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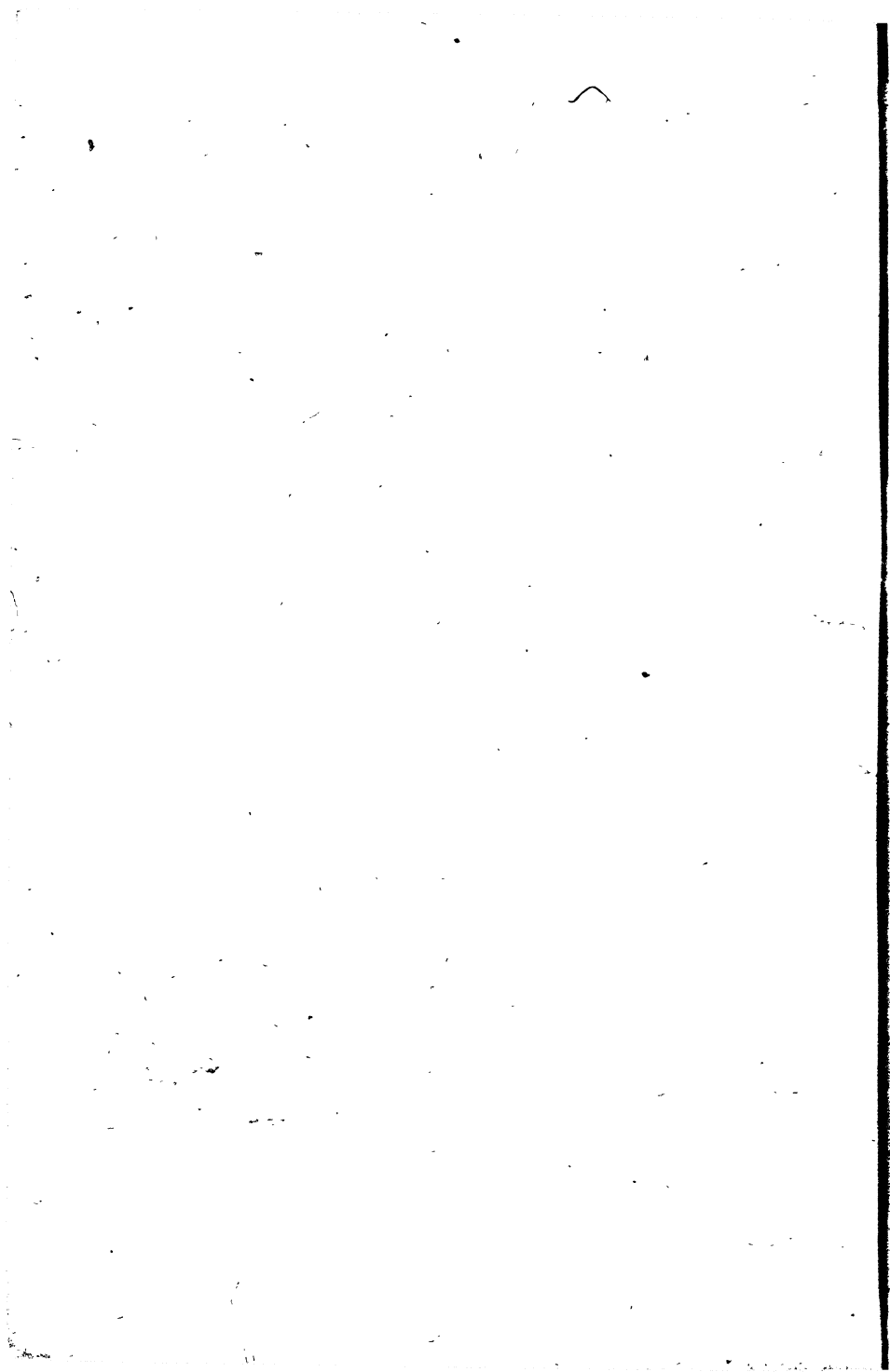
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# THE MEDICAL EDUCATION OF WOMEN.

LECTURE BY  
MRS. ASHLEY CARUS-WILSON.  
(MARY L. G. PETRIE, B. A. LOND.)

**PRICE: 15 CENTS.**

**Proceeds for the Montreal  
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MONTREAL:  
JOHN LOVELL, & SON,  
1895.

This lecture was delivered in the Assembly Hall of the High School, on January 22nd, 1895.

Admission was by 25c tickets, and proceeds, amounting to \$160.00, were handed to the Maternity Hospital of Montreal. The Rev. Edgar Hill presided, and the vote of thanks to the lecturer was moved by Her Excellency the Countess of Aberdeen.

