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The impact of women doctors

Editorial, 2 August 1873, *The Lancet*, II, pp. 159–60.

This editorial, also by James G. Wakley, was prompted by the vigorous campaign from 1869–74 by a determined group of women, led by Sophia Jex-Blake, to be trained in medicine at Edinburgh University. At varying times they were denied access to lectures and to clinical training, but having overcome many obstacles, admittance to the degree exam still eluded them. In Edinburgh in July 1872, Lord Gifford ruled that the women were entitled to all the rights and privileges of the university and could therefore proceed to exams for medical degrees. This decision was overturned by appeal the following year. The women students stayed in Edinburgh taking advantage of training opportunities, but were barred from graduation. During this time *The Lancet* constantly attacked the efforts of women to become doctors.

It is no part of our task to explain or account for the redundancy of women, nor to point out in what particular departments of the business of life they may best devote their energies; but shall confine ourselves to the task of endeavouring to show that, contrary to a widely-spread popular opinion, they are neither by nature nor habit adapted to the multifarious duties of a medical practitioner. It is asserted by the advocates for female doctors that there is a field for the usefulness of women in the medical treatment of diseases of women and children, and that women themselves would rather be attended in their labours and various ailments by members of their own sex than by men. We must demur to this, for from an extended experience we are convinced that the mothers of England prefer to be attended in their labours by medical men, and that, in fact, the idea of female medical attendants is positively repulsive to the more thoughtful women of this country. Judging from the mental, moral, and emotional characteristics of the

female organisation,¹¹ we should say that women are not well fitted to regard calmly and philosophically the pains and agonies of their sisters, nor are they constituted to battle seriously and determinedly with many of the dangerous and alarming accidents of parturition, which always require prompt and vigorous action. Moreover, it is the result of ignorance or oversight to imagine that anyone can comprehend the details of obstetrics and gynaecology without a thorough knowledge of all the departments of medical science, or that they can become skilful and successful practitioners of the art without adequate acquaintance with the general manifestations of disease. We ought not, with the empiric specialist,¹² to divide the body into separate organs and systems, and treat only this or that; but we must take the body as a whole, and learn the intimate relationship and sympathy which one part bears to another. The opinions we have stigmatised have, unfortunately, too long held men's minds in bondage, and have resulted only in a retrogressive quackery. The best specialist is he who, thoroughly conversant with the general working of the complicated machinery of the human body, has yet an intimate acquaintance with all its individual parts, and is therefore able to comprehend it in its entirety. Obstetrics has only comparatively recently been rescued from the midwives and the *sages-femmes*,¹³ and is just beginning to enjoy a scientific reputation as the result of the labour of many intelligent and enlightened observers. Shall we, then, again consign it to the dark regions from which it has just been snatched?

Further, women are neither physically nor morally qualified for many of the onerous, important, and confidential duties of the general practitioner; nor capable of the prolonged exertions or severe exposures to all kinds of weather which a professional life entails; nor capable of keeping the social secrets of patients, which are often dearer than life, and are second only to the claims of justice; nor ought they to be able to give instruction on many points of worldly wisdom which serve often to save many from temptation, or even to reclaim them from actual sin or impending ruin.

It has been foolishly asserted that the difference between the mental constitution of a man and a woman is the result of education, and that

¹¹ i.e. the female mind and body.

¹² A quack or untrained practitioner, who relied on experience and often offered a very narrow range of treatments, such as operations for the removal of cataracts. Educated practitioners, by definition, possessed a body of theoretical knowledge. At this time, a small proportion of practitioners chose to spend some of their time focusing on some specific aspect of medicine, but would also work as general practitioners.

¹³ Literally 'wise women' – untrained women who helped at births.

if a girl were brought up under the same conditions as a boy, the difference would not exist, or would be reduced to a minimum. This is erroneous in the highest degree, for there is a fundamental and structural difference which shows anatomically and physiologically in early life, and declares itself most emphatically at puberty. It cannot be doubted that it is possible to make women more *man-like*, but it is not possible to produce in them the characteristics of man without destroying many of their feminine attractions and possibly also their feminine functions. It is probable that, by careful selection, we might succeed in producing a race of strong-minded, masculine women, who might be capable of sitting on our school boards, or in the Houses of Parliament, or engaging in the active work of the learned professions; but by that time men might have become reconciled to the gentler occupations of domestic life, and capable, mentally, morally, and perhaps physiologically, of staying at home to nurse the baby.

We must now turn to examine another phase of this subject. From what we have stated it is evident that the only justification for the present movement in favour of female doctors can be that the work is not properly done at present; and if this be so, it remains to be proved that women possess in a high degree all the qualifications necessary to the scientific and practical physician and surgeon. If it cannot be shown that women are better, or at least as well fitted for medical practice as men, it is surely opposed to all the principles of political and social economy to urge females into the field to the necessary exclusion of many men, for already the profession is overstocked. It may be replied, however, that by competition the product is supplied to the public at a smaller cost; but the result of this will be that the labour will become too unremunerative to engage the energies of the higher intellects, who will turn their attention to more profitable pursuits; and therefore unless women can be produced who are able to grapple with the profound problems of scientific medicine, the subject must necessarily lapse into charlatanism, to the ultimate prejudice of mankind.