

Medical women.

Contributors

Jex-Blake, Sophia, 1840-1912.
Royal College of Surgeons of England

Publication/Creation

[London] : The Nineteenth Century, 1887.

Persistent URL

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

Provider

Royal College of Surgeons

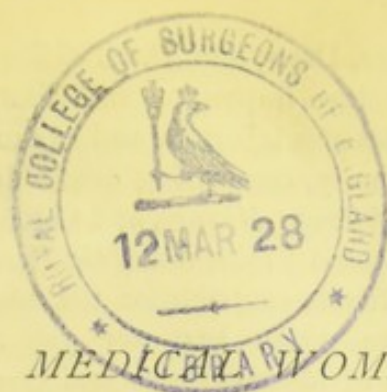
License and attribution

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



JUST ten years have elapsed since there appeared in one of the earliest numbers of this Review a thoroughly chivalrous paper with the above title, and I am glad to refer to it anyone who is not familiar with the history of the movement in favour of the medical education of women up to that date, and who may wish to read it as it appeared to a writer who had no personal interest whatever in the cause, except the one paramount interest of a love of justice and right.¹

The case (he says) is an instance, not uncommon in the history of movements destined to succeed, of an uphill struggle apparently against long odds, of doubtful progress, hopes disappointed or defeated, the patience and the courage of many trembling in the balance, and then, at the moment of the greatest discouragement, the hour before the dawn, of a sudden collapse of opposition, and then of daylight and the haven reached.

I shall not, of course, attempt in the present article to go over again in any detail the ground which has been so admirably covered by Mr. Stansfeld, but shall make it my endeavour to supplement his paper with an account, as clear as brevity will permit, of the subsequent events in the history of the last ten years, and of the present position of medical women in this country and abroad. In order, however, to make my story clear, it will probably be necessary for me to recapitulate as briefly as possible the most essential points referred to in the previous paper.

The whole story really turned upon the fact that, by the Medical Act of 1858, the sole power of admission to the medical register was vested in nineteen licensing bodies, and, by a fatal oversight, no clause in the Act made it obligatory on those bodies to examine all candidates irrespective of sex. It had never occurred to the framers of the Act that the boards in question would capriciously refuse to examine, and that in this way an enormous injustice might be committed under shelter of the law.²

¹ *Medical Women*, by the Right Hon. James Stansfeld, M.P., *Nineteenth Century*, July 1877.

² It is a curious fact that Mr. Cowper-Temple (now Lord Mount-Temple) was in office in 1858, and as vice-president was specially instrumental in passing this Act; so that his subsequent advocacy on our behalf was peculiarly appropriate.

well as Polwhele, Hichens, Drew, and C. S. Gilbert, have in later times afforded more or less important contributions. Sir John Maclean has lately completed a laborious and exhaustive description of one portion of the county, comprising over a dozen parishes (*A History of the Deanery of Trigg Minor*), and Colonel Vivian is publishing an admirably annotated *Visitation of the Heralds*. But by far the most extensive and valuable contribution towards Cornish history, biography, and literature which has ever yet appeared is the *Bibliotheca Cornubiensis* of Messrs. Boase and Courtney, the third and last volume of which was recently issued. It is a splendid monument of the writers' labour of love for their native county, and by its aid doubtless much light will ere long be shed upon many an obscure point relating to Cornish affairs. It has more than once been asked why, with such suggestive assistance as this, Cornwall has no companion book to Prince's *Worthies of Devon*; for, although Cornwall may have produced no Shakespeare or Milton, no Newton or Bacon, no Wellington or Nelson, she nevertheless has such names on her roll of honour as Sir Richard and Sir Bevill Grenville, the first Lord Vivian, Pellew, Lord Exmouth, and Admirals Boscawen and Bligh among her heroes by land and sea; such men of science as Humphry Davy, Goldsworthy Gurney, and that only half-recognised genius, Richard Trevithick—to the last of whom we really owe the first application of steam to locomotion and to agriculture. The Royal Academicians, Opie, of the strong dark brush, and Bone, most delicate of enamellists, were also sons of Cornwall; as were Foote, the wit and dramatist, Martyn, the missionary and scholar, and one who was the owner of perhaps the sweetest tenor voice that England ever produced—Inledon of St. Keverne. Such names as these, to say nothing of the older families (some now extinct), amongst others the Killigrews of Arwenack, the Arundells of Lanherne and Trerice, the Godolphins of Godolphin, and the Carews, the Bassets, the Trevanions, the Tremaynes, the Rashleighs and the Trelawnys, the St. Aubyns of Clowance and the Mount, and the Edgcumbes of Mount Edgcumbe and Cothele, are names of which any county may be proud.