## The Medical Education of Women.

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Even larger than usual was the throng assembled for the great annual function of the University of London on Presentation Day, May 10, 1883. Some 300 new graduates were receiving their diplomas from Lord Granville, the Chancellor of the University, and of these the 30 who filled the innermost row of the horseshoe of academic robes were women. The enthusiasm of an enthusiastic gathering reached its climax as two ladies came forward together: one, unlike all the other Deans of colleges who were that day presenting their successful students, in ordinary dress; the other, unlike all the other presentees, a matron, not a young girl. For the former was Mrs. Garrett Anderson, who, 21 years before, had asked in vain to be allowed to graduate at London, who had then taken a brilliant medical degree at Paris, and become Dean of the first feminine medical college, the famous London School of Medicine for Women. And the latter was Mrs. Scharlieb, who had just come out at the head of an honours list in the M.B. examination with the Gold Medal in Obstetrics. She and Miss Edith Shove, presented by Mrs. Garrett Anderson on the same occasion as a graduate in honours also, were the first women who had ever won medical degrees at a British University.

This incident, one not to be forgotten by any who were present, illustrated four things :—the successful issue of a long battle to win for women the privilege of the best medical instruction ; the capacity of women to use such a privilege well ; the generous behaviour of the men who can afford to be generous to women when they distinguish themselves ; and the practical purpose to which medical education of women may be put. Miss Shove was appointed medical superintendent of the female staff at the London General Post Office, and Mrs. Scharlieb devoted herself to the still greater needs of our fellow-subjects in India, as lecturer to women at the Madras University, and head of the Hospital for Women at Madras.

Some time ago, a Governor of McGill University suggested that I should lecture in Montreal on the Medical Education of Women. The opportunity for doing so came with a request not to be refused when I thought of my infant first-born son, that I would lecture, choosing my own subject, on behalf of the Maternity Hospital. I have now visited that hospital, and seen something of what it is doing to preserve the mother's health ; to give the child's health a fair chance ; and to exercise a moral and spiritual influence for good that cannot be put into statistics. Having visited it, mere willingness to give this lecture becomes real satisfaction that it is in my power to aid an institution that does such good and womanly work.

I am, however, under several disadvantages in dealing with this theme. I have never myself been a medical student, and scarcely anyone could know less than

I do of the medical profession from the patient's point of view. Moreover, I must honestly confess to being in many respects an old-fashioned woman, who believes implicitly that a woman's highest happiness as well as her highest honour is to be found in earning the ancient commendation that her husband's heart trusteth in her, and her children rise up and call her blessed. I have no great admiration for the "strong-minded" female, who makes herself ungainly and regards man as her natural enemy. She is after all chiefly a creature of the imagination; I have seldom or never met her in real life; and the women whose intellectual powers and whose useful lives have won my hearty homage have been essentially "womanly."

But as a graduate of the University of London, I have seen a good deal of the movement for medical women, and have known many of its leaders. Friends in Great Britain and elsewhere have been furnishing me with the most recent statistics of it, and also with an enumeration of the commonest arguments against it.

We will consider these arguments in order, as summed up by an eminent professor in a United States college:—"History, Physiology and the general judgment of society unite in a negative of woman's fitness for the medical office."

History shows that the medical woman is not the startling innovation, the revolutionary institution we sometimes suppose her to be. From the days of Agamede (Iliad XI. 739) and Agnodice of Athens, and the mediæval dames who not only nursed but medically treated the wounded knights, to the days of the



learned professors Dorotea Bocchi and Alessandra Gigliani of Bologna, and of the skilled physicians Lady Anne Halket and Mrs. Samuel Bury in the 17th century, women have practised successfully. One important department is and always has been entirely in their hands in many European countries, and Queen Victoria is actually the first British queen who was attended by an accoucheur instead of an accoucheuse. The mothers of to-day have learned to acquiesce in a custom that would have horrified our ancestresses.

The first legislative exclusion of women from the profession was an accidental result of the Medical Act of 1858, which required all persons recognized by law as medical practitioners in the United Kingdom to register themselves as having definite qualifications. Holders of a foreign degree practising *before* but not *after* 1858 might so register themselves. Dr. Elizabeth Blackwell, an Englishwoman who graduated at Geneva College, New York, in 1849, registered accordingly, and was for eight years the one woman on the list. Miss Garrett (now Mrs. Garrett Anderson) having qualified at Apothecaries Hall by paying heavy fees for separate instruction, registered in 1866. Then they took alarm, and decreed that separate instruction should qualify no longer, and none but men registered henceforth till 1877. Meanwhile, at Zurich in 1867, at St. Petersburg in 1869, at Paris in 1870, and at Michigan in 1871, pioneer women had won medical degrees.

In 1869, Miss Sophia Jex-Blake, befriended by not a few well-known and highly esteemed professors, boldly applied for a degree at the University of Edinburgh, and the authorities were fairly surprised into permit-

ting her and four friends to matriculate, and duly inscribed them as "cives Academiae Edinensis." They seemed mere enthusiastic amateurs willing to pay extra fees for a crotchet, till, to the astonishment and horror of these authorities, the prize list came out. Of the men 23 per cent., and of the women 100 per cent. were on it, and Miss Edith Pechey was found to be actually head of her year, and entitled to one of the four Hope scholarships awarded to the four foremost students. Then followed steady opposition, too evidently inspired by a mere spirit of trades-unionism in those who did not really believe in the feminine inferiority which they so loudly asserted. The scholarship was refused, all sorts of vexatious regulations calculated to wear out the patience and to exhaust the purses of the unwelcome women were framed; the lowest class of students were permitted to indulge in offensive behaviour, which culminated in mobbing and pelting the five ladies as they proceeded to the examination room; the complicated machinery of Scotch law was set on foot in a trumped-up libel case, where the pursuer got one farthing damages and the defendants were mulcted in £915 costs; attacks of the most malignant kind appeared in the press; and finally the University made what the *Examiner* called "a delicious suggestion that would have done Dogberry credit."—Waive the question of graduation, and be content with certificates of proficiency.

