

Medical women : a statement and an argument / by Charles West.

Contributors

West, Charles, 1816-1898.
Royal College of Surgeons of England

Publication/Creation

London : J. & A. Churchill, 1878.

Persistent URL

<https://wellcomecollection.org/works/n6j95kq6>

Provider

Royal College of Surgeons

License and attribution

This material has been provided by This material has been provided by The Royal College of Surgeons of England. The original may be consulted at The Royal College of Surgeons of England. where the originals may be consulted. This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.

**wellcome
collection**

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

12

MEDICAL WOMEN:

A STATEMENT AND AN ARGUMENT.

BY

CHARLES WEST, M.D.

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.



^c LONDON :

J. & A. CHURCHILL, NEW BURLINGTON STREET.

1878.



Digitized by the Internet Archive
in 2015

<https://archive.org/details/b22349765>

ADVERTISEMENT.

THIS short tract embodies the substance of what the writer said when the question of the admission of women to the Licence of the College of Physicians was submitted to the Fellows for their decision.

Accident has prevented its earlier publication, when it might perhaps have been more opportune.

The permission to create a new form of licence for women removes but few of the objections which the corporations entertain to the enrolment of medical women as members of their body, for the public at large cannot be expected to discriminate minute technical differences between one and another form of diploma.

The Medical Council have urged, and it is to be hoped not unsuccessfully, the expediency of a separate education, a separate examination, and a separate registration, independent of all the corporations, of women engaging in the practice of medicine. How best to frame the curriculum of study, how best to conduct the examination of women candidates for medical practice, are questions towards whose solution all would gladly do their best.

Sooner or later there comes to every one a time when personal ambition is extinct; when it is, or ought to be, succeeded by the desire to say and do the best that can be said or done for the generation that shall come after. It is from this standpoint that these few pages have been written, and from this it is hoped that they may be judged even by those who differ most widely from the writer's conclusions.

CHARLES WEST.

61, WIMPOLE STREET,

May 1, 1878.

MEDICAL WOMEN:

A STATEMENT AND AN ARGUMENT.

ON March 18th the Fellows of the Royal College of Physicians having been specially summoned to consider "Whether under any circumstances the College would be prepared to grant their Licence to practise Physic to Women," resolved by a majority of 68 to 16 that "The Royal College of Physicians do steadily adhere to the terms of their Charter, and do not grant their Licence to practise Physic to Women."

The College, in adopting this resolution, were perfectly aware of the fact that it did not rest with them to determine whether or no women should be admitted to practise medicine. The King's and Queen's College of Physicians in Ireland by admitting women to their examinations had already settled the question in the affirmative. The conditions on which foreign graduates will for the future be admitted to the medical register have still further facilitated the entrance of women into the profession, while the Bill introduced by the Lord President of the Council into the House of Lords provides for their reception as authorised practitioners of medicine, subject to no other condition than that of their passing an examination which may or may not be the same as that required of male candidates who have passed through a similar course of study.

To these provisions of the legislature, the College, even though doubtful of their expediency, would have had no right to object if it had not been further provided that this examination was to be passed before examiners appointed through the medium of

a conjoint board of delegates nominated by the Universities of Oxford, Cambridge, Durham, and London; the College of Physicians, the College of Surgeons, and the Society of Apothecaries; and that the successful candidates should have a right to claim the Licence of the College of Physicians, or that of the Society of Apothecaries, and the diploma of Membership of the College of Surgeons.

This scheme for a conjoint examination, and the admission through one portal of all persons intending to practise medicine and surgery, whatever might be the department they might subsequently devote themselves to, or the medical or surgical honours they might aspire to at any university, or as members of any corporation, was drawn up after years of labour, and after much sacrifice of individual privileges by the bodies which have now combined for that purpose. It was done in contemplation of none other than male candidates; but while Clause 20 of the Bill provides for the admission of women to this conjoint examination, Clause 17 requires that all bodies co-operating in the scheme shall issue to each successful candidate their diploma, or licence; or in other words (in spite of all nominal, technical differences, of all provisoes, as in Clause 11—to the effect that they be not thereby “entitled to any share in the government, management, or proceedings of that corporation”) shall virtually, and in the eyes of the public, receive them into their body.

The College of Physicians therefore are placed in the difficult position of having either to abandon the scheme of a conjoint examination, which they regard as fraught with so many advantages to the public, or of conferring their licence, the stamp of their approval, upon women who have successfully undergone the same; or as provided in Clause 14, 4*b*, an indefinitely modified examination. Is it necessary to say that the power to pass an examination is one only, although an important one, of the factors which go to establish a person's

fitness for this or that profession or pursuit? Short sight, and various bodily infirmities, exclude the cleverest youth from the army or the navy just as certainly as dense stupidity or crass ignorance.

The question which the College had to consider was this— Whether, regard being had to the interests of the profession of medicine, of society, of women themselves, it is desirable to give to their claim to practise medicine the moral weight of the sanction of the College. That which is sought is no small matter; as one of its ablest advocates among women* says, it is “a great social change.” Is it worth while to make it? It is either a great good, and if so the College are bound not to look coldly on, but to help it as they best can; or it is a grievous error, disturbing society for no equivalent good; bringing no important increase to knowledge; relieving no suffering unrelievable before; adding nothing to the beauty or the dignity of the character of the individual.

