

## **Aesculapia victrix / by Robert Wilson.**

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ÆSCULAPIA VICTRIX

BY

ROBERT WILSON.

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## ÆSCULAPIA VICTRIX.

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IN a quiet street in a dingy part of Bloomsbury, surrounded by high walls and waving trees, there stands a quaint, old-fashioned mansion, which to the thoughtful wayfarer has an interest that is not altogether archæological. It is not an æsthetic structure, for its brickwork has lost the glowing tints which doubtless once warmed up the pale green foliage in the garden; in fact, it has long ago turned to that dull olive hue which is the characteristic weatherstain of grimy London. This house has its porter's lodge, its miniature terrace with steps leading to its plot of cherished lawn, its handsome stone cornices over the windows, its classic portico, its verandah running all the way along the garden front, with great windows opening on to it from the chief reception room.

There is a suspicion that ornamental urns at some time or other garnished its corners, and the style of the building is Classic, or perhaps one ought to say Anglo-classic, as that term was understood



by domestic architects in Georgian times—a style rather dull and heavy, but still suggestive of solid civic comfort, of life ameliorated by substantial old English dinners, hearty routs and junketings, and capacious cellars well stocked with mellow wine. Like most old houses in the great city still spared to us by Buggins ædile, this one on the sunny side of Henrietta Street has its history, and possibly at no very remote period it may even have had its family ghost. But it is not my purpose to moralise over its vicissitudes since the second George was king, and when gallant gentlemen in periwigs and gaudy coats, no doubt, flirted gaily on its terrace with stately but uncomfortable beauties, whose finery on sunny afternoons shimmered in the shafts of light that glinted through the trellised verandah. Its giddy days are gone, these eleven years past at least, and *strenua nos exercet inertia* is not precisely the legend one would write over its portals now. For to this generation the old house represents a strange but very prominent feature in a decade of swift social progress. It has been converted into the London School of Medicine for Women—the headquarters or home of *Æsculapia Victrix*. The story of the foundation and growth of this institution would be interesting at any time. Lady Dufferin's new scheme for organising a highly trained corps of qualified medical women for service in India renders that story specially interesting to-day.

Little more than ten years ago the mere suggestion that a woman might be encouraged to practise



medicine simply horrified decent people. It seems but as yesterday since in the streets of Edinburgh ladies were insulted and rabbled on their way to a medical lecture-room. Now, however, this foolish prejudice scarcely exists, whether because most of those who entertained it have died out or grown wiser, it is hard to say. Englishwomen study medicine and surgery in London without let or hindrance, in their own College, under professors of high distinction. Armed with formidable diplomas, and laden with academic laurels, they go forth each year in goodly numbers to practise their art in a much-enduring and over-physicked world, where, as Addison once laughingly said of the doctors of Queen Anne's time, like the British army which Julius Cæsar encountered, "some of them slay in chariots and some on foot." As for "the world" which once declared that such an extension of "Woman's sphere" must bring down the social fabric with a crash, it looks on unmoved, fearing the "crash" as little as a mimic earthquake in a sensational stage play.

The history of the modern movement in favour of the medical education of women does not begin, as most people suppose, with the history of their College in Henrietta Street, Bloomsbury. In 1864 an attempt was made in London by Dr. Edmunds, now Medical Officer of Health for St. James's parish, to train a superior order of skilled midwives. It was imagined that the palmy days of the great *sages femmes* of the past might be revived, and the fame of the Boivins and Lachapelles eclipsed by women of our race and



country. Classes were accordingly organised in Fitzroy Square, and short courses of lectures on anatomy, physiology, chemistry, hygiene, medicine, and the diseases of women were delivered. The project did not succeed. Liberal-minded medical men who, had the school been a more complete one, might have taken an interest in its welfare, severely ignored it, and the scheme, like all those which aim at giving medical women a training less thorough than that prescribed by law and custom for medical men, aroused no public enthusiasm. When this attempt broke down, Miss Jex Blake, in the spring of 1869, induced the superior authorities of the University of Edinburgh to allow her, Miss Edith Pechey, Mrs. Thorne, Miss Chaplin, and Mrs. De Lacy Evans, to matriculate in the Faculty of Medicine. The story of their career is not one which in the telling brings much credit to that enterprising seminary of science. Edinburgh seems to have tolerated its lady students while they could be considered merely as enthusiastic amateurs, willing to submit to an increased scale of fees for the gratification of a foolish crotchet ; but when it became clear, from the ability and zeal with which they carried on their studies, that they not only meant to graduate but were certain to pass their examinations, a curious change occurred. Chill indifference gave place to hot hostility. A powerful faction among the professors raised a legal objection to their position, and a decision of the Court of Session finally prevented them from finishing their course. It is very difficult,