Such, then, is a brief review of the story of Cornwall in the past and a statement of her claims upon our consideration now in the closing years of the nineteenth century. The peculiarities of the venerable county are so strongly marked in her ancient remains, her unfamiliar industries, her exotic climate, and in the character of her rural population—as yet, for the most part, unsophisticated—that it is difficult to believe that Plymouth, on her eastern boundary, is only six hours from Paddington, and that another two or three hours will convey us to the westernmost railway station in England—Penzance.

After referring to the remarkable circumstances under which the two first English medical women, Dr. Elizabeth Blackwell and Dr. Garrett Anderson, succeeded in placing their names upon the British Register (in 1858 and 1865 respectively), and the still more remarkable way in which the doors through which they entered were closed effectually after these 'forerunners of the movement,' Mr. Stansfeld proceeded to give an account of the struggle itself, which he dates from the month of March 1869, when application was made by a woman to the University of Edinburgh, for permission to become a student in its medical faculty. After various vicissitudes which it is impossible to narrate, the requisite permission for separate classes was given, and received the sanction of every one of the governing bodies of the University.³ Five women were allowed to matriculate in October 1869, and, after passing the requisite examination in arts, were required to pay the usual fees and to sign the University roll, then receiving the ordinary matriculation tickets, which bore their names and declared them to be *Cives Academicæ Edinensis*. The apparent success thus gained was, however, ultimately rendered nugatory by the fact that, while the University authorities 'permitted' women to attend *separate* medical classes, and forbade them to attend any other, they did not require the professors to give such classes, and so left the women dependent on the personal caprice of each individual teacher. At the end of two years a dead lock ensued, and subsequently the Court of Session was called upon to decide between the claims of those medical students who had the misfortune to be women, and the assertion of the right of professors to refuse to teach one section of Edinburgh undergraduates. The action was tried in 1872 before Lord Ordinary Gifford, and was by him decided substantially in favour of the women's claims.

It is impossible to hold (said his lordship) that ladies are students with no rights whatever, whereas males are students with legal and enforceable rights. To admit them as students and yet deny their right to be taught would be absurd. . . . And, lastly, it follows that the pursuers are entitled equally, as a matter of right, to demand full and complete medical degrees. The right to demand graduation is a necessary consequence of the right to study at the University; ordinary medical degrees are not matters of favour or of arbitrary discretion; they are the indefeasible right of the successful student.

The question, however, was not allowed to rest here. The case was appealed to the Inner House, and, after deliberations extending over nearly a year, judgment was, in June 1873, given against the ladies by a bare majority of the whole Court of Session. The defeated students thus lost all the labour and expenditure of the previous four years, and were, moreover, made liable for the whole expenses of the lawsuit, amounting to 848*l*. It would of course have been possible

³ For all details see *Medical Women*, by the present writer, second edition, Oliphant, Anderson, & Co., Edinburgh, 1886.

still to appeal to the House of Lords, but after much anxious consideration the women in question determined, as Mr. Stansfeld puts it, 'to widen their appeal, to base it on the ground of right, and to address it to Parliament and to public opinion.'

The little band of Edinburgh students came to the south, and enlisted sufficient sympathy in and out of the medical profession to enable them to found the London School of Medicine for Women, which was opened in October 1874, and which has ever since pursued a career of increasing usefulness and success. Lecturers from existing schools were induced to undertake the teaching of its students; and when, in 1877, the wards of the Royal Free Hospital were also thrown open to them, chiefly through the exertions of Mr. Stansfeld, the whole problem of the medical education of women might be considered as satisfactorily solved.

But this was only half of what was required. It was also necessary that access to the Medical Register should be secured, through the examinations and qualification of at least one of the Examining Boards. The question came up in Parliament again and again, and the cause of the women was generously taken up with equal readiness by just men belonging to both sides of the House. In 1874 a bill was brought in 'to remove doubts as to the powers of the Universities of Scotland,' but those Universities (or some of them) preferred that the doubts should remain, and the bill proved a failure. In 1875 Mr. Cowper-Temple proposed that the degrees of certain foreign Universities should be registrable in the case of women, so long as these women were debarred from the ordinary British examinations and diplomas; but this bill also fell to the ground. Finally, a bill was, in 1876, brought in and carried by Mr. Russell Gurney, then Recorder of London, which 'enabled' (without compelling) all British Examining Boards to extend their examinations and qualifications to women.

At the same time the question was brought by the Government before the Medical Council, who delivered, as their official reply, that 'The Council are not prepared to say that women ought to be excluded from the profession.' Within a few months of the passing of the Enabling Act the path of the women was made plain by the liberality of the King's and Queen's College of Physicians in Ireland, who declared their readiness to admit them to their ordinary examinations and to grant them the usual qualification for registration.