It would be needless to explain what is meant by “the interests of the profession,” if it were not that some whose intellectual gifts and whose generally noble aims should raise them above the possibility of misapprehending or of misrepresenting the expression, have spoken or written as if it implied some low spirit of trades-unionism; as if *interests* were money to be earned; as if men were jealous of women as possible competitors with them for their gains. The medical profession, be its faults what they may, should at least have been spared this taunt. There was a trades-unionism, if it please people to call it so, which in days of old made the men who built our cathedrals jealous of those who worked with them; made them ask for their credentials, inquire under whom they had learnt their art, who had been their associates, who their

* Mrs. Garrett Anderson, in her Inaugural Address at the School of Medicine for Women. 8vo. 1877.

brother masons ; and in the same spirit the College are jealous of the interests of the profession—of the interests, that is to say, of medical science,—the interests of the sick, the nobility of their character who tend them.

The purpose of this essay is to answer the inquiry—Will knowledge be extended, will suffering be relieved in a measure commensurate with the greatness of the social change proposed ? Will the beauty of womanhood, distinct and widely different as it is from that of manhood, be increased ; or will it be lessened by those new studies, by that new pursuit which female candidates for medical honours are anxious to undertake ?

There can be no doubt but that many of the claimants among women to be admitted to the practice of medicine—and many of their supporters among men—put forward these demands as part of a still wider claim to assert the perfect equality of the sexes in all respects save in those inferior occupations which depend on mere physical force. The common law of England, say they, is the sole rule, not merely of what is permissible, but of what is desirable ; and they would merge the distinction between the rights of men and the rights of women,—and the idea of duties, be it observed, underlies the idea of rights,—in the common assertion of the rights of the whole human family. Medicine is selected as the most easily assailable of the outworks of the fortress, which, according to them, the selfishness of one-half of mankind has held hitherto in contempt of what is due to the other half ; and that once gained, the bar, the bench, the pulpit, and the senate will be attacked in succession. They who appeal to a different rule of right and duty may be pardoned if they defend the outwork for the sake of the citadel. They believe that in this citadel is treasured all that is to them most precious in the type of womanhood, as enfranchised, as ennobled by Christianity, and they decline to yield it to the genius of nineteenth-century civilisation for alteration and improvement.

But yet, to judge fairly, one must look at the subject apart from any supposed ulterior aim in those who advocate the practice of medicine by women. In itself this claim differs from others, in that the exercise of medicine is a private, not a public pursuit, and this whether it is carried on in the wards of a hospital or in the sick-room of the patient. There are many persons who while they would deprecate the appearance of women in public, see in the exercise of the profession of medicine by them only a means of obtaining an honourable independence, hitherto needlessly closed against women of education and culture. Their opinion can perhaps scarcely be better expressed than in the words of one of the chief champions of this cause, Mr. Stansfield,* who says: "Most certainly no one would dream of the need of aiding nature to keep up the difference of sex by the enactment of a law forbidding a woman to engage in the ordinary business occupations of life."

Whether the practice of medicine comes within this category is the question which we have to try.

It was noticeable that the distinction between the *practice of medicine*, and other more public pursuits to which a claim has been laid by some, was not touched on by those who were the women's advocates at the College of Physicians. Some rested the claim on grounds which would equally support the widest demands that have ever been put forward for women's so-called rights. Others thought that for the College to refuse what was asked savoured of persecution, and discovered an analogy between the claim for Catholic emancipation fifty years ago, and the demand for the rights of women now. It did not strike these gentlemen that persecution implies the imposing disabilities, the deprivation of rights already possessed, on the score of opinions which those in power may deem un-

* Medical Women, in "Nineteenth Century," July, 1877. p. 895.

sound or dangerous. To such a bygone time of liberty and rights, Catholics in Protestant countries and Protestants in Catholic countries could in years now happily long past have pointed far too readily. Women in the history of the past six thousand years, and of as many more as geologists tell us we ought to reckon by, have no such epoch to point to. They may protest against what they may call a secular subjection ; to talk of persecution is an abuse of terms. Again, it was contended that there was no use in the College expressing any opinion whatever ; that there was a demand outside, real or factitious, for medical women, that the course of expediency was the wise one ; that if left alone, like many other popular delusions it would die out, while opposition would strengthen it. It was said, moreover, that the legislature had decided, that submission and co-operation were the only course, or else as the College existed by Royal Charter, so that Charter might be revoked. Since, however, the matter in debate involved, as some thought, a question of right or wrong, a threat, though never so unguardedly uttered, was the least likely way to bring conviction. But strangely enough not one of those who advised that the College should give their licence to women said, that the alleged want was a real one, that society or their own sex called for them, that physically, mentally, or morally, the study of medicine was desirable, or its practice suitable for women ; or suggested that they themselves would be pleased to see any whom they cared for follow it as a pursuit.

But what the women's advocates did not do, it may yet be useful to endeavour to do here, and to ask what are the prospective advantages to women, to medicine, to society, which should induce the College to alter their decision, and to yield to the clamour of a very small but very noisy minority of the public. A profound ignorance of all subjects connected with medicine has unfortunately charac-

terised the majority of the men who have been the most active on what has been termed the liberal side of this question, and the graduates in arts who surprised a recent vote at the University of London would have demurred to the decision of the doctors as to the correct reading of a disputed passage in *Æschylus*, or as to the heresy or orthodoxy of Pope Honorius.