accustomed as we are in England to see equity every day triumph over legal technicalities, to understand why the ladies lost their case. The superior Governing Body of the University, the University Court, seem to have passed regulations in November, 1869, permitting women to study medicine with a view to graduation. On the faith of these Miss Jex Blake and her friends spent a great deal of time and money in going through part of their curriculum. The *Senatus Academicus*, or professors, the subordinate teaching as distinguished from the superior Governing Body, suddenly refused to obey these regulations or arrange for the instruction of the lady students, asserting that the University Court had no legal power to sanction the regulations in question. The Court, instead of vindicating their own authority, left Miss Jex Blake and her friends to suffer the consequences which followed when it was defied. She moved the Court of Session to compel the professors to comply with the orders of their Governing Body. By a majority of one the judges decided against her; and though it is probable that an appeal to a tribunal not altogether insensible to considerations of equity would have reversed that decision, it was wisely determined to waste no more money in litigation. Miss Jex Blake and her fellow-students accordingly emigrated to London.

In London they began their work under happy auspices. They at once gained the support of Mrs. Garrett Anderson, M.D., well known in society as a medical practitioner, whose idea, however, was that



some of the existing institutions should be utilised for teaching medical women. When this was found to be impracticable, the view of Mrs. Thorne, now honorary secretary of the Henrietta Street School, and the Ulysses of a movement of which Miss Jex Blake has been the Achilles, prevailed. This view was that medical women should set up in London a College for themselves, and Miss Jex Blake and the ladies who acted with her were fortunate enough to win the sympathy of the only man who could at the time have got this idea practically realised. The late Dr. Anstie, whose melancholy death in the discharge of his duty darkened many a bright literary and scientific circle in London in the autumn of 1874, had read about the treatment which Miss Jex Blake and her friends received in Edinburgh, and the attempts to exclude them from an honourable career seemed to him to be grossly unjust. Anstie was a highly accomplished and generous young man, full of energy and enthusiasm. In his blood there was a strange strain of old-world chivalry which made him known far and wide as the Bayard of his profession, the implacable enemy of all those in authority who abused power for purposes of oppression. His social qualities, his scientific and literary abilities, and his professional skill had procured for him an amount of influence such as is rarely wielded by a man of his years, so that when he took up any "cause"—and he was never without one—a great many of his brethren were always ready to help him, even those who opposed him as Quixotic being fain to make their antagonism as gentle as



possible. From the day Dr. Anstie was persuaded that Miss Jex Blake and her friends were the victims of sordid persecution, half their battle was won in London. Indeed, this is obvious from the names of those eminent scientific men whom he assembled at a private meeting in his house in Wimpole Street on August 22, 1874, when it was resolved to organise an independent medical school for women in London, of which Dr. Anstie was unanimously appointed dean. A strong provisional council for the school, consisting of twenty-four leading medical men, was formed; and aided by the social influence of Dr. King Chambers, and the experienced co-operation of Mr. Norton, the able lecturer on surgery at St. Mary's Hospital, Dr. Anstie organised the school in Henrietta Street in a few weeks. He, however, died before it was opened, and his place as dean was filled by Mr. Norton, under whose sagacious guidance it has gone on prosperously till 1883, when he was succeeded by Mrs. Garrett Anderson, M.D.

The principle on which Dr. Anstie and his colleagues selected the staff of the school was very sound. His main object was to get it recognised by the licensing bodies as one giving instruction which would qualify students for medical examinations. Therefore, he argued, lecturers should be chosen who already held similar posts in recognised schools, so that when the School of Medicine for Women applied for recognition nobody could refuse it on the pretext that its professional staff was incompetent. Among the first lecturers there were the following:—Anatomy,