Now, then, the goal at length was won, and when Mr. Stansfeld wrote his article in 1877, the three absolutely essential points had all been secured—(1) a medical school; (2) a hospital for clinical teaching; (3) examination and registration. The foundations, in fact, were well and safely laid, after eight years of incessant struggle; but much, very much, still remained to be done before the superstructure could be considered complete. At that time only one

examining body, out of nineteen, had consented to admit women, and that one granted a 'medical' qualification only (*i.e.* not including surgery); no University in the three kingdoms would grant them degrees; no College of Surgeons would examine them; only nine women had succeeded in obtaining registration; only one medical school was open to women, and this numbered less than thirty students; not a penny of public money was available for their assistance in any way, and the whole very considerable expense of founding and maintaining a separate school till it became large enough to be self-supporting had to be met from private funds, which, as usual, were less easily attainable for such a purpose than for benevolent objects more directly appealing to the sympathies of the population at large. I hope now in the following pages to relate what has subsequently been achieved in the various directions in which progress was most urgently needed.

When I stated that all the Universities still closed their doors in 1877, I should perhaps have mentioned, as an exception, that the authorities of the Queen's University in Ireland consented to examine women, if any could comply with their conditions; but as no candidates were admitted except from the affiliated Colleges of Belfast, Cork, and Galway, and as all these Colleges unanimously refused to teach women, the permission was, in fact, merely nominal. Subsequently, however, in 1879, this University became transformed into the Royal University of Ireland, and was enabled to fulfil its pledge to the women, as residence at special colleges was no longer required. A number of women have already passed its examinations and obtained its degrees, though no degree has yet been granted in the medical faculty, which, however, is now fully open.

The University that practically led the van in admitting women to British degrees was, as was perhaps to be expected, the University of London. When, in January 1878, the question of the admission of women was brought by the Senate before Convocation, it was decided on the side of liberality by an overwhelming majority (241 to 132 votes), and the degrees of this, the leading University of Great Britain, have ever since been thrown open on equal conditions to all comers, as the rewards of academic merit alone; no longer to be regarded, as still are unfortunately the degrees of other British Universities, as a mere 'appanage of the male sex.' It is a matter of some interest that examinations are, in this University, conducted by papers marked with numbers only, so that examiners do not know the sex of the candidate; and thus the question of relative capacity for success has been for the first time tried before an inevitably impartial tribunal. It is at least worth notice that an analysis of the results given in the *University Calendar* shows that during the first five years (1878 to 1883) 7,208 men went up for the matriculation examination, and 3,712 passed, *i.e.* 51.5 per cent; while 619 women

went up, and 427 passed, or 69 per cent. The results of the subsequent examinations were not dissimilar. Of course I would not for a moment argue from this fact, that the mental power of women is superior to that of men (an assertion which seems to me just as absurd as its converse), but that the comparatively small number of women who take advantage of the lately opened door value their privileges more highly, and are more thoroughly in earnest in their use of them, than is the case with the average student of the other sex, for whom academic honours have always hitherto been arbitrarily reserved.

With regard to the Colleges of Surgeons, the final success was to be still delayed for some years. It was not till 1885 that the Irish College of Surgeons, under the enlightened presidency of Sir Charles Cameron, threw open its doors to women on the same terms as to men; and in February 1886 the conjoint Colleges of Physicians and Surgeons of Edinburgh and Glasgow took the same step. This action was singularly opportune in view of the passing of a new Medical Act a few months later, which required a 'double qualification' (*i.e.* in both surgery and medicine) from all candidates for registration, and which therefore, but for the voluntary action of the Irish and Scotch colleges, would once more have excluded women from the register; unless indeed it had contained a compulsory clause requiring every recognised Examining Board to admit all candidates, irrespective of sex. Now, however, the requisite provision has been made by the wise liberality of the Scotch and Irish colleges, and it is left to the English Colleges of Physicians and Surgeons to remain alone 'on a bad eminence' of persistent exclusion. It might have been thought that when, in March 1886, these colleges asked a woman to lay the foundation stone of their new Conjoint Examination Hall, it would have been a graceful act to announce that students of her Majesty's sex would no longer be excluded from their portals, but this unfortunately was not the view taken by the learned bodies in question.

As, however, these colleges are supported by funds of a more or less private character, derived either from bequest or from the examination fees of candidates, there is at least more excuse for their policy of exclusion than can be found in the case of the Universities, which are in a much more extended sense dependent upon national funds. As regards the ancient foundations of Oxford and Cambridge, it may not be out of place to remind the authorities that in more than one case the benefactors of the colleges have belonged to the sex at present excluded from their formal list of honours and degrees; but now that a woman has shown her right to claim the position of senior classic, and many others have followed not far behind her, it can hardly be doubted that these Universities will speedily acknowledge the logic of events, and put an end voluntarily to so absurdly anomalous a position.