There are some sayings which have a sort of axiomatic character that renders them apparently incontrovertible, as for instance, that "all men are equal;" but we know that in real life this axiom needs great limitation, unless we are prepared to accept its logical outcome in communism. In the same way the assertion that all women have a right to follow any occupation they may think proper to pursue calls at once for the limitation, provided it is for the common good as well as for the advantage of the individual. But when, as in the case of the profession of medicine, the exercise of the right implies the removal of old landmarks, the disintegration of old institutions, the gravely modifying the mental and moral characteristics of women, and the relation of the sexes to each other, thus in many important respects revolutionising society, it is surely worth while to consider the question of comparative loss and gain.

It is admitted that at the present moment beyond comparison the greater number of their own sex oppose their claim, and that were it possible to poll the female inhabitants of any village, town, or city, or of the whole kingdom, the supporters of medical women would be left in a most insignificant minority. But it is said that this arises from the fact that the article (the word is used in no disrespectful sense) has been beyond reach, that what a few women desire many would ask for if it were attainable, and we are called on to smooth in every way the path of women who desire to practise medicine, in order that the experiment may be fairly made; and we are told that if we do this in the course of years we

shall know whether the demand expressed a real want, or a popular, or rather a feminine, craze. But in other matters, and those of less moment, we do not treat society as a "corpus vile" on which any experiment may be made at the demand of people, be they few or many, who have schemes more or less visionary for the regeneration of the human race. We demand proofs beforehand, guarantees satisfactory to our reason, that the probabilities of good resulting greatly preponderate; and some strong security that if the experiment should fail the social fabric will be undisturbed, and things will revert of their own accord to the state in which they were before. Say this experiment succeeds,—we live in a changed world. Say it fails, and we shall be like the magician of old, who raised a spirit which he could not lay, and which became his hard taskmaster.

But there is one definite assertion* which cannot be passed over; for, if correct, it proves at any rate that there is need for more medical practitioners; and, if so, why should they not it may be said be supplied from the ranks of women. "The number of medical practitioners," said Mr. Cowper-Temple, "is diminishing; and if women were admitted, a larger number of persons would seek medical advice than at present."

The fact seemed worth verifying; and the return was asked for from the Medical Council Office of the number of persons who have registered under the Medical Act during the last ten years, from 1869 to 1878 inclusive. The total number is 8,751; of whom 4,116 were registered in the first five; 4,635 in the last five years; the yearly average in the first five years was 823; in the second, 923; the number registered in the last two of the second five exceeding that in the last two of the first five years by 216.

* Speech of Mr. Cowper-Temple, July 5th, 1876, in moving the second reading of the Medical Act Amendment Bill, as quoted in Mr. Creswell's "Woman and her Work in the World." 12mo. London, 1876, p. 110.

But now, supposing for a moment that this statement of Mr. Cowper-Temple's were as accurate as he no doubt believed it to be, where would the want first be felt, where would be the most urgent need of supply? Undoubtedly in the poorest districts, where the work is hardest, the remuneration least; in agricultural neighbourhoods, where the doctor has to ride daily twenty miles in all weathers, to get through his arduous and ill-paid duties. By their own admission women could not perform these duties; it were unreasonable to expect they should; their work must of necessity be limited to large towns; for there alone would the conditions be such as to be compatible with the strength of the more delicate physical organisation of the woman. The legislature has been induced by statements as baseless as that just referred to, to grant to women its licence to practise medicine, but it seems an undue stretch of authority to call upon the medical corporations to endow the act with their approval. They are required to grant their commissions to officers who own their inability to share with others the hardships of a campaign, but confess themselves equal only to garrison duty, to taking charge of the dépôt, while the rest of the regiment is on active service. Nor is this all; but once enrolled upon the list they will soon assert their claim to the medals and decorations, if one may call them so, conferred upon their hardier compeers. Women already complain of the grievance of exclusion from the membership of medical societies, and scorn as unreal the over-niceness of the men who decline to discuss all the sometimes unpleasant details of medicine and surgery in an assembly of the two sexes. It is true that Section 17 of the Act provides, that though each corporation which belongs to the conjoint board shall grant its diploma, the person so receiving it shall "not be entitled to any share in the government, management, or proceedings of that corporation, or to any rights or privileges in connection with that corporation." But the power which can compel the

one can equally compel the other. The Licentiates of the College of Physicians have certain rights and privileges by their connexion with that body: and further, they owe obedience to its laws, and may be admonished, fined, or expelled for their infringement. With what consistency can the College admit to the Licence, and yet exclude the same person from examination for the Membership, or declare that person disqualified for the honour of the Fellowship, or of necessity unfit to occupy the President's chair?

The point at issue either involves a question of principle, or it is not worth a moment's debate. Two courses only are open to the medical corporations, either to welcome their would-be associates with open arms, or to decline to yield up the fortress in the assurance that the victory will be used with clemency.

The same gentleman, the accuracy of whose assertion as to the diminished numbers of medical practitioners in England has just been investigated, made another still more sensational statement on the same occasion which, doubtless, carried conviction to the minds of many. He said* that there were "probably 50,000,000 of native women in India who would never allow a man to enter their apartment to prescribe for any ailment, and that that country would furnish employment for more women than were likely to pass any examination under existing laws."