They lost their law suit against the University to claim what it had pledged itself to give them; they had to become "M.D.'s" at Berne instead of at Edinburgh. But the story once more illustrates

“ How far high failure overleaps the bounds  
Of low success.”

The injustice and violence with which these women had been treated roused attention to the whole question of higher education of women as quiet pursuit of study could not have done. The more chivalrous Edinburgh students constituted themselves into a body-guard for their protection. A public subscription for their legal costs not only covered these, but grew into a first endowment for the Edinburgh Hospital for Women and Children, to which Dr. Jex-Blake is now physician. The *Scotsman*, *Spectator*, and other leading journals became their staunch champions, and in 1871 the National Association for Promoting the Medical Education of women was founded. On November 3rd, 1894, this body was able to congratulate Dr. Jex-Blake on the opening of Edinburgh University to women, exactly 25 years after her application for a degree.

It is always easy to point out when any forward step is taken, that the time was ripe for it, and it is therefore inevitable. None the less, it is almost always due to one person's well-defined purpose and dauntless determination in carrying out that purpose. In this case, the time was ripe, but Dr. Jex-Blake had the satisfaction of being the person to wage to a successful issue what she aptly terms “ The battle in Edinburgh ” in her volume on “ Medical Women,” whence my information concerning it is mainly taken.

Ere we turn to its results elsewhere, let us pay due attention to the fact that the lady who earned, but did not win, the Hope scholarship is now, as Mrs. Pechey-Phipson, at the head of the Cama Hospital, Bombay ; and

that when, a year or two ago, the effects of Child-Marriage in India were under discussion, she gave evidence that only a woman who is also a doctor could have given, what must do more than aught else to make as obsolete as suttee an abuse even crueller than suttee itself.

I have now to tell how the London degree, generally acknowledged to be the highest medical qualification obtainable in Britain, was the first to be thrown open to women. In 1862, only the chairman's casting vote had brought about the rejection of Mr. Grote's motion to accede to Miss Garrett's request for admission to that University. In January, 1874, 471 of its graduates memorialized Parliament to legislate for the admission of women. This memorial was largely due to one enlightened medical man, a fact which bears out Dr. Jex-Blake's experience that "it is seldom among the men whose personal superiority needs no assertion that any jealousy of women's claims is found." Various Bills which aimed at opening the medical profession and the Universities generally to women were brought forward in the House of Commons by Lord Mount Temple, Mr. Russell Gurney, and by Mr. Stansfeld, from whose article in the *Nineteenth Century* for July, 1877, I take some of these particulars. In January, 1878, the London Convocation approved, by a majority of almost two to one, the Charter for the admission of women laid before it by the Senate, and London thus became the first British University to admit women to its degrees.

Meanwhile, the Irish College of Physicians, by examining women who already had foreign qualifications, had enabled five more women to enroll them-

selves on the British Register in 1877; the London School of Medicine for Women had been opened with 23 students in October, 1874; and arrangements for their clinical instruction had been made with the Royal Free Hospital which had no male students.

Two other Medical Schools for Women only have since been opened in Britain: the Edinburgh School and Queen Margaret College, Glasgow. In 1892 an Ordinance of the University Commissioners authorized the Scottish Universities to admit women to instruction and graduation. In July, 1894, Miss Marion Gilchrist and Miss Alice L. L. Cumming took medical degrees at the University of Glasgow, the former being third of the six who passed "with high commendation." The latter is resident medical officer at the Eye Infirmary at Greenock. They are the first girl graduates in medicine at a Scottish University.

In October, 1894, some 200 women were entered on the British Register as now practising. Of these, one-quarter are in India, five in China, three in Australia and three in Canada. Some medical women have already passed away, leaving memories fragrant as those of Helen Prideaux, gold medallist in Anatomy of London University, who took fatal diphtheria from a child patient in 1885; and Fanny Butler, the brave medical missionary, who died at Srinagar in 1889. The "thin spun life" of each was cut off at the beginning of a career of rare promise, but not too soon to prove what a woman doctor may be.

In the list of women doctors who received appointments during 1894, we find two in Children's Hospitals, one in a County Asylum, one in a Church

Army Dispensary, and two in the Cama Hospital at Bombay. One of the latter is Rukhmabai, the Hindu lady whose hard lot recently drew public attention to the condition of her countrywomen. She has since become an M.D. of Brussels. Medical instruction is now given to women at Calcutta and Madras as well as at Bombay.