In the case of the recently founded Victoria University the exclusion of women from medical degrees is the more indefensible, as this university professes to examine candidates of both sexes on equal terms, and in fact does so in the non-medical faculties; but it requires that all students taking its degrees shall have studied in one of its affiliated colleges, at Manchester or Liverpool, and yet allows women to be excluded from the medical departments of both these colleges. It is quite clear that either such exclusion should cease, or that women students of medicine should be admitted to examination after studying elsewhere.

The case of the Scottish universities is, however, the one that most urgently demands public attention, and it was a very great disappointment to all those interested in the matter to find that in the Scottish Universities Bill recently introduced by the Government, no provision whatever was made for securing justice to women, even in view of the largely increased subsidies of public money to be drawn from the pockets of ratepayers of both sexes. It is stated in a parliamentary return just issued that no less than 315,330*l.* has been paid to the four Scottish Universities within the last ten years,⁴ and the recent Bill would considerably increase that amount. Even if it is maintained that one-half of the community have no claim upon ancient endowments for educational purposes—and in Italy, on the contrary, it has been held that every Italian of either sex is alike entitled to the benefits of the national universities—it seems at least difficult to maintain that a parliament, in whose election women have no share, is entitled to vote increasing sums of money from the taxation imposed on female as well as male ratepayers, for purposes of education, from all the advantages of which all women are excluded. The point seems worthy of the attention of those who maintain that all the true interests of women are safe in spite of their disfranchisement; and it is at least to be hoped that no future charter will be granted to any university without absolute security that students of both sexes shall receive justice at its hands.

At the present moment not one penny of public money is available in any shape for the medical education of women. Since the foundation of the London School in 1874, and the opening of the Royal Free Hospital in 1877, an excellent curriculum has been open to women, but it has been secured entirely by private effort and by the aid of private beneficence. About 5,800*l.* was contributed by friends for the purposes of the school during the first six years of its existence, the students' fees for the same period amounting to about 3,900*l.* A few legacies also have been received, but these have been mainly invested for the permanent advantage of the school. Now that its numbers have so greatly increased—there are this winter seventy-five students as against twenty-three during the

⁴ *Times*, August 22, 1887.

year 1874-75—it is hoped that their fees, combined with the modest income derived from investments, will suffice to meet the ordinary expenditure of the school.

Until very recently this school afforded the only opportunity of medical study for women, and this fact presented very great difficulties to those residing at a distance from the metropolis, especially to Scotch and Irish students. In point of fact the number of Scotch girls who desire to study medicine is considerably greater in proportion to population than the number from either England or Ireland; and I can myself testify to the many applications I have had in past years from natives of Scotland whose circumstances made it impossible for them to go so far from home as was then necessary, though they would gladly have availed themselves of more readily accessible opportunities. When therefore, early in 1886, the Scottish colleges threw open their examinations and diplomas, it seemed of pressing importance that classes should once more be reopened in Edinburgh; and, after an interval of twelve years, this, I am thankful to say, has now been successfully accomplished. A first year's course was provided for women last winter in Surgeons' Hall, and eight students at once took advantage of the opportunities offered. These ladies moreover acquitted themselves with marked distinction; for the prize lists of the Extra-mural School of Edinburgh (published in the *Scotsman* of March 28, 1887) showed the very unusual fact that every member of the little class had attained a place in the honours lists. A small executive committee, consisting of members of the larger committee of the Association for Promoting the Medical Education of Women, has been constituted, and arrangements are already complete for the full curriculum of medical education; though, while the number of students is small and the funds low, courses of lectures will, for the sake of economy, be given in rotation only. The authorities of the Leith Hospital have most kindly consented to throw open their wards to our students, and arrangements for full courses of clinical instruction have already been made. Nine new students, making a total of sixteen, have now (October 1887) entered for the second winter session; so that no doubt can be entertained of the reality of the demand that this school is intended to supply. Excellent premises have been secured for the school in the historic precincts of Surgeon Square, comprising a circular lecture theatre, seated for about a hundred persons, two large halls lighted from above, and other smaller apartments. Here, however, as elsewhere, we find the chief difficulty to consist in the provision of the sinews of war; and in the fact that, no public funds being available, every penny has to be obtained from the comparatively small number of those who are fully awake to the importance of the movement. In Edinburgh the number of wealthy friends is much smaller than in London, and we cannot fall back upon the great city companies who have on more

than one occasion given generous aid to the London School. We live in hopes, however, that some enlightened Scotchman, or Scotchwoman, with equally large heart and large means, will come to our rescue, and enable us to tide over the first few years of difficulty, when the expenditure must necessarily exceed the income from students' fees, and especially at the present moment to meet the expenses of purchase and needful repairs of the school building, amounting as they do to about 1,000*l.*, of which only a small part is at present available. All who now give us a helping hand may rest assured that by the most rigid economy we will reduce all outlay to a minimum, and pledge ourselves as quickly as possible to make the school entirely self-supporting.