Indian physicians are no doubt the best authorities on this subject, and no one will for a moment suggest that bias, if it existed, would lead these gentlemen to misstate facts.

Dr. Jackson, late of Calcutta, writes in answer to an inquiry, to say how "willing the people were," in midwifery cases, "to admit medical men to the care of such cases, whether in the highest or the lowest class. There is no hesitation to consult

* Reported in Creswell, *op. cit.*, p. 111.

and have the benefit of medical aid. I believe that, as in this country, the women will always prefer the man to the woman midwife, except in the most simple cases."

Dr. Jackson's experience of India was of the country some twenty years ago, and it is most likely that contact with Europeans will have done something since then to mitigate the force of prejudice.

Mr. Macnamara, late of Calcutta, stated in conversation "that the difficulty was extremely exaggerated; that he found no difficulty in obtaining admission to the zenanas, and that even where prejudices were so extreme that the patient's brother was not allowed to enter."

Dr. Norman Chevers, Dr. Ewart, and Sir Joseph Fayrer, all of them, like Mr. Macnamara, conversant with India in recent years, bear the same testimony, and notice also to contradict the assertion that "from India we hear urgent demands for educating native women of good caste, so as to enable them to treat female patients and children."*

Sir Joseph Fayrer stated "that such demand arose in England, not in India; that at almost every station now throughout the peninsula there are medical men, native as well as English; and that, not in Calcutta only, but in up-country stations, he had been in many zenanas, Hindoo and Mahometan, and had delivered women when in danger; and he thought that the difficulties of admission for doctors in cases of sickness were exaggerated. The native," said he, "is like her European sister, and would, he suspects, if she wanted a doctor at all, prefer a man."

Dr. Chevers writes: "Throughout the length and breadth of India, medical men, Europeans and natives, are now in daily attendance upon native ladies. To force upon India a

* Miss Jex-Blake in "Woman's Work," &c. 8vo. London, 1869, p. 104, as quoted from the *Delhi Gazette*, 1866.

body of medical women would be to fly in the face of this reform.

“ We Indian medical men have always endeavoured of late years to find some means of preventing native midwives from doing mischief, and with this view several attempts have been for some time on foot, with varying success ; but up to the present moment I have never heard from an Indian medical man a single argument in favour of medical women (physicians or surgeons) in India.”

The letter of Dr. Ewart on the subject, addressed to Sir Joseph Fayrer, is so important that, as we are in quest of facts, not fancies, it may be well to give it entire. He writes :—

“ Some years ago a movement was made for the training of native women as midwives. A special school was established at Bareilly, in the North-West Provinces, for this purpose, under the auspices of the Civil Surgeon, Dr. Corbyn, who was very enthusiastic, and did all he could to promote the success of the project. A similar undertaking was entrusted (about the same time) to Dr. Charles, the Professor of Midwifery at the Calcutta Medical College. In both the experiment failed, and for the same reasons—first, on account of the misconduct of the women ; and, secondly, because the midwives turned out did not succeed in commanding the confidence of the community.

“ In the existing condition of society in India, a state which results in the treatment of women as inferior animals, a female physician—one I knew in Calcutta—was simply regarded as a curiosity. The truth is that female physicians do not command the confidence of either sex in India, and from the way in which women are treated socially the difficulties in gaining such are infinitely greater in India than in England.

“ A female physician planted in a situation where she would encounter no opposition might succeed in obtaining

some occupation, but the same work can be accomplished better and more economically by men. The idea that male physicians find obstacles offered to their introduction into the zenanas of Hindoos and Mahometans, in cases of serious disease or danger, is not borne out by my experience. At Ajmeer I was often asked to perform obstetric operations among both classes of natives. When stationed at Kherwonah I frequently saw and prescribed for the Queens of the Maharajah of Oodeypoore. In Calcutta, the English doctor Sahib is invariably summoned in all cases of dangerous or instrumental labour. In truth the doctor is privileged, and has, as you know, access to the female patients, whether Mahometan or Hindoo. It is scarcely needful to say that the same demand would exist to the same extent, even if our stations had a good sprinkling of female physicians.

“The native women in India are quite shrewd enough to pin their faith to the colours of the male doctors, native or European.

“Excepting among a few strong-minded European ladies in Madras, and perhaps in Bombay, there is not the faintest demand for female doctors. On the part of the natives, there is virtually no such demand.

“If these good and wise ladies would turn their attention to missionary enterprise, they might prove useful. But in medicine, their efforts can only result, as has been the case here, in the production of an inferior article for which there is literally no necessity or demand in India.

“The supposed opposition on the part of natives to the admission of male physicians into their zenanas is greatly exaggerated, and quite contrary to my experience. In this matter a wonderful change has come over the native mind, due to the Colleges of Calcutta, Madras, and Bombay, and to the repute in which European medicine is held throughout the country. General education has also much to do with this

advancing enlightenment. There is not a civil surgeon of any standing who is not constantly called upon to intervene in cases of severe illness in the zenana.

“ I know nothing about the application for female medical teachers for India.”