Fourteen years ago, the number of medical women in the United States was reckoned at 470. According to a statement in the *Woman's Signal* for November, 1894, there are now about 2,000. From a paper prepared by Mrs. Lankton, M.D., of New York, for the Chicago Congress of Women last year, we learn that there are now five colleges and one school of pharmacy for women only in the States, besides 36 medical colleges which admit mixed classes.

Our proximity to the States make the women of Canada more "advanced" in some respects than those of "the old country;" but the medical movement has made less progress here than in Britain, and far less in Quebec than in Ontario. Queen's University, Kingston, was the pioneer. One of its graduates, who has practised in Montreal for five years, and who can speak of the change in favour of medical women which has come over public opinion in that time, tells me that she obtained her license to practise here on the strength of the study in London and Edinburgh which placed her on the British Register and not on the strength of her Canadian degree. One can hardly believe that such an anomaly as this will last.

To Dr. D. J. Gibb Wishart, Registrar of the Ontario Medical College for Women, I am indebted for the fol-

lowing particulars of the movement in Canada. In 1878-9, Dr. Augusta Stowe Gullen attended the lectures of the first year in Toronto University as a medical student. She graduated in the United States, took an *ad eundem* degree at Trinity University, Toronto, in 1887, and is now Professor of Diseases of Children in the Ontario College. In 1883 two colleges opened their doors to women only: the Ontario Medical College (formerly known as the Women's Medical College in affiliation with Trinity College, Toronto, and Toronto University), and the Women's Medical College of Kingston, now closed. Queen's College, Kingston, had admitted women to mixed classes in 1881, and for the first time conferred the M.D. degree on women in 1885. The first of the 34 graduates who have been educated at the Ontario College took the Toronto degree of M.D., C.M., in 1887. In 1892, the same year in which Scottish degrees were first thrown open to women, Victoria University, Ontario, and the University of Manitoba followed the example of Toronto.

Six Canadian Universities now offer medical degrees to women, viz.: the four Universities in Ontario, Manitoba University and the University of Bishop's College in this Province of Quebec. At Bishop's College, at Manitoba University, at Toronto University or Trinity College, Toronto, a woman can obtain medical instruction. But the only place in which it is given to women alone is the Ontario College.

The Medical Faculty of Bishop's College, the one department of that University which is in Montreal and not at Lennoxville, is the only place for medical instruction of women in our Province. A friend now studying

there gives me these statistics of it. Women were admitted in 1890, and twelve women students have since registered. Two have graduated : Dr. Grace Ritchie in 1891, who is now, as Assistant Demonstrator in Anatomy, the one lady on the staff of the College ; and Dr. Maude Abbott in 1894, who took the Chancellor's Prize for the best final examinations. Of sixty students now at the College, eight are ladies. Lectures in some few subjects are duplicated for them, and they have their own demonstrator in Anatomy. Otherwise the classes are mixed. They receive their clinical instruction at the Western Hospital, Montreal, the only Quebec Hospital that as yet admits women students. Its patients are chiefly but not exclusively women. While this is in the press, the results of the Bishop's College Medical examinations for 1895 are announced. Of seven students who graduate, two are ladies : Miss Cunin, who takes the Wood Gold Medal, the only medal awarded this year, and Miss Landau, who takes the Chancellor's Prize for the best final examinations. Both the prizes offered for competition to first year students have been won by Miss Gomery.

May we hope that the next chapter added to the history of this movement in our own Province will be that Montreal follows the example so successfully set in the capital of the Empire, by founding a first rate Medical College for women only, and admitting its students to the medical degrees of all our Universities ?

In spite of all sorts of opposition and under manifold disadvantages, we have seen women winning and making noble use of Medical Education. The arguments



from History are clearly on our side. What of those from "Physiology and the general judgment of Society" blended in the current objections which we will now deal with?

"It is the unfeminine pursuit of some who are thrusting themselves into public and professional life at the expense of the finest traits of womanhood."

"Unwomanly" is a taunt as hard and vague to meet as was the taunt of "cowardly" which formerly drove many a man into a duel over nothing at all. And as the medical woman cannot say for herself "I am womanly," we who know her must say it for her, as I for one do say it most heartily from my knowledge of a good many. It is a strange thing that this objection is not raised when a woman toils all day at chain-making or the heavy sewing machine, both more exhausting and less remunerative than professional work; or when her good looks and power of smart repartee are turned to account in the barmaid's undesirable calling; or when the woman, yea, the gentlewoman, assists, as nurse, on the severest surgical cases, or scrubs the hospital floor. Yet it is supposed, as Mr. Robert Wilson remarks in his brilliant essay, "*Æsculapia Victrix*" (*Fortnightly Review*, January, 1886) that attendance at the sickbed will inevitably debase her character unless she is too ignorant to find out what is the matter with her patient.