Mr. Reeves, of the London Hospital ; Comparative Anatomy and Biology, Dr. James Murie, F.L.S., of the Middlesex Hospital, and now Librarian to the Linnæan Society ; Physiology, Mr. Rivington, of the London Hospital, whose chair, however, was subsequently taken by Professor Schäfer, F.R.S., of University College ; Chemistry, Mr. Heaton, of Charing Cross Hospital ; Botany, Dr. Stokoe, of Guy's Hospital ; Materia Medica, Dr. Donkin, and Dr. Sturges, of Westminster Hospital ; Practice of Medicine, Dr. King Chambers, of St. Mary's Hospital, and Dr. Elizabeth Garrett Anderson ; Midwifery, Dr. Ford Anderson, and Dr. Elizabeth Blackwell ; Forensic Medicine, Dr. Shewen and Dr. Dupré, F.R.S., of Westminster Hospital ; Surgery, Mr. Berkeley Hill, of University College Hospital ; Ophthalmic Surgery, Mr. Critchett, Royal Ophthalmic Hospital ; Pathology, Dr. Charlton Bastian, F.R.S., University College, and Dr. Cheadle, of St. Mary's ; Mental Pathology, Dr. Sankey, of University College. Mr. A. T. Norton, of St. Mary's, was the dean, and the Right Hon. James Stansfeld, M.P., the honorary treasurer. At first there was no honorary secretary, Miss Jex Blake performing the duties of the office without the name. But in 1877 Miss Jex Blake settled in practice in Edinburgh, and Mrs. Thorne, a lady to whose adroit diplomacy and great personal popularity the school owes much of its success, was appointed. Glancing at the lists of the professors in other metropolitan medical schools at the time, none seem to have had a teaching staff



so remarkable for personal distinction, except, of course, University College; but then the students in Henrietta Street used to say that their school, in respect of poverty, beat the great institution in Gower Street, which all the world knows is famous alike for its efficiency and its indigence. It is indeed a curious illustration of the power earnest people have of doing great things with slender resources, that the Henrietta Street School was started on little more than £1,000.

At first a three years' experimental course of study was arranged to suit the regulations of the examining boards, and in May, 1875, the school was put under the control of a governing body and executive council. It was opened on the 14th of October, 1874, when twenty-three students were admitted. At the very outset it was nearly wrecked. Not only did every application for the admission of its students to the wards of a qualifying hospital fail, but the licensing bodies refused either to recognise the school or examine its *alumni*. Several hospitals would have welcomed lady students but for the opposition of the medical staff. No licensing body would examine lady students unless they attended the practice of a hospital containing at least a hundred beds. No licensing body would even examine them when they had attended the required hospital practice elsewhere than in Great Britain. Very dark and dismal were those days of struggling, so dark and so dismal that but for the courage of Miss Jex Blake the school would have been closed in despair. Some little



practice was obtained at the New Hospital for Women, and Dr. T. Chambers generously made the ladies free of the wards under his control in a similar institution in Chelsea. But it was not till 1877 that, thanks to the tact of Mr. Stansfeld, M.P., and Mr. Hopgood, the energetic chairman of the committee of the Royal Free Hospital in Gray's Inn Road, arrangements were made to admit lady students to its wards, on condition that their school paid the hospital £315, and the Medical Staff £400 a year for five years.\* Mr. Stansfeld and Mr. Hopgood thus stood between the school and its extinction at the very crisis of its fortunes. They also gained for the lady students a very great advantage, for they procured for them the invaluable clinical teaching of the medical officers of the hospital, one of them, Mr. Gant, being deservedly ranked among the first of living surgeons. The removal of the other difficulty—admission to qualifying examinations—was only a matter of time. In 1876, the Government supported Mr. Russell Gurney's Bill, enabling all British licensing bodies to confer diplomas on women; and though the University authorities of Edinburgh amused the House of Commons by imploring it not to trust them with any such power, the Bill became law. The King and Queen's College of Physicians in Ireland agreed to examine lady students, and seven of them accordingly took their diplomas in Ireland and were duly put on the register.

\* The subsidy was generously remitted by the hospital authorities in 1882.



The next great step in advance was due to the application of Miss Edith Shove, now one of the physicians to the Post Office, then a student in the Henrietta Street School, for admission to graduation in London University. After some delay, a new charter, admitting women to *all* degrees, was approved by Convocation on 15th May, 1878. The votes in favour of it were given by 22 graduates in medicine, 33 in science, 28 in law, and 148 in arts: while those against it were given by 83 graduates in medicine, 4 in science, 9 in law, and 36 in arts.

At this stage I may sum up as follows: In the autumn of 1874, when the Henrietta Street School was founded, there was no place in the United Kingdom where a woman could attend lectures qualifying her for a medical diploma. No general hospital would give her the necessary clinical instruction. She could nowhere obtain admission to qualifying examinations, for the only licensing body that did not profess to have the right to exclude women as women—the Society of Apothecaries—made it a condition of their admission that they must study at schools which they were not allowed to enter. In three short years all these wants were supplied by the efforts of those who founded the School of Medicine in Henrietta Street: qualifying instruction was given by its professors; clinical teaching and hospital practice were obtainable at the Royal Free Hospital; the examinations of the King and Queen's College of Physicians in Ireland and of the great London University were thrown open to ladies. And all



