

**THE AMERICAN MEDICAL WOMAN.<sup>1</sup>**

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THE present age is often called "the woman's age," and the woman of to-day is somewhat dubiously dubbed "the new woman." But, although the medical woman is a woman of to-day, she is not altogether new—not absolutely *fin de siècle*. Isolated accounts of doctors of medicine who were also women are scattered through the medical annals of all ages. Even Æsculapius (whose history is obscured by the mists of mythology) is said to have been followed by disciples of both sexes, and a college of physicians of both men and women existed in Egypt in the eleventh century B.C.

Women skilled in medicine also play conspicuous rôles in the great dramatic poems of the Greeks. Thus Homer, in describing one of the characters of the *Iliad* (Prof. Blaikie's translation), says :

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

From the eleventh to the thirteenth century, A.D., the famous school of Salerno (said to form the bridge

<sup>1</sup> Surgery, vol. ii, p. 292.

<sup>2</sup> Berliner klinische Wochenschrift, April 22, 1895.

<sup>3</sup> Address delivered to the graduating class of the Woman's Medical College, in the American Academy of Music, Philadelphia, May, 1895.

between ancient and modern medicine) boasted several renowned women-lecturers, and from that time to the present women have occasionally held chairs in various medical schools of Italy.

France, also, has accorded royal recognition to her distinguished daughters, Mesdames Boivin and Lachapelle—names familiar to all readers of medical literature.

But to the women of America, aided and abetted by justice-loving and generous American men, belong the distinction and the responsibility of inaugurating the first systematic effort toward the annexation of the medical field to the somewhat restricted territory recognized as lying within the legitimate sphere of woman.

During the colonial period, much of the medical practice in New England was in the hands of women whose sole qualifications are said to have been acquired in the rearing of large families, and there is no record of any serious conflict between the two kinds of activity. But as the practice of medicine became more scientific, there was an increasing tendency toward its restriction to those who had received a scientific training, and the practice of midwifery thus passed out of the "sphere of woman." But the promise and potency of the medical woman of to-day were latent in the conditions of the colonial age, and the Pilgrim mothers (who, as wittily pointed out by one of their remote sons, a citizen of Philadelphia, not only endured the common hardships of the period, but also endured the Pilgrim fathers), those dauntless daughters of an exigent situation, were the logical as well as chronological predecessors of women destined to share both the burdens and the privileges of American, medical, professional life.

In the history of the slow and difficult development of the untrained American midwife into the educated and legally qualified doctor of medicine the year 1849 must ever remain luminous—a red-letter year—the year in which Elizabeth Blackwell acquired the degree of Doctor of Medicine in an American school—the Medical College of Geneva, New York. In being the first woman in America to receive the medical degree, Elizabeth Blackwell unwittingly became the mother of us all—"the baby figure of the giant mass of things to come"—for tradition has it that the difficulties that she had encountered and the grave uncertainties that hung around the future of other women-aspirants for the medical degree first turned the minds of certain men and women of Philadelphia toward the unprecedented project of a medical school for women. Be this as it may (for the fruitful germ of this enterprise has been ascribed to more than one source), the coming event cast its shadow forward upon the retreating footsteps of this herald of a new evangel for women as she passed through Philadelphia on her way to Europe for further study; and the following year proved to be a second red-letter year in the history of the American medical woman—the year 1850—a date that adorns and dignifies the modest front of the Woman's Medical College of Pennsylvania.

There are two claimants to the distinction of being the first medical college for women in the world—the school in Philadelphia and a school in Boston, formerly "The New England Female Medical College." To this long-standing controversy I am able to contribute the following facts, obtained (in the case of the party of the other part) by myself from the archives of Massachu-

setts, which are preserved at the State <sup>of</sup> Boston, guarded by the classic cod-fish (emblem of an early Massachusetts industry), and sheltered by the great gilded dome that accentuates Beacon Hill and dominates the consecrated precincts of the Common. The facts obtained from this unimpeachable source are as follows:

In the year 1848 there was organized in Boston a society of which the object was to provide women with the instruction necessary to qualify them for the practice of midwifery, which (as already explained) had long before passed into the "sphere of man." A school was opened and lectures on the subjects of midwifery and general medicine were provided. In April, 1850, this society was incorporated under the name of "The Female Medical Education Society" for the stated purpose of providing for the education of "midwives, nurses, and female physicians." But although the words "female physicians" occur in the act of incorporation, the charter did not grant the right either of appointing a medical faculty or of conferring the degree of Doctor of Medicine, and in 1856 a new charter was obtained by "an act to change the name of the Female Medical Education Society to the New England Female Medical College, and to reorganize the same." Section 4 of this act sets forth that "the trustees shall have power to appoint professors who shall constitute a medical faculty, and to confer the usual degree of Doctor of Medicine." The Medical Education Society thus became a medical college in 1856.