In Ireland also the College of Surgeons completed their good work by throwing open their school as well as their examinations to women. In London and in Edinburgh it has been found necessary for the present (by the wish of the lecturers) to establish separate classes, but in Dublin the ladies have been admitted to the ordinary lectures, separate arrangements being made in one department only. A number of women have gladly availed themselves of the opportunities offered, and it is pleasant to find that in the recent examinations several of them acquitted themselves with great distinction.

The progress, then, of the last ten years as regards education and examination may now be summed up. Instead of one examining board we have no less than seven thrown open to women; viz. two Universities, two Irish Colleges, and three Scotch Colleges; but the English Colleges of Physicians and Surgeons still remain closed, as also four out of the five English Universities, and all the Scottish Universities, as well as Trinity College, Dublin, and the Apothecaries' Halls of London and Dublin.

Instead of a single medical school for women we now have three, viz. one in the capital of each of the three kingdoms; and the number of students has risen from less than thirty in 1877, to about a hundred at the present time. The number of registered medical women in 1877 was but nine; at the beginning of 1887 the number who had attained registration was fifty-four, and some additional names have since been entered.

If we turn to the results, as shown by practical work accomplished or in progress, the evidence is not less satisfactory. A hospital for women and children, managed exclusively by medical women, has now been established in London for more than fifteen years, and larger premises have been needed and obtained at least twice during that period. A small hospital of the same kind in Edinburgh has just completed its second year. In addition to these, dispensaries have been started in London, Clifton, Leeds, and Manchester, and in every case the attendance of patients has shown how much the facilities offered have been appreciated. In a number of other

instances medical women are working in conjunction with their professional brethren, and also alone in connection with various charitable and other institutions. One of the largest day schools for girls in London has a woman doctor in regular attendance, with a view to preventive rather than curative service; and I trust that this example will before long be far more widely followed. In these days of educational pressure I know of no more useful function for medical women than the constant and careful supervision of growing girls during their period of study, and I am sure that a great part of the evil results now justly deprecated could be with certainty avoided, if a sensible medical woman were entrusted with the oversight of physical health in every large centre of education for girls. Another branch of work that in America is being gradually more and more handed over to medical women, is the supervision of patients of their own sex in lunatic asylums, and also in prisons and reformatories. Few unprejudiced persons who know anything of the facts can fail to see the immense boon that might be conferred, both physically and morally, on suffering women, by the almost exclusive employment of physicians of their own sex in these special cases, and the time is probably not far off when public opinion will awake to the need I can here only indicate.

It is of course neither possible nor advisable to enter here into details of private practice carried on in this country by medical women; but, as some have ventured to question the demand for their services because they do not invariably find a ready-made practice spring up around them in a few weeks, I feel bound to record my belief that disappointment in this matter can only be experienced by those who have entertained unreasonable expectations, such as would be absurd in the case of a man; and that, other things being equal, it is invariably easier for a young medical woman than for a young medical man to build up a satisfactory practice. In point of fact women are continually doing what men hardly even attempt, viz. settling down in a strange place, with no professional introduction to practice, by purchase or otherwise; and if gifted with a moderate degree of patience, tact, and other qualities needful in every successful practitioner, they do manage to succeed in a way that certainly goes far to justify their bold adventure. Hitherto, no statistics on this subject have been taken in this country, but it may be of interest to mention that in 1881 a systematic inquiry was made respecting the 460 medical women who were known to be in practice in America, and that answers were obtained from 362 of them, which showed that 226 were satisfied with their professional incomes, and that only eleven of those who had been in practice over two years had failed to become self-supporting.⁵

⁵ See a paper read by Dr. Emily Pope, before the American Social Science Association, at Saratoga, September 7, 1881.

It is, however, of course in India and other parts of the East that the *necessity* for medical women is most apparent, and their usefulness most indisputable. The great publicity given to Lady Dufferin's movement for supplying medical women to India, and the very influential patronage under which it has been organised, have brought the matter before the nation at large with an emphasis and authority that no private advocate could have commanded. For many years past, however, the facts have been familiar to those specially interested in the welfare of India on the one hand, or in the education of medical women on the other. As long ago as 1867 a medical school for native women was started by Surgeon Corbyn at Bareilly; and in 1872 the subject was brought before the Madras Government by Inspector-General Balfour, who bore witness that 'of the hundred millions of women in India, at least two-thirds are, by their social customs, debarred alike from receiving the visits of a medical man at their own houses, and from attending at the public hospitals and dispensaries. . . . To send among those classes women educated in the medical art seems to be the only means of providing them with scientific medical aid.'⁶ The result of this was the opening of the Madras Medical College to women in 1875. Notwithstanding this advance, Sir Salar Jung wrote in 1880, that he was of opinion that 'it would be a great benefit to India, a benefit that could not be exaggerated, if English medical women, *educated completely in England*, could settle in the chief towns of India. He estimated the number necessary at first at 1,025, but believed this number would prove wholly insufficient.'⁷ Over a thousand English medical women urgently needed for India in 1880, and in 1887 there are but fifty-four women, all told, on the British Register! Is it possible to have stronger evidence of the pressing need of increased facilities and national aid for the medical education of women?