this work, involving an apparently forlorn contest with professional prejudice and constituted authority, was done quietly, with unruffled temper, without any passionate popular agitation, or any strident appeals for public sympathy. Indeed, this naturally leads me to say a word or two about the manner in which the institution was financed. Only one public meeting was called at which any such appeal could be made, and it was held in June, 1877, when, despite the utmost frugality on the part of the administrators of the school, its small store of cash began to fail. I said they started with £1,000. Up to June, 1877, they had taught 34 students, who had paid in fees £1,249 10s. They had raised privately among friends £2,000, and as they had promised to pay £715 annually to the Royal Free Hospital, it was clear that they could not by their own efforts cover their working expenses. Therefore they asked for £5,000 to tide them over the next five years. Their capacity for self-help, their courage and patience in face of many daunting difficulties, and the thrift of their administration, all told in their favour, and ere the year ended the money which the managers of the school asked for was subscribed. Since then how have their finances stood? During the quinquenniad 1877-1882 the average expense of the school has been £2,000 a year, about half of which was met by students' fees, the rest by subscriptions promised in 1877. A legacy from Mrs. George Oakes, of Paramatta, New South Wales, yielded £4,051; another from the late Miss Watts, of Thornhill Square,



Islington, realised £450—the former being of great importance, because it enabled the three gentlemen who generously guaranteed the annual subvention to the Royal Free Hospital to give with confidence the undertaking that it would be punctually paid. As matters now go the school still needs external aid for its necessary current expenses, though they are on the most frugal scale. Considering that it is the only recognised medical college in the empire which gives women as thorough and complete a training as the best of the medical schools for men, and that, unlike these schools in the great northern universities, it has no State subsidies, its claims on private munificence can hardly be pressed too strongly.

It may fairly be asked, what has the Governing Body to show for the money they have spent? Few persons in their position can show so much. There is, for example, the equipment of the school itself—its lecture-rooms and teaching apparatus, its skilfully arranged and selected museum, its serviceable little library and laboratory, its quiet, cosy reading-rooms and tea-room, its dissecting-room—spacious, airy, and scrupulously clean and fresh—and its recreation-ground, where part of the garden of the old house has been turned into a lawn-tennis court. Unlike most medical schools on which twenty times as much money has been lavished, the Medical College for Women does not invest student-life with a maximum of ugliness and discomfort. Within its walls life is indeed bright and pleasant, and work, though hard, is arranged with great ingenuity, so as to lighten its



pressure on teachers and taught. It has no residential hall, nor is it desirable perhaps that it should have any. The tendency of all professional study is narrowing, and the students of the Henrietta Street School are accordingly encouraged to live in association with ladies who are preparing for other pursuits. Indeed, the Governing Body, in pursuance of this policy, have freely thrown open their scientific lectures to non-professional students, and in time the value of this concession will be highly appreciated. This school is the only place in England where a woman, who is studying art, can be taught practical anatomy, without a training in which it is as ridiculous for her to draw or model the figure as for a man to build a steam-engine without knowing mechanics.\* Something must also be placed to the credit of the school on account of the tokens of gratitude that so often come from patients in the Royal Free Hospital who have benefited by the tender ministrations and watchful skill of clinical students, whose gentle hands are ever swift in doing good. People who demand "results"

\* It is true that a woman studying art may pick up a smattering of anatomy at South Kensington. The daughter of a distinguished authoress now studying there told me the other day that the guardian of one of her fellow-students visited the Art School, and went away expressing great indignation at what was taught in the anatomy class. The "hideous indecency" which shocked this excellent old lady, my young friend explained to me, was the display of the human skeleton. South Kensington—the creature and toy of fashion—can never teach woman artistic anatomy as it ought to be taught, and is taught in the Henrietta Street School, till these foolish prejudices die out.



might also be referred to the reports received at varying intervals of the doings of those *alumni* of the school who have gone forth as missionaries to distant lands, and where, amidst grievous hardships, they ply their noble craft in honourable exile. But other "results" more obviously practical may be noted. There is, for example, the system of hospital instruction which the school has organised. This seems most thorough, for not only must every lady student "walk the hospital" during the legally prescribed term, but she has also to serve as a clerk and a dresser for three months to each of the physicians and surgeons, both in the out-patient and in-patient departments. She must further officiate as a clerk in the special departments of ophthalmic surgery, pathology, and diseases of women, and in her third year of study she must take a course of practical midwifery at a special lying-in hospital. Even a stupid woman could hardly emerge from all this practical tuition without knowing the routine work of her profession a great deal better than the majority of young men in the large schools, who have no such golden opportunities for gaining experience open to them. The statistics of attendance and the academic honours won by the students of the Henrietta Street School may also be cited here as attesting the solidity of the work it has done. Since the institution was opened in 1874 one hundred and fifty students have been admitted. Forty-one of these now hold diplomas from the King and Queen's College of Physicians in Ireland. The school has sent to the examination of the