This objection comes from a personage for whom we have most of us far too much respect,—I mean the well-known Mrs. Grundy. It is—if we think a moment we shall all see that it is—a slander on a great and noble profession to say that medical study must sully the

mind, and sheer absurdity to talk of the publicity of medical practice of women among women. In that clever novel, "Mona Maclean, Medical Student," written by one thoroughly conversant with what she describes,—for I understand that "Graham Travers" is the *nom de plume* of a lady doctor now practising in Edinburgh—nothing is finer than its closing suggestion of work for a woman doctor that the best and ablest of men could not do. Instead of admitting that it is an unwomanly calling, I would assert that it is a calling fit only for the most womanly, and changing one word, would say with "Aurora Leigh":

"No perfect *doctor* is develop't here  
From any imperfect woman."

Again we are told that a woman lacks physical strength for medical training, and for the practice afterwards of a profession that makes her the servant of the public at all hours. This difficulty was more applicable to the sensitive and sentimental damsel of the past than to the golfing, bicycling, snowshoeing, tobogganning damsel of the present. Certainly, the training is severe. "I have seen men dropping like flies as they fainted on witnessing their first big operation," said a doctor to me. The man who would be quite callous under such circumstances is not the man to be a doctor at all.

But when responsibility comes, we have not time to "feel queer," and "a lion's heart" which a doctor, it is said, needs as well as "an eagle eye and a lady's hand," can be acquired by those to whom nature has given the last qualification. I know of one girl who all but fainted a year or two ago at the mere description of a carriage accident, who now, armed with the National Health So-

ciety's medal and a medicine chest, is ministering to all sorts and conditions of sufferers in India with the enthusiasm of a born nurse. The proportion of women capable of this strain on nervous energy may be smaller than the corresponding proportion of men, but facts show that some are capable of it, as nurses and as doctors also. Dr. Lankton says that the answer to one question recently sent to many women doctors in the States was "Health better than before entering the profession." A further suggestion that women would never be strong enough to perform operations is answered by quoting the difficult and successful operations of Dr. Garrett Anderson and Dr. Scharlieb, or the one that has just been successfully performed on a fair Japanese by two lady doctors in Montreal; and also by a reminder that ordinary doctors are seldom called upon to operate.

The unseemliness of common medical study, and of the subsequent medical attendance of women on men are brought forward as objections by raising two entirely irrelevant issues.

The first difficulty has been exaggerated in a way scarcely creditable to those who dwell upon it. Pioneer women, such as Dr. Jex-Blake, Dr. Putnam, and Dr. Agnes MacLaren, and the handful of women students in our own Province, have had to study with men. But they assure us that given pure-minded women of ordinary tact, and men students of whom the majority are gentlemen, scientific study can be carried on in a wholly scientific spirit, and it is well to remember sometimes that purity and prudery are not necessarily synonymous. In other places, when the first step has been taken, separate instruction for women

has been secured. There is no reason why it should not be secured here. It is not improbable that in the future the whole range of subjects technically known as gynæcology will be studied not only by women *alone*, but by women *only*. The second suggestion is equally wide of the mark. There is no chance either that men will wish to be attended by women, or that women could ever wish to attend men as doctors. "You would not like to be attended by these medical ladies?" said an Edinburgh student canvassing against Miss Jex-Blake to a sage old gentleman. "No, sir," was the reply; "but it is just because I should not like to be attended by a woman that I will do my best that women shall not be forced to submit to the medical attendance of men."

To those who fancy that delicacy is outraged by the acquisition of medical knowledge by women under any circumstances, I would say: Is there no outrage to the sacred ideal of motherhood when all its physical incidents are discussed in detail among men, or expounded by a man to a class of lads? Is there no outrage to that tender and chivalrous ideal of womanhood, which is one of the highest results of Christian civilization, when men are called upon to make minute investigation of the worst that disease can do for a woman's fair form?

The familiar but somewhat antique "wife and mother" argument comes before us next. "Medical women will marry," say some. "Medical women will not marry," say others. Ere we leave these two dreadful alternatives to slay each other, let us glance at each.

"If she marries, it will all be thrown away," said a

father not long ago of his young daughter's studies at Cambridge. I confess that even now I am unable to discover what that father meant. Going, however, beyond a college to a professional training, it is said that the possibility of marriage cutting short a professional career at any moment will hinder a girl from giving her whole mind to the longest and most expensive of all special educations. Now, the fact that in "the old country" at any rate there are more women than men, makes it certain that some women will not marry. Why should not definite work enable them to be happy and useful instead of unhappy and useless spinsters? And why should so many girls, just for lack of such work, be driven into second-best marriages? The professional women who do marry will have qualified themselves for their duties as wives by strenuous work, better than they could have done by fashionable idleness, and will certainly not have lessened their capacity for enjoying the highest happiness in marriage. Nor must they be inevitably lost to their profession. Some will already have given several years to it. Some as childless wives will have abundant leisure after marriage. Some, when they have devoted ten or twelve years to the nursery, will be set free to resume their professional work, with unabated ardour and ripened experience.