The charter of the Woman's Medical College of Pennsylvania was granted in March, 1850, and the first session of the school was opened the following October with a full faculty, organized for the instruction of women in the various departments of medicine, the corporation being authorized to appoint such a faculty and to confer the degree of Doctor of Medicine on graduates of the school. The college in Philadelphia thus antedates the college in Boston by more than six years, and even should the date of the incorporation of the society from which the Boston college sprung—April, 1850—be claimed as the date of the founding of the college (which seems to me wholly unjustifiable), the palm of priority must still be conceded to the college in Philadelphia chartered in March of the same year—a difference in its favor that might prove of immense importance in case, for example, some future millionaire should bequeath a fortune to the oldest medical college for women in the world. I would suggest, however, as a harmless precaution, that this future legal instrument contain the name of The Woman's Medical College of Pennsylvania in full!

Although our college had a less brilliant inauguration than the school in Boston (the Female Medical Education Society numbering more than 1500 members, many of them among the most influential citizens of New England), the subsequent history of the two institutions well illustrates the significant saying that "the blood of the martyrs was the seed of the church." The prolonged struggle of the college in Philadelphia and the lifelong devotion to its interests of a few women (two of whom were members both of the Board of Corporators and of the Faculty) have borne a rich harvest in the high standing accorded to the college by the profession at large, and in a world-wide reputation outside the profession.

The New England College, on the contrary, soon after the death of Mr. Samuel Gregory (the leading spirit both of the Society and of the Board of Trustees of the College), repudiated the broad scientific principles on which it had been established, and became merged in the School of Medicine of the Boston University—a homeopathic, coeducational school—the university itself (a *parvenu* among universities) being too little known to confer any standing on the college, which had forfeited its claim on the regular profession by selling its birthright for a mess of homeopathic pottage. In this matter the Quaker City, like the proverbial tortoise, has thus completely distanced its fleet rival, and the persevering daughters of William Penn have quietly secured the precedence over their more demonstrative Puritan sisters.

In an admirable sketch of the practice of medicine by women, which appeared in the *International Review* for October, 1879, Dr. James R. Chadwick, of Boston, argues that, although the struggle of women to free themselves from the social fetters that have so long proved an obstacle to their pursuit of knowledge has of late been centered on the profession of medicine, the reason is not to be sought in any peculiar fitness of women for the practice of medicine, but rather in the fact that the movement has found support in certain sentiments common to all civilized communities—the sentiments of delicacy, fastidiousness, and modesty—which, Dr. Chadwick states, have been gaining in strength from the days of Queen Charlotte and the mother of Queen Victoria, both attended by midwives, while the court-physician waited in an ante-room in case of anything serious; as there are those now who, in trivial ailments, resort to a certain class of practitioners because their medicines are easy to take, but fall back on the regular profession, heroically ready to swallow anything, when the case becomes urgent.

The first impulse toward the medical education of women in this country may have been excited by the sentiment of propriety, for it appears to have been a reaction against what Mr. Gregory contemptuously styled "*mass-midwifery*" that led to the formation, in Boston, of the society to which I have referred, in order evidently that the female obstetrician demanded by delicacy might acquire the education demanded by science; but to the argument from propriety was soon added another, founded on the excess of the female population—that distressing surplus, the despair of the political economist and the mockery of the moralist who regards it as the duty of every woman to marry—a surplus that in New England at that time amounted to 20,000 women, many of whom, it was urged, might find in the practice of midwifery a useful, honorable, and remunerative occupation—no small matter where 20,000 surplus, and hence superfluous, women were involved.