University of London thirteen students, of whom two have taken gold medals, and six have graduated in honours. Miss F. Helen Prideaux, who took the Gold Medal and Scholarship in Anatomy at the University of London in 1881, and was placed in honours in each subject in the M.B. and B.S. examination in 1884, was appointed house surgeon at the Sick Children's Hospital, Paddington, where she showed a peculiar aptitude for dealing with the ailments of children. Her career, which was full of promise, has, alas! ended all too soon. She contracted diphtheria whilst on duty, and after a week of great agony, borne with characteristic fortitude and heroism, she died on the 29th November last. This young lady, with an understanding which was thoroughly masculine in grasp and firmness, had the delicate spirit and the refined and sympathetic nature which we usually associate with the feminine character. Those who were honoured with her friendship, at once so cordial and so frank, hope by founding a scholarship in her name to keep her memory green in the school of which she was such a brilliant ornament. Other ladies whose careers, if less distinguished and tragic, have been not less honourable, are Doctors of Medicine of the Universities of Berne and Zurich. One, a highly accomplished Scottish lady, is a Doctor of the ancient and famous University of Montpellier. Two hold the doctorate of Paris—or rather held it, for one, Mrs. Chaplin Ayrton, a singularly gifted lady, died but the other day, to the infinite regret of her numerous literary and artistic comrades in many



lands, to whom her memory will be for ever dear. Sixty-five are still studying, and of these fifteen are preparing for the degrees of London University. Twenty-eight have entered for missionary work, and twenty-six for various non-professional purposes, some being teachers, some skilled nurses, and some students of the Fine Arts. Two I find entered, oddly enough, as "teachers of gymnastics." Fifteen have withdrawn from study for various reasons, eight being "on account of marriage," two "on account of personal ill-health," one on account of the "ill-health of her husband," and another "on account of the ill-health of her brother."

When we look at these figures we must always remember that it is not an easy matter to be admitted to the school, save as an amateur. For professional students there is a rigid preliminary examination to pass. A woman must not only be able to pass it, but she must also have, in addition to a fair stock of brains and physical strength, the necessary means, because there are as yet only some small scholarships attached to the institution, and a medical education, to be worth anything, must cost a good deal. This leads me to answer a question often put to me—What does it cost a lady in the Henrietta School to become a registered medical practitioner? Supposing she is content with the cheapest registerable diploma obtainable by her, the Irish Licentiate, the expense may be set down as £190.

I reckon the cost of board and lodging in London at from £70 to £100 a year, and £20 a year should be set down for books, instruments, and extra tuition.



Personal expenses in dress, amusements, travelling, and the like, vary so much that it is not possible to give an accurate estimate. The cost of diplomas in the Royal University of Ireland, the doctorate of which can be taken by women, comes to £10 more than those of the King and Queen's College, which I have just mentioned, and that of the Royal College of Surgeons in Ireland, opened to women in January, 1885, to £26 5s. extra. The diploma of London University, again, costs £205 spread over five years, and for the hard examinations it entails some private tuition is usually necessary. From these data every one can form his or her own estimate ; but, speaking generally, I think the best one is that given to me by the Honorary Secretary to the school, who assures me that "£200 a year would be a good allowance for a lady student of medicine, and would cover all her expenses personal and scholastic." So far, I think, I have proved that the school has done a marvellous amount of solid work on the slenderest resources. Now I come to another point. Was the work worth doing ? Was it needed ?

Happily events have simplified the business of answering this last question. That women *are* practising medicine with much popular acceptance and success both in private practice and in dispensaries and hospitals proves the reality of the need or demand for their services. The existence of this demand is due to a delicacy of sentiment which it would be barbarous to ignore and brutal to crush, so that the Henrietta Street School requires little vindication on this head.



A more practical question would be: Is the school not encouraging a hallucination when it induces women to study medicine under the impression that they can earn a living by it. This leads me to inquire what are the actual facts as to the measure of success women have won in the world as physicians in our time? The experience of the United States is valuable, for two reasons. First, it is that of communities singularly like our own. Second, it extends over a larger field, both of time and space, than any at which I can get in England. I have it from an English medical lady who has recently travelled in the United States, that the proportion of well and ill-trained practitioners there is relatively the same in both sexes, and the iron rule regulates both alike—those who know and do their work get on well, but those who do not, fail. In large towns in America, for example, it is a very common thing for a lady doctor to attend the women and children in a family, and for a medical man to attend the gentlemen. Ladies' schools have lady doctors. In the celebrated Massachusetts State Reformatory Prison for Women, Dr. Mosher, a lady of great professional and administrative ability, holds the lucrative post of Medical Superintendent. Her assistants are also ladies; in fact, public appointments suitable for medical women are given to them quite freely in America, as they doubtless soon will be in England, since the late Postmaster-General made a move in that direction. As to the success of medical women in private practice in America, I summarise some very instructive figures