Say others: "Medical women will not marry, and, being spinsters, will be of less use as doctors than married men." Now, what are the facts? Of the women on the British Register last October, I find that one-fifth are married, and many others are, let us note, young practitioners likely to marry in the next few years. In short, it is with medical women as it is with women, and

with men also, in all other callings ; some will marry, and bring experience of the sort that quickens sympathy into their work thereby. Some will not marry, and will have the more leisure to live mainly for their profession, and to work as and when they will. From both classes, the public and the profession will gain.

One word more as to matrimony and motherhood. Mr. Grant Allen, in one of his lively essays, speaks of "the modern system of higher education which is wrecking the maternal powers of the best class of our English community." This vigorous statement has one flaw, it is altogether untrue. We can now prove over and over again, that there is no necessary connexion between cultivated brain in the mother and feeble body in the child. And for duties of motherhood, as for all other duties, the educated woman has the advantage over her uneducated sister.

Once more we are told that the medical profession is already overcrowded, and that a few ambitious women are creating an artificial demand for lady-doctors by providing a supply not really needed.

In the medical, as in all other callings, there is more than enough work for the competent, while the incompetent are for ever tending towards the disconsolate ranks of the unemployed. The number of British medical women could be doubled to-morrow, without taking work away from a single medical man. Every woman's personal experience will bear out what I have now to say concerning a matter that cannot be freely discussed. Good authorities assert that only one woman in ten is in absolutely sound health. What of the other nine ? The three worst will go to a medical man, adding to the un-

avoidable suffering of their ailment the uncalled-for suffering of an experience painful even to the rich woman who sees a first rate specialist in presence of relative and nurse, and doubly painful to the not less modest poor woman, who goes alone to an inferior practitioner, or is the subject of a clinical demonstration to men students in a hospital. Three suffering less acutely will resort to some mischievous patent "cure all," whose apparent efficacy is due to the opium it contains. The importunate and repulsive advertisements of these horrid drugs and the statistics of their enormous sale prove that women are doctoring themselves every day with the worst results. The three remaining sufferers will go through life with permanently depressed health, joyfulness and usefulness alike unknown to them. We could all name such women, many with gifts and graces above the average, whose health is vaguely described as "delicate," not a few of whom would never have become invalids had they sought medical advice in girlhood, or in early married life, and who would have sought such advice could they have had it from a woman. In illustration of that assertion, take the following passage from a prize essay on "The Study and Practice of Medicine by Women," by Miss Edith A. Huntley now M.D. of Brussels, and medical missionary in Kashmir: "You know I could not tell the doctor what I am telling you;" or, "Yes, I have been to a doctor, but then I could not tell him all," are specimens of words often spoken by women to an unqualified occasional medical adviser of her own sex known to the writer. Some of the students of the London School of Medicine can tell of appeals which women have made to

them for advice, even in their very first year's student-ship. One in a remote district of the North listened to a tale of secret suffering, and after giving the best advice her limited experience could suggest, received the reply: "Oh, Miss! if I had known of a leddy doctor twenty years ago, how much suffering I might have been spared!" Another in the South was consulted by a motherly woman, and on protesting with regret her incompetence to help, was answered with the entreaty: "Oh but, Miss, you have books; could not you read and try something? I don't want to have to ask the doctor."

Thus we catch occasional glimpses of distress none the less real because it must be almost inarticulate. And now and again in a quiet moment of confidence, one woman will tell another, with bated breath, that kindly and considerate as were the offices of her medical adviser, when she was laid up, or went under that operation, the hardest thing she had to endure was submission to a man's attendance.

Moreover, with all the advance in medical science in recent times, there are still many for whom the notion that "Providence sends disease, and medicine takes it away" is not defunct. The first proposition is profane, the second is mischievous, and both are false. But widely diffused intelligence on matters relating to health is needed to establish once for all for men in general, that all sickness is due to breach of natural laws as Divine as spiritual laws. Lest I be charged with feminine bias here, let me quote from Dr. Alfred Schofield's admirable Manual of Personal and Domestic Hygiene: "The present state of ignorance



amongst women—to whose lot most of the domestic hygienic work of the world must necessarily fall—is appalling, and nothing less than an anachronism !”

This ignorance might be enlightened, without any risk to the innocence of the truly pure-minded to whom all things are pure, by recognising that there can be nothing “improper” in necessary knowledge of the human frame, so wonderfully made by God, and thus putting an end to much unwholesome mystery and uneasy curiosity as well as to much perilous ignorance. How then may women gain a knowledge of their own structure? From men, when even the patient in dire need finds it as hard to give explicit answers to the doctor as he does to frame questions that will not distress her? Or from women, who have only a crude traditional empiricism to guide them, and who work out erroneous and mischievous practice from misleading theories? Our first though not our highest duty is to be well-developed animals. For physical and consequent mental incapacity to fight the battle of life is a sadder and harder fact to deal with, and a truer explanation for the chronic poverty and misery in our midst, than any of the usual scape-goats of the demagogue or even of the political economist. In avenging breach of laws of health, Nature knows no forgiveness of sins, and no distinction between wilful sins and sins of ignorance, but visits the sins of parents on children remorselessly. Well-intentioned people, highly educated in other matters, err daily in these matters, with disastrous results to themselves and their posterity, and so we pay a heavy price for the conventional propriety that hinders men from teaching, and forbids women to qualify themselves as teachers,

in the discreditable, because preventable, sufferings of fragile mother and puny child. When the medical woman becomes the acknowledged instructor of her sisters in all they need to know concerning themselves, when the man who by marriage makes himself responsible for the welfare of a woman as well as for his own learns, not from another man, but from his own wife, all he needs to know concerning her, there will be a rise in the health standard of the whole community.