Whether or not the woman-doctor microbe may be traced to this source, it was about this time that the affection broke out—the germ finding a congenial *nidus* in the minds of a few women whose ambitions were not to be appeased by the sop offered by the Female Medical Education Society, however saturated with soothing suggestions of honorable usefulness and pecuniary competency; and these women demanded the opportunity of becoming fully educated as physicians. Now, although the invasion of the medical profession by women had been opposed by the profession in Europe from a

conviction (probably sincere) of the intellectual incapacity of women, the mass of the profession in America never urged this point (for what reasons I will not undertake to explain), but based their objection (also probably sincere) on the totally different contention of impropriety<sup>1</sup>—a fatal mistake—for as the community gradually awoke to the necessity of regarding the question of propriety from the point of view of the woman-patient rather than of the woman-doctor, the argument from propriety veered to the other side of the question, and those who had urged it against the study of medicine by women were quite unexpectedly "hoist by their own petard!"—the supposed antitoxin only served to increase the virulence of the infection.

I would that something of the history and motives of all the women concerned in precipitating this agitation upon an innocent and unsuspecting profession might be known to every graduate and student of medicine present; but, among the number, the names of Elizabeth and Emily Blackwell and our own Ann Preston, of blessed memory, whose works do follow her, stand pre-eminent—for in this opening professional vista their prophetic souls seized on a more alluring anticipation than the mere preservation of propriety, however desirable this may have been deemed—and on a more blessed benefaction than a merely remunerative occupation for a few women; they desisted for women an avenue of escape from the physical deterioration and intellectual inanition that ever lie in wait for the unoccupied—an outlet into an invigorating atmosphere of activity in which the possibilities of realizing the potential plenitude of her being as a member of the human hierarchy would be multiplied almost by infinity.<sup>2</sup>

That the social environment plays a conspicuous part in all phases of social progress is a commonplace of social science, but that a certain degree of adaptability on the part of the individual is also essential is an equally controlling principle in evolution.

The single element of a public sense of propriety (upon which Dr. Chadwick would put the entire *onus* of this movement) could never alone have led to the establishment of women in the medical profession. In order that a professional field may be successfully occupied by women, it must offer the following conditions:

1. The work required must come within the scope of their abilities—physical and mental.
2. It must afford opportunity for the exercise of the qualities generally described as "peculiarly feminine."
3. It must make such demands on both the physical and mental energies of women as shall serve to develop these energies in a satisfactory degree.
4. It must afford such pecuniary compensation as shall enable those who pursue it to devote their best efforts to the work, which must therefore be acceptable to the community.

That the medical profession fulfils these conditions in a high degree is proved by the fact that there are more than three-thousand women in this country alone engaged in the practice of medicine to-day—many times

<sup>1</sup> See article by Dr. Mary Jacobi in *Woman's Work in America*. New York: Hoyt & Co., 1891.

<sup>2</sup> See address by Elizabeth and Emily Blackwell, "Medicine as a Profession for Women," 1859; also "Reply to Manifesto of the Philadelphia County Medical Society," by Ann Preston, *Medical and Surgical Reporter*, Philadelphia, May 4, 1867.

as many as of those engaged in all the other professions put together.<sup>1</sup> But the conspicuous success of women in this as compared with other professions can only be attributed to a "peculiar fitness" for the work of the medical profession—to the lack, in other professions, of equal opportunities for the exercise of those qualities that have become specialized in women—the "peculiarly feminine" qualities—and Dr. Chadwick's reasoning evidently fails as an explanation of the woman-doctor.

Notwithstanding the existence in this country at the present time of from thirty-five to forty coeducational medical schools, the greater number of women now practising medicine here are graduates of schools exclusively for women, although the number of women's colleges of recognized position is only four. The coeducational schools include the medical departments of eleven universities—those of Michigan, Iowa, Minnesota, Colorado, California, Oregon, Buffalo, Syracuse, Boston, the District of Columbia, and the Johns Hopkins University of Baltimore.

The preference shown by women for schools attended exclusively by women might be variously interpreted as depending, perhaps, on geographic convenience, on favorable financial conditions, or (as the licence to practise as well as a medical education can be obtained only at a medical school) on less exacting educational requirements.

On the point of geographic convenience, I will cite the fact that of the nineteen women practising medicine in the State of Washington only one is a graduate of the Willamette University, in the neighboring State of Oregon. The geographic argument is thus disposed of.

The financial reason also fails as an explanation, as in the universities that receive State support the fees are notably less than in the colleges for women.

On the third point—that of educational requirements—investigation has disclosed several facts that bear on it:

1. That the required term of study in the colleges for women is longer than in most of the coeducational schools—our own college and the college of the New York Infirmary having been among the first in this country to lengthen the college-year and to increase the term of study to three and later to four years.