in a curious statistical paper, which was read by Miss Emily Pope, M.D., before the meeting of the Social Science Association at Saratoga in 1881. There were then some 430 qualified lady doctors in the States. Of these 390 were in active practice; 11 had never practised at all; 29 had practised a little, and then retired, and of these 12 did so because they married, 7 because of ill-health, 5 on account of "other work," and the remainder for unstated reasons. The average age of these women when entered as students was 27 years, and the average duration of study  $4\frac{1}{2}$  years. On beginning study 75 per cent. were single, 19 per cent. were married, and 6 per cent. were widows. That the work has not disagreed with them is proved by the curious fact that of the 13 who out of this large number report their health as "not good," only 4 can trace their illness to their medical work. These figures will not surprise students of vital statistics, for several reasons. In the first place, the average age of American women when they begin practice is  $31\frac{1}{2}$  years. They thus start at the time of life when they are best able to bear the strain of toil. Then, in the next place, as a vast amount of what the French call "the little health of women," is simply due to hypochondriasis, or to the unwholesome lassitude of an aimless indoor existence, the brisk, busy, active, open-air life of the lady physician ought to keep her well and strong. How far has matrimony affected the practice of lady doctors in America? and has their work been remunerative? are the next questions to be answered. I find that out of the numbers



given above 65 married after graduation, 19 of them, by the way, marrying medical men. After marriage 14 dropped out of practice, but of those who have gone on 21 report that they found domestic duties interfere with their professional careers. Of those who were married before and after graduation 67 have borne healthy children, and in all but two cases the mothers have insisted on nursing them. From the very first 77 managed to support themselves by their professional income; and only 11 women can reasonably be said to have practised in the true sense of the word for more than two years in America and failed to become self-supporting.

It is, for obvious reasons, a matter of great difficulty and delicacy to speak at present in an English periodical of the incomes earned by ladies practising medicine in England. They are so few as to be well known, and the most cautious statements might be capable of undesirable but pointed personal application. Out of several statements given to me for discretionary use, I select one, first, because it is typical, and gives one a glimpse at an average, and not an exceptional case; and, secondly, because what it records can be so put that I run no risk of laying matters of purely private import open to public identification. In the first year after Miss —— settled in a provincial town as a regular practitioner, her books show she had 113 private paying patients. Of these 46 came to consult her as an obstetrician. In the next year she had 164 patients, of whom 64 were "obstetrical cases." Every year since then



there has been a progressive increase; but the proportion between the "obstetrical" and general cases remains relatively the same.

The records of the New Hospital for Women, and of the dispensaries at Bristol, Edinburgh, Leeds, Birmingham, Manchester, and Notting Hill, officered by women, also indicate that there is a real demand for the services of medical women among the working class. I take as typical the returns now before me of a provident dispensary for women, opened recently in a London suburb. There they had in the course of the first nine months 200 members on the books. They had 788 consultations, either in the dispensary or in patients' houses, and of these 12 per cent. were for the special diseases of women. In regard to the demand for medical women I have from Mrs. Garrett Anderson—a shrewd and safe guide on the point—a communication, from which I am permitted by her favour to take the following:—

"We know quite well that any demand for them which does exist is found among the most cultivated, not the most fashionable class, and among the poor. It is scarcely felt at all in the shop-keeping class—nor in the class of idle, fashionable women. Now there are two strata of society which afford most practice to doctors: first, the poor who, probably from the constant melancholy of their lives, are always feeling more or less conscious of imperfect health, and who are the medicine-takers *par excellence* of the community; second, the rich and idle women who take but little medicine, but like many interviews with their pleasant, cheering doctor. It is this last stratum which may properly be described as auriferous. Poor women drink the physic and rich women pay the fees. But it is difficult to suppose that medical women will ever be as acceptable to



patients of this type as medical men are. If, however, you cut out of medical practice all the fine ladies, all the men, and almost all the middle class, it must take a fairly long time to collect together a *clientèle*. You are left with the poor, the professional class, and the cream of the aristocratic class. Then even there are difficulties. People who might be patients to a woman just starting in practice have their doctor already, and they justly feel that if he has satisfied them hitherto it is not right to leave him. Then they naturally distrust beginners. There is the further difficulty felt by every young practitioner, that of making himself or herself known. No one ever cares to consult an absolute stranger. He must be known or known about. The most superficial acquaintance is often enough to lead people to consult either a man or a woman, probably because most people are at heart believers in their own skill as readers of character, and if they have then only just seen a doctor, they feel that they do know to some extent whether they can trust him or not. From all these causes I think it is certain it will always take a certain amount of time for a woman, however well prepared for her professional duties, to make a practice. But that, with a moderate amount of time, such a woman will succeed I have myself no doubt. . . .”

