trustees of the Johns Hopkins University—in view of a gift of \$100,000, presented by women to the endowment fund of the medical department,—have consented to admit women to the medical school of the Johns Hopkins Hospital, so soon as that school shall be opened. This is the first time in America that any provision for the medical education of women has been made at a university of the standing of the Johns Hopkins. It is expected that the medical education of the future school will be especially directed for the benefit of selected and post graduate students, for such as desire to make special researches and to pursue advanced studies in medical science. The admission of women to a share in these higher opportunities is a fact of immense significance, though only a few should profit by the advantage, the standing of all will be benefited by this authoritative recognition of a capacity in women for studies, on this higher plane, on equal terms and in company with men.

* See APPENDIX D.

The directors of the Johns Hopkins have in this matter shown the broad and liberal spirit which befits the noble trust they are called upon to administer. It is characteristic of America that the stimulus to the trustees' action came from without the university, from the initiative of women. This time, women have not only asked but they have at the same time given. The \$10,000 gift originally offered by Miss Hovey to Harvard on condition of its admitting women, and declined by its medical faculty, has been enrolled in the gift now accepted by the Johns Hopkins. Half of the whole donation is the noble gift of one woman, Mary Garrett,—daughter of one of the original trustees of the Johns Hopkins University. The formation of committees among women in all the principal cities of the United States, for the purpose of raising money for the woman's part of the endowment fund, and even for the remaining amount needed to open the school, is itself a most important fact, for it indicates that interest in the intellectual advancement of women, and especially interest in the success of women in the medical profession, has at last become sincere and widespread in quarters where hitherto it has been entirely and strangely lacking.

Hardly had we pronounced the present position of women in medicine to be "colonial," when, by a sudden shifting of the scene, barriers have been thrown down that seemed destined to last another half century; an entire new horizon has opened before us. *Sic transit stultitia mundi.*