Lastly, we are told that women will never consult women with confidence; they will prefer men in difficult cases.

Now, confidence is the outcome of acknowledged efficiency. As to this, the lists of the University of London tell their own tale. Candidates are known by numbers only, and I have heard of an examiner, *after* he had sent in his return of marks, eagerly asking which of the papers he had just classed were written by women? Under these circumstances of absolute equality, the women have done better than the men. For instance, in the B.A. examination for five years, less than 50 per cent. of the men and 73 per cent. of the women passed. It would be absurd to say that this proves the superiority to women as such, though it indicates that the deep-rooted notion of their intellectual inferiority, if not dead, is moribund. But what it does prove is that the average woman, unlike the average man, does not as a rule go to college, or at least to the University of London, whose medical degrees women especially covet. And, therefore, while there will always be a certain number of men who are doctors because they must do something, it will be long

before women take up the profession whose special fitness for it does not urge them forward, because they must have something to do. This explains such a fact as the following:—In the Clapham Maternity, officered by the London School of Medicine for Women, no mothers have died for many years. From a friend now at that School comes news of a recent tribute to women students, which I would not venture to quote if it had not been uttered by a man, a doctor, and a doctor not less distinguished than Dr. Matthews Duncan. He said at a medical examination: “These grand women! When they don’t know a thing they frankly say so, instead of trying to conceal their ignorance as the men do.” Another friend of mine, who became for the second time a mother under particularly difficult circumstances, paid in my hearing a warm and spontaneous tribute to the lady doctor who attended her, that was worth any amount of general assertion: “She was first-rate, and I can’t tell you how pleasant it was to have a lady about me at the time. My nurse, a woman of great experience, who had worked with many men doctors, said she had never seen a case better conducted, and had often seen cases conducted worse.”

For myself in recent use of various volumes prepared for the guidance of young mothers, I cannot but observe that the most practically helpful because most explicit is written by a doctor who is also wife and mother. It is no disparagement to the medical man to admit that, other things being equal, the medical woman has the advantage over him of knowing by personal experience many things that he knows only by description and observation. Not only then by lessening the number

of women who go unrelieved, but also by utilizing the characteristics common to doctor and to patient, may suffering be mitigated in the days to come.

Enough has been said to show that History and Physiology are in favour of medical women, and their evidence must ere long influence "the general judgment of Society" given these five conditions: First, that the profession continues to attract women of the intellect and character it has attracted hitherto. Next, that separate instruction for the profession should be given to women, and that their practice should be among women and children. Lastly, that their standard of attainment and their scale of remuneration should be precisely the same as for men. We could doubtless cite, each of us, examples of the proverbial generosity of medical men to the poor, and medical women are not likely to be less generous. But if for patients who are not poor they should ever attempt to undersell men, they would be wronging not those men only, but themselves and the profession. I have not heard that they propose to do anything of the kind.

Given these conditions, good will be done by medical women, first to themselves, in giving persons who would otherwise "die with unexerted powers" as "recreants to their race" a sphere for their special gifts; secondly, to the public in lessening the terrible amount of preventable suffering; and thirdly, to the profession by bringing into it those peculiar qualifications which make woman complementary to man, for


"Woman is not undeveloped man  
But diverse. Could we make her as the man  
Sweet love were slain."