In spite of the disadvantages alluded to by Mrs. Garrett Anderson, a broad survey of the facts leads me to the conclusion that the medical women now in practice in England have done fairly well. Indeed, these facts indicate that a woman has rather a better chance than a man in starting as a doctor, for if she settle in a good provincial town she usually has no competitor of her own sex to fear, and, without buying a practice, she is pretty sure, even though she put forth no very extraordinary efforts, to earn about £200 a year after being in practice for two years. After that her income increases more rapidly—for it



is in earning the first £200 by fees that the medical practitioner has the hardest struggle of his life. But though I thus infer that there is plenty of work, both remunerative and charitable, for medical women in large towns, I find no facts which indicate that they have any chance of becoming self-supporting in rural districts; and what is still more remarkable, I see no tendency in lady doctors to become "specialists," indeed, ophthalmic and aural medicine and surgery, not to mention mental disease and the auriferous field of dentistry, seem to have no attractions for them. Perhaps the justest summary of the experience of the women now practising medicine in England is this: Looking at the money spent on their education as an investment, they have had a return for it in the shape of realised and prospective income far larger than any it could have yielded them had it been laid out in other directions. Then the prospects of medical women are brightening everywhere. Quite recently new fields for their enterprise have been opened up in India, China, and Egypt—in India especially. The State has at last begun to hearken to the bitter cry of native women doomed to life-long suffering because the only doctors near them are men, and whose services law, custom, or religious scruples forbid them to engage. The Countess of Dufferin has been so profoundly impressed with their need that she has organised, under the patronage of the Queen, the National Association for Supplying Female Medical Aid to the Women of India. In England, the Duchess of Marlborough, Lady Ran-



dolph Churchill, Lady Strangford, Lord Napier of Magdala, Lord Hobhouse, Sir Richard Temple, and many other eminent persons, are zealously promoting Lady Dufferin's scheme. Its objects are to give medical tuition to Indian and Eurasian women such as is given by Mrs. Scharlieb, M.B., B.S. (Lond.), a distinguished student of the Henrietta Street School, in the Madras Medical College; to establish dispensaries and cottage hospitals for women under female superintendence; and to provide qualified medical women to do duty in existing maternity wards. At Bombay, Miss Pechey, M.D., has already been appointed physician to the Cama Hospital, the foundation stone of which was laid by the Duke of Connaught in 1884, and also medical officer to the Jaffer Suleiman Dispensary, which was built by a native gentleman, and is now endowed with £300 a year by the municipality of Bombay. In furtherance of Lady Dufferin's movement large subscriptions have come from natives and Europeans—among others 100 rupees from the high-priest of the Temple of Bardya Nath, who urges every Hindoo who is attached to his national customs to support the association. An Indian scholarship fund was also started in 1883 by Miss E. A. Manning and Mrs. Thorne, and one scholar is now studying at the Henrietta Street School, where as yet qualifying instruction for the best appointments in India can alone be obtained. In China the benefit which the wife of Li-Hung-Chang derived from the attendance of Miss Howard, an American medical lady, has



given medical women a secure footing in the great province which he rules as Viceroy. In England schools, hospitals, dispensaries, workhouses, asylums, prisons, reformatories, emigrant ships—in fact, all public institutions for women—will soon have their female medical officers, and with such avenues of honourable employment open to them, the educated women of the future should find it easier to lead useful and purposeful lives. But it has been said that it is of little avail to lay stress on such considerations for two reasons. Lady physicians fade into matrimony, and even now, for the minority of talented women who have to earn their bread, Education and Art afford sufficient employment.