2. The results of competitive examinations for hospital-appointments, of examinations by State boards and for admission to State societies all show that women rank with the best when subjected to this test.

At the first examination held by the State Board of Maryland, in 1893, the highest percentage was made by the only woman presenting herself—a graduate of the Baltimore school for women; and in September last, at the State examination in New Jersey, a graduate of our own school took the highest rank. The records of competitive examinations for medical service in the Philadelphia and Polyclinic Hospitals in this city afford similar testimony. Thus the argument of less exacting educational requirements also breaks down as an explanation of the preference shown by women for their own exclusive schools.

<sup>1</sup> These figures were obtained from Polk's Medical Register of the United States for 1893. A recent census-report places the number at a little more than five-thousand.

The choice of a college is undoubtedly influenced by the clinical opportunities afforded in the localities concerned, and by the professional reputation of individual members of the various faculties. As to how much depends on the absence of male students—the degree of probability that inferior advantages and greater expense would be outweighed by this circumstance—must be left to the judgment of my hearers. A conclusive estimate of the influence of this factor could be reached only by a *consensus* of the views of those actually concerned—the students themselves; but in view of the general American confidence in the coeducational system (although it will be admitted that medical co-education presents some exceptional features), taken in connection with the fact that most female students attend the clinics of the public hospitals where male students are also in evidence, notwithstanding that the clinic affords the supreme test as regards the difficulties of coeducation, the inference seems justifiable that the schools for women offer better advantages than can be obtained in the coeducational schools.

As the great medical schools of Philadelphia, New York, and Boston do not admit women, the only basis of comparison with these schools is that afforded by the statistics of results of competitive and other test examinations to which reference has been made and which bear especially upon these particular schools, as they are in the localities where such examinations are most in vogue; and these statistics undoubtedly warrant the conclusion that the best of the women's schools compare favorably with these leading schools for men. The medical department of the Johns Hopkins University (to which the admission of women was secured by a *tour de force* in the guise of a third of a million of dollars supplied mainly by one woman) is of too recent date to throw much light on the question under discussion. This college opposes more rigid requirements to the entrance of students, and offers a more advanced schedule of study than any other medical school in this country, and yet, of the first class (which matriculated in 1893) one-sixth were women—a far higher proportion than is shown in the total number of medical students for the whole country—thus confirming my contention that the attendance of women at any particular school is not determined by the presence or absence of the co-educational feature.

The claim here distinctly put forward, that the medical colleges for women stand among the most advanced of American medical schools, is not based entirely on the two points thus far mentioned, viz., the numbers in attendance as compared with the coeducational schools and the statistics of competitive and other test-examinations, but also on their requirements for admission, the character of their laboratory and other equipments, the courses of study pursued, the clinical advantages afforded, the term of study required, and the hospital and other appointments secured by their alumnae. On the question of curriculum, I may state that the Woman's Medical College of Pennsylvania and the Medical Department of the Johns Hopkins University are the only colleges in the United States, so far as known, in which work in the physiologic laboratory is required of every student, the former having been the first in this country to make this requirement.

The chief disadvantages from which medical women

in this country now suffer arise from their exclusion (during their professional career) from the work of the great public hospitals. Dr. Emily Blackwell, of New York, in an unpublished paper which has come into my hands, calls attention to the fact that these public institutions, equipped and endowed at public expense, are monopolized by men—although the hospital is no less important than the college in the training of doctors—that medical progress depends on the hospital and the laboratory, that the scientific writers and teachers, the great operators and other leaders in medicine are the hospital-men, and that the great journals are founded on hospital-records; and she adds that women, being limited to the few small hospitals that they have themselves established, are in the position of emigrants in a new territory, or, as might have been said, of the advance-guard of an invading army, compelled to build their own roads and create their own facilities as they advance.