This evidence is surely sufficient to show with what small care people possessed by some dominant idea will make assertions to support it. The statements above quoted, on the authority of eminent medical men, are amply corroborated, by those which the late Governor-General of India, Lord Lawrence, was so good as to make in reply to questions on the subject. He said, “ that undoubtedly women could obtain admission to zenanas in many cases when admission would be refused to men ; but that in the case of the doctors those prejudices gave way in exact proportion as the natives came in contact with European civilisation, and disappeared almost or altogether with medical men who, from long residence or known skill, had a reputation in the country. The comparatively slight objection expressed to male doctors in large cities would not indeed be as small in up-country stations, but the difficulty was that in proportion to the prejudice against the man in such districts, would be the contempt for the woman, and consequently for women doctors. He believed that, for missionary purposes, a knowledge of medicine, and especially of midwifery, would be of great service to women ; and he thought also that even in up-country stations, women who set about it wisely might probably get a very fair income as doctors. To do this, however, they must not be too young, some twenty-eight years of age or thereabouts ; they should reside for the first year in one of the large cities to learn the language, and then, having chosen her locality with care, the lady should place herself for the first year or so under the wing of some missionary stationed there, until she had become generally known.”

Women alone can judge whether it is worth affronting the burning sun of India, and encountering banishment from all that makes life worth living for, for this. And yet this is the picture drawn by one who, on the general question of the practice of medicine by women, said that though he had never fully considered it, his leaning was rather in its favour.

Need it be added that the fact that a lady practises with success in Calcutta or in Constantinople, proves no more than if she practised in London, or Liverpool, or Manchester.

It can scarcely be contended in the face of these facts that there is what is usually understood by a demand on the part of society for women doctors. There is a demand for trained nurses, and the medical profession has certainly been by no means backward in the endeavour to raise the standard of qualification and the social position of those who follow nursing as a livelihood.

There is need too, especially among the poor, of a better educated class of persons as midwives, and of some provision for their examination and registration on the same principle as is applied to practitioners of medicine generally. The Licence in Midwifery of the College of Surgeons was not intended to apply to that class, but was meant as a supplement either to their own diploma of membership, or to the licence or diploma of any of the numerous licensing bodies, and hence the previous possession of their own diploma of membership was not insisted on. At the time that this examination in midwifery was instituted there was no question of the practice of medicine being undertaken by women; and the terms inadvertently used in the College Statute were such as might be made to apply to both sexes. It appeared too, that by a further inadvertence the certificate of qualification in this very limited department, would authorize a person possessing it to be registered as though competent in all; and to claim all the rights and the position of a registered medical practitioner.

Hence, the College of Surgeons, whose efforts had for many years been directed to raising the standard of their examination, and to giving it a more practical character, found themselves placed in a great difficulty by the application of three ladies for admission to the midwifery examination. Either the College must stultify themselves by allowing the passing a partial examination to place a person on the same footing with those who had undergone the stringent trial required for admission to the membership, or they must evade the dilemma in which a want of foresight had placed them.

It is difficult to see what course could have been adopted very different from that which was actually followed. Had the majority of the Council of the College approved the claims of women, the proper course would have been to admit them to the examination for the membership; but in no case would it have been even morally right for them to create an inferior qualification which would have placed those who held it in the same sort of relation to other practitioners, as is borne in France by the *Officier de Santé* in comparison with the Doctor of Medicine.

The Obstetrical Society, almost from its formation, laboured for the improvement of those women who practised midwifery, and instituted an examination for them, and granted certificates to those who passed it. For several years they memorialised the Government on the subject of midwives, and last year they laid before the Lord President and the Medical Council a detailed scheme for the education and registration of those persons. Their endeavour was to provide for these objects with the least possible trouble and expense to women, by appointing local centres for both, and many other details of their plan are embodied in the Bill now before the legislature. It is to be feared, however, that the examination fee of 5*l.*, instead of 25*s.*, as proposed by the Society, will be so far beyond the resources of most women seeking to practise as midwives, as to render the results of the Bill very limited. Be this as it

may, it might have been thought that the action of the Society in this matter, entailing as it did upon their members a vast amount of trouble, and promising no conceivable advantage to any of its promoters, might, at least, have passed without censure, if it had been thought undeserving praise.

In the first draft, however, it was proposed that mere unlicensed practice should be punishable, for in their ignorance of the law the Society fancied that they were applying to the midwives the same rule as applied to all practitioners, and did not bethink them till it was pointed out that the offence in the eye of the law consists in an unqualified person giving himself out as a registered practitioner, not in his exercising the practice of medicine or surgery. The error was immediately rectified, and the scheme was submitted to a lawyer for correction in other respects; and it is this corrected scheme which was submitted this year to the Lord President of the Council when the Bill now before the House was drafted. Dr. Johnson accounted to a pert young lady for the wrong definition which he had given of a word in his dictionary by the explanation, "pure ignorance, my dear," and the Obstetrical Society can give no other. To have accepted or imagined this excuse, however, would have left no room for a bitter sentence as to the motives of the Society,* nor for the note of admiration at the end which is supposed to make the sarcasm more pointed. It is a pity that in medicine, as in theology, disputants are so apt to forget that they are called on to state facts and to find arguments, not to suggest motives.