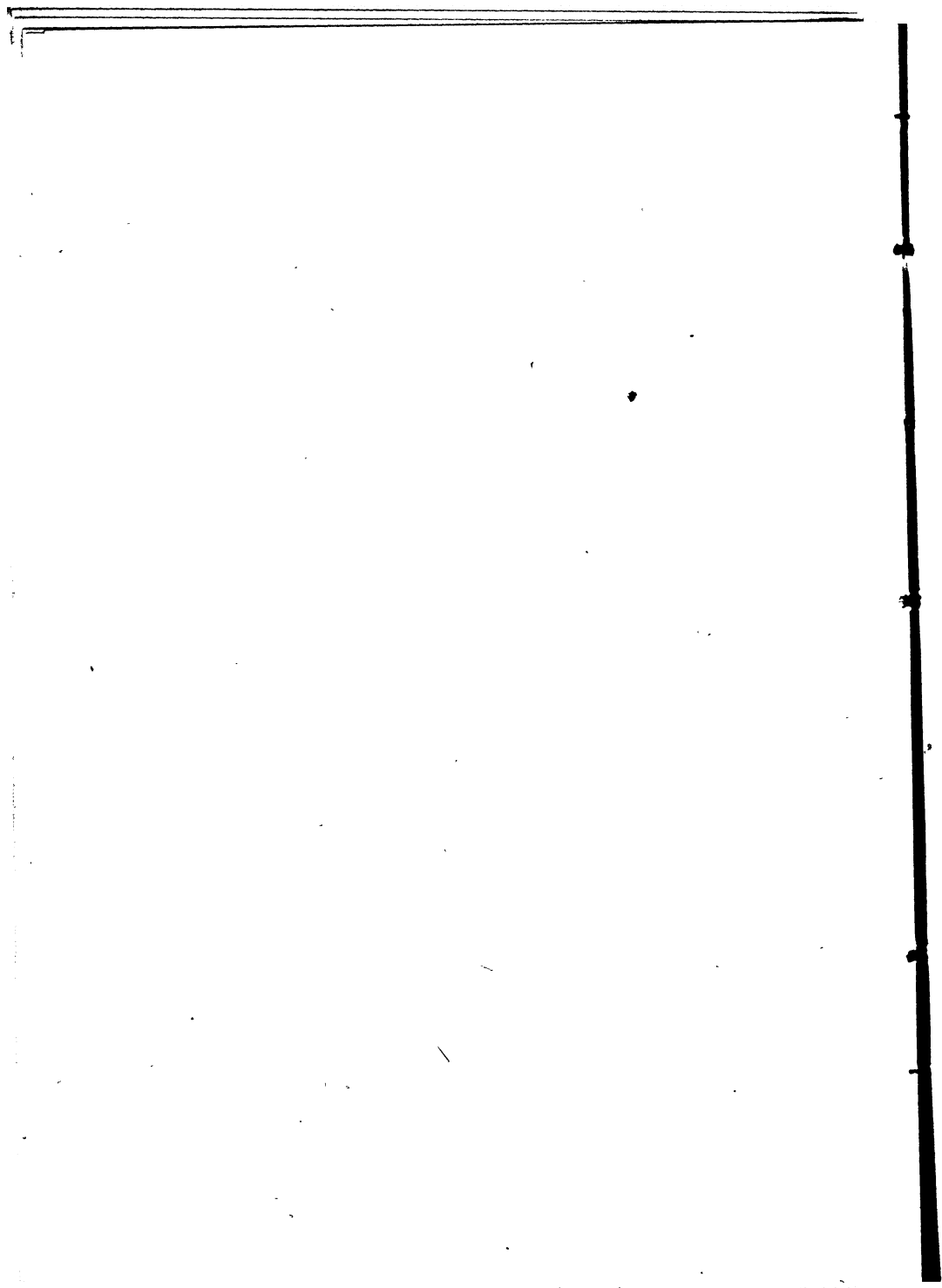
The medical woman is then sorely needed by her own compatriots. What shall we say of the far more urgent need of her among a population more than equal to that of the whole United Kingdom, to whom she only can give any aid at all? I refer to our fellow-subjects in the zenanas of India, who suffer untold physical misery amidst a dense ignorance that starves where we should nourish, and maltreats where we should cherish. Some eleven years ago, a grateful Maharani said to Miss Elizabeth Beilby, zenana missionary and M.D. of Berne, who had cured her: "Take down from my dictation a message which you are to deliver to the Empress of India." Miss Beilby obtained an interview with Her Majesty on her return to Europe, and gave the message. The Queen turned to her ladies, and said: "Something must be done. We wish it to be generally known that we sympathise with every effort to relieve the suffering women of India." Lord Dufferin had just been appointed Viceroy at that time, and it was the Queen herself who inspired his wife to organize in August, 1885, what is known as "The Countess of Dufferin's Fund for Supplying Female Medical Aid to the Women of India." Being under government auspices, it can have no directly religious aim, though it works in friendly relation to the various missionary societies, and it is worthy of note that but for these societies in general, and for one medical missionary in particular, it would never have come into existence.

Some are ready to criticise what they term the "proselytising" aim of these medical missions. Why should we interfere with the patient's religion? The criticism is explicable when it comes from one who believes that

one religion is as good as another, an opinion almost exclusively found among those who have never been out of a Christian country. The Christian can vindicate medical missions at once, by appeal to the highest Authority of all, to Christ's own charge: "Heal the sick, and say unto them, the Kingdom of God is come nigh unto you."

It is too late to ask: Shall there be medical women? They are there, they were there long before "the wise woman" of Shakespearian fame. The practical question is: Shall they be educated practitioners? In answer to it, I have tried to lead you up from the homely body who, out of a knowledge purely empirical, recommends her neighbour not to feed the baby on herrings and currant cake; to the trained nurse, whose advent brings hope and comfort into the stricken home; to the lady doctor, ministering as only a woman can to the needs of women and children; and, finally, to the medical missionary, healing the troubled body and comforting the still more troubled soul of one without God and therefore without hope, in the midst of a sin and misery which we in Christian lands can have but a faint conception of, by telling that this is not the devil's world after all, that the kingdom of God has been set up and must prevail. She is indeed doing the grandest work any human being can do. For in the words of one of the noblest in the long roll of noble medical men, David Livingstone:—"God Himself had one only Son, and He was a missionary and a physician."





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