The movement in favour of medical women in India received, however, its first great impetus from the natives themselves, when, in January 1883, a committee chiefly composed of native gentlemen was formed spontaneously in Bombay; and at a meeting held in the following March, Sir Jamsetjee Jejeebhoy in the chair, it was announced that about 4,000*l.* had already been raised for the purpose of bringing women doctors from England, establishing a hospital and dispensary to be worked by them, and providing for the medical education of women at the Bombay Medical College, with scholarships as required. The committee were fortunate enough to induce Dr. Edith Pechey to accept the chief appointment in the proposed hospital, and before she landed in Bombay its foundation was laid with great *éclat* on the 22nd of November, 1883, by H.R.H. the

⁶ *Circular Memorandum*, No. 4218, issued by the Madras Government, 1874.

⁷ Lecture by Mrs. Scharlieb, M.B. B.S. Lond., at Madras, November 21, 1885.

Duke of Connaught, who remarked that 'the introduction of female medical practitioners into India is calculated to afford a needful relief to classes which have hitherto been almost entirely deprived of medical and surgical aid. . . . It affords me much gratification that my first public act in India should be performed on behalf of so excellent an object, one which her Majesty the Empress will most highly approve of.' This, the Cama Hospital for Women and Children, was founded by the munificence of a Parsee gentleman, named Pestonjee Cama, and is now in full working order, with wards containing sixty beds, and an excellent staff of three thoroughly qualified medical women. It is a matter of interest that this is the first hospital in the Bombay Presidency that has been from the outset nursed entirely by trained English nurses, and that has attached to it a training school for nurses of all nations. The success of this department is due in great measure to the indefatigable exertions of Lady Reay, wife of the governor of Bombay. The same medical staff has also charge of a dispensary, established by the liberality of a Mussulman gentleman, named Cumoo Suliman; and the attendance here is simply enormous, for the report tells us that in 1885 no less than 5,998 new patients came for advice, with a total number of visits amounting to 27,429.

A similar hospital 'for caste and gosha women' was established in Madras in 1885, under the auspices of Mrs. Grant Duff, and the committee secured for it the services of Mrs. Scharlieb, M.B. Lond., who also undertook to lecture on midwifery to the women students of the Medical College at Madras. This hospital now contains about fifty beds, with a very large dispensary practice in connection.

In August, 1885, the Countess of Dufferin, wife of the Viceroy, issued the prospectus of a 'National Association for Supplying Female Medical Aid to the Women of India,' and stated that her Majesty had consented to be patron of the Association, which indeed owed its existence to her initiative, as she had personally commended the matter to Lady Dufferin's attention before she left for India. It is impossible here to give any detailed account of the very large scope and aims of this Association, which can best be learned from its reports, and also from an excellent article written by Lady Dufferin herself on the subject.⁸ One of the most interesting features of the case is the rigidly non-proselytising character of the Association, which has received, as Lady Dufferin says, large sums of money from native gentlemen, who trust in the honour of its promoters that they shall not be employed in any way hostile to the national creeds. This principle, of course, makes it impossible for the Association to co-operate in any way with the Medical Missionary Societies, but it by no means precludes friendly relations between the promoters of the two movements, which have to some extent a common aim.

⁸ *Asiatic Quarterly Review*, April 1886.