The fact that medical men as a body advocate the training of nurses and teaching of midwives, and yet deprecate the practice of medicine by women is sometimes brought against them as an inconsistency. It must be remembered, however, that the requirements for the two are widely different, that as

* Mr. Stansfield, *loc. cit.*, p. 897.

a rule they will be taken from different classes of society, and that they need in the one case a far shorter and less complete education than in the other. Of the perfect nurse we require, first of all, a quality which is the especial attribute of woman. It is perhaps hard to define exactly wherein the tenderness of woman has in it a something which the sick crave for more than for anything which the gentleness of the gentlest man can give. There are two expressions in an old Hebrew book, now little read, which suggest it. "As a father pitieth his children," occurs in one place; "as one whom his mother comforteth," in another: he must be strangely dull who does not seize the difference of the idea. But next the nurse needs an amount of technical skill which is gained only by long practice, and which the doctor has no leisure to acquire; and one of his own hospital nurses would have arranged a bed, or made a poultice better than Sir Benjamin Brodie, or Sir William Fergusson. And lastly she must have knowledge enough of disease to carry out intelligently the directions she receives, and to take alarm when any new symptom shows itself indicating danger. A drill serjeant would probably go through the sword exercise better than the colonel of his regiment. The work of a nurse, as a rule, is by no means better done in proportion to the higher education of her who does it. It is a routine, and a somewhat dull one, and this in spite of any arrangements which may be made for the relaxation of those who are engaged in a public institution. It entails on those who pursue it much fatigue of body, it calls for nimbleness of hand, as well as for gentleness and patience, and, last and most difficult to find, for implicit obedience, but it does not give scope for the higher powers of mind, and leaves the cravings of the active intellect unsatisfied.* Lastly, the rate of remuneration

* The whole question of nurses and nursing, as far as public institutions are concerned, is fully discussed by the writer in Part II. of his book, "On Hospital Organisation." 8vo. London, 1877.

which it commands will never be such as to tempt many above the poor and the lower middle class of society to enter on nursing as a means of livelihood.

But "the practice of midwifery," it is urged, is "that branch of surgery wherein women might be supposed to have an exceptionally strong claim to the services of their own sex."* No law has prevented it, no one has interfered with it. It is essentially a woman's question: and women with whom the absolute decision rested have, with very few exceptions indeed, answered it against their own sex and in favour of the men; and this although, as a matter of fact until the beginning of the last century, that department of practice was almost entirely in the hands of women. But it is also true that the first great improvement in obstetric practice was due to Ambrose Paré, the Huguenot surgeon of Charles IX. of France, who was saved, by special order of the king, from the infamous slaughter of his co-religionists on St. Bartholomew's Day. And true it is also that from then till now, not one great improvement in midwifery practice has been made by women, and that it has been only in proportion as men engaged in its exercise that it has risen above what it was in the days of Celsus and of Galen.

A midwife must be one of two things: either a perfectly skilled doctor, able to cope with emergencies of the most sudden occurrence and formidable nature, in which life hangs on the exercise of prompt decision and great dexterity, or she must be a nurse who to the ordinary knowledge of her occupation superadds that of how to manage women in a natural confinement. She must also be possessed of knowledge which will enable her to tell when deviation from what is natural takes place, and when consequently she ought to send for the help of some one more skilful than herself, and how she ought

* Mr. Stansfield, *loc. cit.*, p. 896.

to act while waiting for such help to come. It is for this class of persons for whose training the Obstetrical Society was anxious, and for whom this Bill provides. The person, man or woman, who has gone through a long and costly education would not accept such a position, since it would be impossible to obtain in it the means of living in accordance with his or her tastes and habits.

Though of quite subordinate moment to the question just considered, of the benefit accruing to society from the exercise of medicine, still that of the probable gain to medical science from the help of the new labourers in the field must not be passed over without a moment's notice.

And here one cannot do better than quote the words of Mrs. Garrett Anderson,* herself by far the ablest and the most moderate of the class whom she represents. She says: "I think it will be found that the distractions of domestic life will not only very much limit the amount of work a medical woman can undertake, but will also entirely prevent her from combining some departments of work with practice, as, for instance, literary work or research. Either of these might, with management, be carried on along with the family life, but not, I think, along with it and an active professional life also."

Now the greatest advances in medical and surgical knowledge have been made by men themselves engaged in active practice, as by Cooper and Brodie, and Bright and Addison, and Graves and Stokes; or, on the Continent, by Trousseau and Andral, by Louis and Dupuytren, by Nélaton and Dieffenbach. Research or literary work is little worth in medicine unless controlled by practice; and women confess that, as far as they are concerned, the two can scarcely go together, nor indeed is it fair to expect they should.

* Inaugural Address, &c., p. 18.

The truth is this, that with the exception of Madame Lachapelle's posthumous work on midwifery, and the writings on kindred subjects by Madame Boivin, both of which were edited and in part written by Professor Dugés, the nephew of Madame Lachapelle, it may be asserted that no addition has been made in this century by women to medical knowledge—though in America women have been engaged in practice as doctors for nearly thirty years—which at all outweighs in value the most ordinary contributions to the medical journals.*

But if medicine would gain nothing by their services, if the majority of their sex repudiate them, if society as a body does not demand them, what are the countervailing advantages to the small minority of women which should make us unlearn our former creed, and lend a willing hand to further what till this novel agitation was begun all would have reprobated.

These advantages are summed up by Mrs. Garrett Anderson,† under three heads.

1st. The putting aside frivolity, and having a serious aim in life.