This arraignment of the authorities who control the public hospitals is a most serious one; but in estimating the significance of the marked preponderance of distinguished men in the profession, as compared with distinguished women, the immensity of the mass of medical men, as compared with that of medical women, should not be overlooked. When the total number of great operators and other leaders in medicine is contrasted with the whole number of men in the profession, the ratio of greatness seems less distinguishing, "the gray pre-eminence of man" (which gave pause to the ambitious princess of Tennyson's imagination) becomes less overwhelming to the female medical consciousness. In spite of the disadvantages pointed out by Dr. Blackwell, the female profession boasts distinguished teachers in both the scientific and the practical branches of medicine, of which Dr. Blackwell herself is an example; brilliant operators in the surgical diseases of women, a field that presents some of the most difficult situations in surgery; skilful attendants in the maternal crisis that perhaps offers the supreme test of fertility of resource and presence of mind in the face of danger; and a shining record in the care of the insane, a specialty that demands a high degree of intrepidity and coolness, as well as of gentile and sympathetic firmness. The number of contributions by women to medical and scientific literature (judged by the ratio of writers to the whole number of the profession) is also creditable.<sup>1</sup> Without exaggeration, then, the medical profession may be said to show a goodly proportion of women who have "added the incident of learning to the accident of brains."

The medical work actually done by women may be regarded from two points of view: its value to the community (this depending on its quality as well as on its peculiar acceptability on account of their sex) and its value to themselves as a means of individual development, the latter being the broader, the more important view, a view in which the word "medicine" is quite overshadowed by the word "woman." Into the consideration of this aspect of the subject the scientific character of their work does not necessarily enter; nevertheless, the question as to what proportion of medical women may be classified as "regular," "homeo-

pathic," "eclectic," etc., is one of great sociologic interest, like that of how the majority of women would vote in case of obtaining the suffrage, whether intelligently and on the side of law and order, or in the spirit of partisanship and with an eye (or both eyes) to the spoils.

In the city of Philadelphia (for many years, if not still, the *civitas Hippocratica* of America), of those engaged in the practice of systems not recognized by the mass of the profession as scientific medicine, systems the methods of which justify the opprobrious designation of quackery (which may be said to consist in using a remedy for the wrong reason or for no reason), the proportion is approximately the same for women as for men—about one-fifth. The statistics for the whole profession are not at hand, but of the entire number of legally qualified women engaged in the practice of medicine in the United States, made up of graduates of more than forty colleges, nearly one-fourth are graduates of the Woman's Medical College of Pennsylvania, and although I am compelled, most regretfully, to admit that this is not an absolute guaranty of the scientific character of their practice, I believe that the proportion of the alumnae of our College who have proved true to its principles and teachings, and have thus been added to the ranks of scientific medicine, is much higher than the ratio for the city of Philadelphia.

The tide of modern medicine has set strongly in the direction of scientific methods, in which the balance and the retort, the microscope and the stethoscope, with the long list of their congeners, the thermometer, the pelvimeter and numerous other instruments of precision, the culture-tube with the measures for the exclusion and destruction of the ubiquitous microbe that have grown out of its use, and many other other sanitary measures—the results of modern study of the soil, the water, the air, and the climate—all play a conspicuous part. To this enumeration must be added the study of the lower animals and of man, by means of the multitude of modern instruments for investigation of the physiologic and psychologic problems that underlie the vast field of pathology. Any system of medicine in which the treatment of disease is based on principles and theories derived from other than scientific sources is self-condemned. So far as the medical profession is concerned, the *post hoc, ergo propter hoc* method of reasoning has had its day, and some better evidence than the recovery of the patient must be forthcoming in favor of a particular plan of treatment in order that it shall secure the serious attention of the profession; unless the relation of cause and effect between treatment and recovery can be established, we have not science, but empiricism.

In the relation which has so long existed between us of professor and student I have striven to infect your minds with the love of scientific truth; but now, as this relation is about to be severed, I desire to express to you my profound conviction of the great truth that "learning is but an adjunct to oneself;" that while she who heals the sick, who makes the blind to see, and the lame to walk does well, and "though twice a woman shall be called a leech," she who exhibits in her own character the value of a broadening and elevating pursuit in the development of the liberality of mind and self-poise essential to a true appreciation of life in all its depth and fulness does better; and while students of soci-

<sup>1</sup> See appendix to article by Dr. M. Putnam-Jacobi, loc. cit.

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ology are still perplexedly discussing the question of the desirability of an independent career for woman in the abstract, may you, individual women, each of far higher importance than any abstraction, fare bravely and womanly on to a future in which you shall have wrested from fate—the fate of the abstract woman—an assured position among the thousands of women already living enriched and ennobled lives as doctors of medicine, who are finding therein congenial occupation, intellectual growth, pecuniary independence, and a sphere of immense usefulness to their sex and hence to the entire circle of humanity that comes within the radius of their influence.