The great majority of English medical women undoubtedly marry either before or soon after they complete their curriculum; in fact, one almost fancies that men either perversely seek as wives the very type of women whose intellectual tastes they pretend to detest, or prudently apply matrimony as a solvent of sexual competition. Be that as it may, the result is usually the same to a clever girl when she asks leave to quit her home and study medicine. Her family, not wishing to lose her pleasant companionship, plausibly object on the ground that as she will most likely marry soon, the cost of her medical education will be so much money wasted. That is, however, hardly a fair way of putting it. Why not rather ask—if this point of view must be taken—Would the lady marry as well if she did not study medicine? May not the knowledge and the accom-



plishments—all of high value in home life—which she acquires as a student lead to her being more eagerly sought in marriage than her non-professional sisters? Then, again, why should a medical woman always be expected to retire from practice after she marries? I can even conceive of cases where, through the misfortune or ill-health of her husband, it might be her duty to throw herself into her profession with increased ardour and energy. Actresses and musicians do not deem it necessary to retire from professional life because they marry; and surely the work of a medical woman is not more incompatible with domesticity than theirs. It will in truth always rest with the lady physician, whether married or single, to adjust her work to her family claims; and if she toils after marriage, it must be remembered that her professional income will enable her to supply a larger staff of servants for household duty. Her case will then be analogous to that of many artistic, literary, and political ladies, who devote a great deal of their time to other than purely domestic interests; indeed, those who have had some experience of both classes will, I think, acknowledge that the married lady physician, as a rule, pays much more attention to her family than your lady of quality who opens a political *salon*, so that, like the Berengarias and Zenobias of Disraelitish romance, she may push on her favourites in public life.

To those who think that Education and Art offer an adequate outlet for the energies of talented women who dislike the bitter bread of dependence, I would



offer a remonstrance. It is not many women who are fit to be teachers, and the profession of pedagogy is so overcrowded that it is cruel to tempt ladies to enter it who have a taste for any other calling. Art, too, is a fit vocation for the few, because the majority even of talented, well-bred women possess neither the souls nor the sensibilities of great artists. But if that be so, why should we debar a woman from supporting herself by a calling, the practice of which, though it needs none of these high gifts, is naturally in accord with her cultured sympathies and her intellectual tastes? Why should we deem her amply provided with a field for her energies in the arts when she does not inherit Albani's voice, Rosa Bonheur's colour-sense, George Eliot's intellect, Mrs. Browning's lyric inspiration, or even, like Sara Bernhardt, a nervous system that can at will be turned into a magnificent instrument of dramatic emotion? Probably few medical women will ever rival the achievements of a Harvey, a Cullen, a Sydenham, or a Simpson; indeed, only Mrs. Garrett Anderson, Mrs. Putnam Jacobs, Mrs. Hoggan, Miss Agnes McLaren, and the late Mrs. Chaplin Ayrton, have as yet contributed anything very noteworthy to scientific literature. But their academic "record" proves that they have, at all events, the ordinary amount of brain-power possessed by nine-tenths of the better educated members of their profession. The world is not so rich in medical genius that it can afford to despise the chance of evolving so rare a product, even from feminine assiduity and capacity. It seems to me we cannot be



too cautious about discouraging gifted women from making the most of whatever capacities they may have, especially if they be guided by pure aims, high ambitions, and cultivated intelligence.

After all, Humanity wins nothing by forcing those who cannot entirely fill their lives with family interests, to crush their cravings for other activities, unless, indeed, these be in themselves demoralising. But no educated and unprejudiced person nowadays believes that medical practice or study must necessarily demoralise a lady. The service of the sick has in all ages had a strange but seemingly natural fascination for women, and it is simply contrary to common-sense to suppose that a woman must needs be unsexed by such service, unless it be utterly divorced from scholarly culture and scientific knowledge. Yet this is precisely what we are asked to believe by the curious folk who would persuade us that they would rather "lay their daughters in their coffins" than see them enter a sick-room, save as successors to the indefatigable Mrs. Gamp—superannuated because of her inadaptability to the decorative treatment which the spirit of an æsthetic age seeks, even in a lazaretto. It is not the noble rage of Lucius Virginius, but rather a mild monomania, caused by over-reflection on the evil which may by the remotest chance follow any enlargement of woman's work in the world that probably inspires the gloomier tragedians of this controversy. They have contrived to delude themselves into the idea that unless a woman is too ignorant to find out what is the matter with a patient, her



attendance at the sick-bed will inevitably debase her character. But they do not delude anybody else. As Emerson says in his "English Traits," most Englishmen "are impious in their scepticism of a theory, but kiss the dust before a fact." Now what is the fact in this case, as most clear-eyed men see it? Why, that for eleven years ladies have been studying and practising medicine in England, encouraged by a great deal of popular patronage, but without in any degree forfeiting respect in society as daughters, wives, and mothers, or displaying the least trace of deterioration in the finer qualities of mind or heart. *Cadit questio.* The majority of Englishmen evidently think with the late Mr. Grote, that whenever a woman has a real love for learning in her youth, and a genuine aspiration after an independent and self-maintaining position, she should at least have as fair a chance as a man of using her talents to the utmost.