2nd. Freedom from *ennui*: from unnatural prolongation of

* Madame Lachapelle was in all respects a very exceptional person. Her father was a physician, her mother the chief midwife at the Hôtel Dieu; her husband was surgeon to the Hôpital St. Louis, and some time after his death she was appointed principal midwife to the large lying-in hospital, the Maternité, where she was associated with the most distinguished accoucheur of the day, M. Baudelocque. Her nephew, M. Dugés, himself professor of midwifery at Montpellier, edited her "Observations," as she called them, after her death.

M. Dugés took a great part also in the composition of the work on "Diseases of Women," by which, more than by her writings on midwifery alone, Madame Boivin has left a deservedly high reputation. She was decidedly the inferior of Madame Lachapelle, as is evident in her unaided writings. Though Madame Lachapelle's favourite pupil, her instructress made her swear never to occupy the post which she had filled as head midwife of the Maternité. "*Tantæne animis obstetricantibus invidiæ?*"

† Inaugural Address, p. 20.

the restraints of childhood, and from the necessity of marriage as the only way of entering on adult life.

3rd. Safety from fear of poverty.

Are women then really so frivolous that nothing short of a violent separation from the pursuits of their sex can rescue them from this danger, and from the wearisomeness of an aimless life? Is marriage, and the (at any rate nominal) subjection to another's will, the only means of acquiring the independence of a grown woman? And is there, short of what Mrs. Anderson herself speaks of as "a great social change," no woman's work waiting to be done for want of women competent to do it, and which would secure them as assuredly as the practice of medicine from all risk of poverty? In sober sadness it must be said, unwelcome though the words may be, and hard the reclamations they may call forth, that there are ten posts vacant—management of schools, superintendence of institutions, headship of nurses, control of hospitals—to one woman really competent to fill them. They who doubt may ask Miss Nightingale herself how many coadjutors she has found in any way fit to fill her place, or to carry on her work?

It may be said, however, granted that there are various other fields of occupation open to women, what reason is there why they who feel in themselves a vocation for medicine, and not for the more ordinary pursuits of their sex, should not be allowed to follow the bent of their inclination? That which people do from choice they usually do best, and medicine is confessedly a profession which gives occasion for the exercise of some of the noblest qualities of the heart as well as for some of the highest endowments of the intellect.

The answer to this objection is not to be found in the comparative weight of the brain in man and woman, nor in the comparative depth of the sulci between its convolutions; nor in the assertion, be it true or false, that the mental powers

of women are not only different from, but inferior to those of man. There can be no doubt but that the average of women could do most things, perhaps do all, in which their smaller physical strength did not interfere, as well as the average of men; that a woman could plead, could preach, could command a regiment, could navigate a ship.

The question is, could she do any or all of these, or could she study and practise medicine, and not leave undone those special duties which her sex, and hers alone, can discharge? One of the inconveniences of ignoring any divine rule as governing the relation between the sexes, is that theoretical expediency takes the place of what was once settled by a canon of right and wrong. The creation of male and female would seem to have been a mistake, to be rectified as far as may be, though certain unlucky physiological laws prevent the complete success of the endeavour. Sex is to be ignored, the education of the girl is to be assimilated to that of the boy; it is gravely recommended that she "should be permitted to give up domestic economy,"* in order to attain to higher excellence in classics and mathematics; and we are invited to look forward to a sort of earthly paradise in the future, if we will but "educate the future wives with the future husbands, and thus give the two in common the highest enjoyments and the happiest memories."†

It was alleged, as one of the great reasons for the practice of medicine by women, that it would meet the urgent needs of those who were prevented by feelings of delicacy from seeking the advice of men in illness. But with what some rudely term true feminine inconsistency, the very ladies‡ who sympathise

* Recommendation of Mr. Magnus in his Report, dated April 25, 1876, to Dr. Carpenter, on the North London Collegiate School for Girls.

† "Sex and Education," 8vo. Boston in America, 1874. Introduction by Mrs. Julia W. Howe, p. 11.

‡ Miss Jex-Blake, *op. cit.*, p. 114.

with this feeling with a sensitiveness which the coarser mind of the man cannot appreciate, yet do not shrink for a moment from the joint medical education of the two sexes, and believe that youths and maidens can visit the dead-house and the dissecting-room in company, with no weakening in either of "that hidden strength" which, as the poet tells us,

"She that hath that is clad in complete steel."

Few will doubt but that, so long as men and women are what they are, and as love is the great bond of union between them, there must be an unwritten law which depends on no syllogism, an instinct higher than reason which must govern the relation between the sexes.

The otherwise inevitable dangers that would attend the experiment are to be avoided only by ignoring as far as possible the idea of sex, and by imitating the example set in the republic of the ants and of the bees, where the workers are neuters, or, as naturalists tell us, imperfectly developed females.

There can be no doubt that this is the ideal aimed at; for otherwise it would not have been left to the sense of decency of the men to insist in this country on the separate medical education of the sexes; and the opening of the Royal Free Hospital for female students, and the establishment of the School of Medicine for Women, attest the conviction of one-half of the race, that were it possible it is at any rate not desirable to confound man and woman by the production of a *tertium quid* without the distinctive peculiarities of either.