I cannot leave this branch of the subject without remarking that the immense size of the field now open in India, and the enormous number of medical women that would be required adequately to meet its needs, are in themselves conducive to the one great danger which to my mind threatens the best interests of the movement, if not, indeed, its very existence. With but fifty women on the British Register, it is of course quite impossible that the demands made by India can be filled up from their ranks alone; as a matter of fact I find that ten only of these registered women are available for this field. The main supply must for the present come from America, where medical women are numbered at least by hundreds, but no doubt here also the contingent at command falls short of the needs even of the present moment. An obvious and easy remedy unfortunately presents itself only too temptingly in the employment of women very imperfectly qualified for their work by an incomplete and insufficient education, and I am sorry to find that both Medical Missionary Societies and Lady Dufferin's Association are in danger of falling into the pitfall in question. The 'Church of England Zenana Missionary Society' is a notorious offender in this respect, for it appears that out of *ten* women who, under its auspices, are doing more or less exclusively medical work (including even in some cases the sole charge of hospitals and dispensaries), but *one* has received a complete medical education, terminating in a registrable qualification! The sister society (non-sectarian), which is, I think, now called the 'Zenana Bible and Medical Mission,' has, I understand, on the contrary, distinguished itself by the wiser resolution to employ as medical missionaries none but fully qualified women; and, though this will no doubt for the moment limit its power of usefulness, I am sure that in the long run the wisdom of such action will be established. In the same way I think the National Association is committing a very serious error by accepting partially qualified women, and especially the lower class of 'medical practitioners,' educated at the Indian colleges with a much restricted curriculum, and placing them practically on an equal footing with the graduates of those same colleges, or of European schools, who have really had a thorough education.⁹ I do not say that imperfectly educated women may never be usefully employed, but it should certainly be only in subordinate positions, and by no means in a post of sole responsibility; and this alike for the sake of those who may rely on their professional skill, and for that of the credit of medical women at large.

It is of course a separate and most important question, which cannot be adequately discussed here, whether it is possible or, indeed,

⁹ When women were admitted to the Madras Medical College in 1875, it was arranged, I think unfortunately, that they should have the option of studying for the ordinary M.D. degree, or for a 'Medical Practitioner's Certificate,' which represented a very inferior standard of education and attainment.

desirable that provision for the medical needs of the hundred millions of Indian women should be undertaken by *any* voluntary agency; and whether it ought not, in fact, to be made in connection with the Civil Service of this the most important dependency of our empire. This is the more worthy of consideration as the great majority of the patients are quite unable to pay remunerative fees, and the matter seems one rather for public than for private benevolence. If also medical women took their place on the Indian Medical Service we may be sure that proper regulations would be enforced, and no practitioners would be suffered to act without sufficient credentials.

It will, of course, be self-evident that in the foregoing pages I have confined myself to narration only, and have not attempted to enter into any controversy with reference to the fundamental question of the desirability that women should, or should not, be educated in medicine. Any adequate discussion of this subject would require all the space allotted to the present paper; and at this moment I am content to address myself to those already interested in the matter, either because they know the real existence of a need that can be supplied by medical women only, or because they sympathise in the belief that every human being is entitled to perfect liberty of choice in the selection of his or her life-work.¹⁰ I do not propose now in any way to widen the scope of my paper, but merely in conclusion to sum up the chief difficulties and dangers which still beset the movement whose history I have brought down briefly to the present time.

1. The first difficulty lies in some remaining jealousy and ill-will towards medical women, on the part of a section (constantly diminishing, as I believe) of the medical profession itself. Some twenty years ago the professional prejudice was so deep and so widely spread that it constituted a very formidable obstacle, but it has been steadily melting away before the logic of facts; and now is, with a few exceptions, rarely to be found among the leaders of the profession, nor indeed among the great majority of the rank and file, so far as can be judged by the personal experience of medical women themselves. Unfortunately it seems strongest just where it has least justification—viz. among the practitioners who devote themselves chiefly to midwifery and to the special diseases of women. The Obstetrical Society is, so far as I know, still of the same mind as when, in 1874, they excluded Dr. Garrett Anderson, a distinguished M.D. of Paris, from their membership; and the Soho Square Hospital for Women has never revoked its curt refusal to allow me to enter its doors, when,

¹⁰ We deny the right of any portion of the species to decide for another portion, or any individual for another individual, what is, and what is not, their 'proper sphere.' The proper sphere of all human beings is the largest and highest which they are able to attain to. What this is cannot be ascertained without complete liberty of choice. (Mrs. J. S. Mill.)

in 1878, I proposed to take advantage of the invitation issued in its Report to all practitioners who were specially interested in the cases for which the hospital is reserved. Sometimes this jealousy takes a sufficiently comic form. For instance, I received for two successive years a lithographed circular inviting me by name to send to the *Lancet* the reports of interesting cases that might occur in my dispensary practice; but when I wrote in response to this supposed offer of professional fellowship, I received by next post a hurried assurance from the editor that it was all a mistake, and that in fact the *Lancet* could not stoop to record medical experiences, however interesting, if they occurred in the practice of the inferior sex! Probably it will not require many more years to make this sort of thing ridiculous even in the eyes of those who are now capable of such puerilities.

2. The second obstacle lies in the continued exclusion of women from the majority of our universities, and from the English Colleges of Physicians and Surgeons. Here also the matter may be left to the growth of public opinion as regards those existing bodies which do not depend upon the public purse; but it is time that Parliament should refuse supplies to those bodies whose sense of justice cannot be otherwise awakened, and it is certainly the duty of Government to see that no new charter is granted without absolute security for equal justice to students of both sexes.

3. The third difficulty is that of finance. If women are to be excluded from public schools, and obliged, with great additional labour and expense, to make their own arrangements, it certainly seems not unreasonable that some modest share of public money should be assigned to them, and that a helping hand should be given, at least during the earliest years of probation. I quite agree that in the long run all medical schools should be self-supporting, and if the fees and the expenditure are properly balanced they are sure to become so eventually; but even then some kindly help will be always needed for individual students whose means are too slender to meet the full expenses of medical education. The number of scholarships and exhibitions founded for the benefit of young men cannot be easily told, and surely the claims of young women are not less valid or less pressing. The average wealth of women is less than that of men, and few fathers are as ready to spend money on professions for their daughters as for their sons. Less money is available for women students, and their need of it is greater; for, while almost all endowments are reserved for men, more than average expense has to be incurred in making separate arrangements for women. Surely public money should not be altogether denied to them, nor should private generosity lose sight of the very considerable number of struggling women students, whose merits and whose energies are sadly in excess of their available means.

4. But to my mind by far the most formidable danger, and the only one that need really alarm us, arises not from without but from within—from the professed, and probably sincere, friends of the movement itself. I refer to the threatened discredit of medical women by the introduction into their ranks of those who, refusing to go through the door into the sheepfold, are encouraged by well-meaning but ill-judging persons to climb up some other way, and who, therefore, cannot complain if they find themselves held as thieves and robbers. Not long after the foundation of the London School, it was found necessary to prevent the admission to it of foolish persons, who fancied that after taking 'a few classes' they might consider themselves competent to practise as medical missionaries or otherwise; and in order to do this a regulation was passed that every medical student must sign a declaration stating her intention to go through the whole course of study, with a view to admission to the National Register. The same rule is in force in Edinburgh, and therefore neither of the special schools for women can be held in any degree responsible if ill-educated women creep surreptitiously into the profession. Unfortunately, provision has been made elsewhere for 'two years' courses' of instruction, and women are being sent out under the name of medical missionaries, who cannot possibly be duly qualified for the very serious responsibilities of practice. Every doctor who has gone through the ordinary four years' course will testify that it has been all too short, and that not a day could be spared from it if even the most essential knowledge is to be secured; and if this is so in this country, where opportunities of consultation with senior practitioners abound, how much more is it the case in the East, where each medical woman is probably isolated in a far-away station, and must meet emergencies of life and death with no outside aid whatever? Let those who think differently ask themselves if they would be willing to trust the lives of their nearest and dearest in the hands of an average second year's student of either sex; and, if they would not do so, whether they can be justified in foisting such deceptive assistance on dying natives, and making it their excuse that they desire the spread of the Christian religion? Is it not rather a case of

Assist us to accomplish all our ends,
And sanctify the means we take to get 'em?

Let me quote on this subject the indignant protest uttered by Dr. Edith Pechey in her Inaugural Address delivered at the London School in 1878.

I confess that I have been somewhat horrified to hear occasionally remarks from the supporters of medical missions, to the effect that a diploma is not necessary, that a full curriculum is superfluous—in fact, that a mere smattering is sufficient for such students. I cannot believe that such sentiments are held by the students themselves, and if there are any here to-day, I beg of you not for one moment to

give way to this idea. Is human life worth less in other lands, amongst people of another faith—or do such persons imagine that disease there is of a simpler nature, and that the heathen, like the wicked, are 'not in trouble as other men'? . . . 'Christian England' is renowned in every land for her adulterated goods; let it not be said that, under the very guise of Christianity, the medical help she sends out is also an inferior article. Let it not be said of you hereafter, as was said of some medical missionaries more than one hundred years ago, 'The usual introduction and security of these missionaries is the pretence to the practice of physic, that in destroying bodies they may save souls,'¹¹ but let your practice prove you a worthy member of the profession by saving life, or, where that is impossible, by lessening pain and smoothing the passage to the grave.

Of course, unless the whole principle of medical legislation is wrong, the practice of medicine by imperfectly educated persons is always to be most earnestly deprecated; but in the present case the special sting of the injury depends on this, that when disastrous results follow, as they are sure to do from such reckless intrusion into posts of the deepest responsibility, the blame of the consequent fatalities will be laid, not on the shameful imperfection of education in individual cases, which probably will not be known or realised by the public, but on the sex of the persons who are thus justly blamed; and it will be said that the victims fell a sacrifice not to the exceptional and criminal ignorance of the individual, but to the mistaken idea of the practice of medicine *by women*; and it is therefore in the name of all my sisters in the profession that I desire most emphatically to record the above protest.

SOPHIA JEX-BLAKE, M.D.

¹¹ *Discourse on Inoculation*, by La Condamine. Preface by translator (Maty) 1755.