The Bill provides for a possible modification in the nature of the examination to which women are to be subjected, assuming that as women are supposed to be likely to practise only on their own sex and on children, so a different degree of knowledge would suffice; a supposition which a physician with large practice among children has sometimes found taking the practical turn of the inquiry whether he did not see

children for half the fee usual in the case of grown persons. The women claimants for medical honours, with truer judgment than their male associates of what implies competency, beg to undergo an examination identical with that to which men are forced to submit. The request sounds reasonable enough till it is understood what it implies ; but he who has not been present at the College of Surgeons examination for their membership is unfit to give an opinion on the subject. The decorum that prevails there is above all criticism ; but in the examination-room are collected a number of men from different hospitals whose cases illustrate various diseases difficult of diagnosis. The candidate passes from one to another, accompanied by two examiners, and is invited to say what this disease is, and what that. The patients are of course partially undressed for the occasion, for it is impossible to limit disease or the knowledge of it to situations not usually hidden by the dress, while many of the most important surgical ailments are of a kind to which women are liable as well as men. It would not be possible, however, to induce men to submit to this kind of examination at the hands of women, nor to get any number of women of the lower classes to present themselves in the same manner for examination by female candidates, even though women themselves were the examiners. The truth is that with the less highly educated classes the nineteenth century progress has not obliterated the sense of womanhood, or raised them to that point of intellectual culture in which there is no more sense of sex than those who are old-fashioned enough to believe in angels, attribute to those celestial beings.

But allowing that female intellect is equal to all needful studies, that female resolution can overcome all difficulties, and female purity pass as unsullied through voluntary trials, as we know it did in early Christian times through the horrors of a two-fold martyrdom ; there still are difficulties in the way of

the study and practice of medicine by other than a very small minority of women, which the tyranny of man did not raise ; which the edicts of the wisest female autocrat could not abolish.

The course, at any rate of preliminary study, must be commenced at the age of eighteen, and the medical education cannot be completed much, if at all, before the age of twenty-three. In other words pupilage begins at the time when development is still incomplete, when the health of body is not firmly established, and, when, as all physicians know, very slight causes suffice permanently to impair it. The medical aspect of the question is, indeed, one which cannot be dwelt on here ; but it is no proof of wisdom for legislators to ignore it. But, besides this, the candidate for medical honours must resolve with all the unchanging determination with which we usually credit a girl in her teens, and with the consent of her parents, to embrace a celibate state, not for life indeed, but at least for those years when woman is most charming, and the yearning for love most powerful.

The armour of these modern Britomarts is strangely unlike that of their prototype, armour of proof though it be. Two travellers, each carrying a priceless jewel, pass through a dangerous country with equal safety. The one, proud of the possession calls, not unsuccessfully, on all she meets to do homage to her its bearer, for the jewel is a talisman ; the other conceals it as though it were of small value, but carries it safely too. To the one her womanhood is precious as bringing her into relation with the highest of created beings ; to the other it is but a physiological difference attended with manifold inconveniences.

But the period of study over, and the examination safely passed, the woman settles down in practice. In the absence of the vows and habit of the nun the great majority of women doctors would find it expedient to marry, and this

even though no over-mastering affection made them specially desirous of the married state. With most women there ensues maternity, the inability with many for active exertion for some months, the absolute seclusion for some weeks. Then follow the duties of the mother to her child, the avoidance of contagious disease, lest she communicate it to her darling, or lest she herself contract it at a time when her own condition may render such disease deadly. In any case there are the duties of the mistress of a household, and the duties—for even in a relation of perfect equality there are mutual duties—of the wife to her husband. There is no occasion to fill in the picture; every man and every woman can do it for themselves; but these, the special duties of her sex, which can be devolved on no one else, must be left undone, or done slightingly by almost every woman who undertakes medicine as a profession, and who attains any reasonable success in its pursuit.

Nor is this all, but for years in the life of all women, married or not married, there are times, as all physicians know, and as women themselves acknowledge, when exertion with most becomes difficult, painful, even dangerous. The mind, too, sympathises with the body, and as one of the most eminent advocates of women's claims* says, "Most women at that time are susceptible, irritable, and capricious, any cause of vexation affecting them more seriously than usual;" and it has been stated by those who have worked with women in hospitals that they have found them on some occasions to have lost, for a time, the qualities which rendered them usually wise in counsel, prompt in decision.

The Government have consented to open the door as widely as possible for the admission of women to the practice of medicine. Some may think this an ill-advised act, and one

* Dr. Maudsley, "Body and Mind," 8vo, 2nd ed., 1873, p. 87.

which implies that, owing to insufficient information on the subject, they greatly overrated the possible good, greatly underrated the probable evil. The medical corporations can but submit to any decision of the legislature on the subject. That, however, against which they remonstrate, to which they decline to assent, is the provision that would compel them in their corporate capacity to be parties to carrying it out, or, in default, to give up all participation in the conjoint plan which they and not the Government devised for the examination of male candidates for admission to the medical profession.

They are told by many that the matter is unimportant, because the number of women applying for examination will be small, and that opposition will but add to the force of the movement. This may be so, or it may be widely otherwise, but a question of right and wrong cannot be decided by considerations of policy and expediency.

In this essay the endeavour has been made to try the question by the higher standard. If it answers no other end, it is hoped that it yet may answer this, of showing that what is right and what is becoming is the only test to which, as far as human infirmity allows, men practising medicine seek to appeal.