

***SOPHIA  
JEX-BLAKE***

***MEDICAL  
WOMEN***

**Sophia Jex-Blake**

# **Medical Women**

**Two Essays**

EAN 8596547325840

DigiCat, 2022

Contact: [DigiCat@okpublishing.info](mailto:DigiCat@okpublishing.info)



# TABLE OF CONTENTS

[Cover](#)

[Titlepage](#)

[I. Medicine as a Profession for Women. REPRINTED, WITH  
LARGE ADDITIONS, FROM "WOMAN'S WORK AND WOMAN'S  
CULTURE."](#)

[II. Medical Education of Women, THE SUBSTANCE OF A  
LECTURE DELIVERED ON APRIL 26TH, 1872, IN ST  
GEORGE'S HALL, LONDON, THE RIGHT HON. THE EARL OF  
SHAFTESBURY IN THE CHAIR.](#)

**I.**  
**Medicine as a Profession for  
Women.**  
**REPRINTED, WITH LARGE  
ADDITIONS,  
FROM “WOMAN’S WORK AND  
WOMAN’S CULTURE.”**

**[Table of Contents](#)**

---

**“We deny the right of any portion of the species to decide for another portion, or any individual for another individual, what is and what is not their ‘proper sphere.’ The proper sphere for all human beings is the largest and highest which they are able to attain to. What this is cannot be ascertained without complete liberty of choice.”—Mrs J. S. MILL.**

---

## MEDICINE AS A PROFESSION FOR WOMEN.

“The universe shall henceforth speak for you  
And witness, She who did this thing, was born  
To do it; claims her license in her work.  
And so with more works. Whoso cures the plague,  
Though twice a woman, shall be called a leech.”  
*“Aurora Leigh.”*

It is a very comfortable faith to hold that “whatever is, is best,” not only in the dispensations of Providence, but in the social order of daily life; but it is a faith which is perhaps best preserved by careful avoidance of too much inquiry into facts. The theory, if applied to past as well as to present times, would involve us in some startling contradictions, for there is hardly any act, habit, or custom which has not been held meritorious and commendable in one state of society, and detestable and evil in some other. If we believe that there are eternal principles of right and wrong, wisdom and equity, far above and greater than the “public opinion” of any one age or country, we must acknowledge the absolute obligation of inquiring, whenever matters of importance are at stake, on what grounds the popular opinions rest, and how far they are the result of habit, custom, and prejudice, or the real outgrowth of deep convictions and beliefs inherent in the most sacred recesses of human nature. While the latter command ever our deepest reverence, as the true “vox populi, vox Dei,” nothing can be more superficial, frivolous, and fallacious than the former.

In a country where precedent has so much weight as in England, it doubly behoves us to make the distinction, and,

while gratefully accepting the safeguard offered against inconsiderate and precipitate change, to beware that old custom is not suffered permanently to hide from our eyes any truth which may be struggling into the light. I suppose that no thinking man will pretend that the world has now reached the zenith of truth and knowledge, and that no further upward progress is possible; on the contrary, we must surely believe that each year will bring with it its new lesson; fresh lights will constantly be dawning above the horizon, and perhaps still oftener discoveries will be re-discovered, truths once acknowledged but gradually obscured or forgotten will emerge again into day, and a constantly recurring duty will lie before every one who believes in life as a responsible time of action, and not as a period of mere vegetative existence, to “prove all things, and hold fast that which is good.”

The above considerations arise naturally in connexion with the subject of this paper, which is too often set aside by the general public, who, perhaps, hardly appreciate its scope, and are not yet fully aroused to the importance of the questions involved in the general issue. We are told so often that nature and custom have alike decided against the admission of women to the Medical Profession, and that there is in such admission something repugnant to the right order of things, that when we see growing evidences of a different opinion among a minority perhaps, but a minority which already includes many of our most earnest thinkers of both sexes, and increases daily, it surely becomes a duty for all who do not, in the quaint language of Sharpe, “have their thinking, like their washing, done out,” to test these

statements by the above principles, and to see how far their truth is supported by evidence.

In the first place, let us take the testimony of Nature in the matter. If we go back to primeval times, and try to imagine the first sickness or the first injury suffered by humanity, does one instinctively feel that it must have been the *man's* business to seek means of healing, to try the virtues of various herbs, or to apply such rude remedies as might occur to one unused to the strange spectacle of human suffering? I think that few would maintain that such ministration would come most naturally to the man, and be instinctively avoided by the woman; indeed, I fancy that the presumption would be rather in the other direction. And what is such ministration but the germ of the future profession of medicine?

Nor, I think, would the inference be different if we appealed to the actual daily experience of domestic life. If a child falls down stairs, and is more or less seriously hurt, is it the father or the mother (where both are without medical training) who is most equal to the emergency, and who applies the needful remedies in the first instance? Or again, in the heart of the country, where no doctor is readily accessible, is it the squire and the parson, or their respective wives, who are usually consulted about the ailments of half the parish? Of course it may be said that such practice is by no means scientific, but merely empirical, and this I readily allow; but that fact in no way affects my argument that women are *naturally* inclined and fitted for medical practice. And if this be so, I do not know who has the right to say that they shall not be allowed to

make their work scientific when they desire it, but shall be limited to merely the mechanical details and wearisome routine of nursing, while to men is reserved all intelligent knowledge of disease, and all study of the laws by which health may be preserved or restored.

Again, imagine if you can that the world has reached its present standing point, that society exists as now in every respect but this,—that the art of healing has never been conceived as a separate profession, that no persons have been set apart to receive special education for it, and that in fact empirical “domestic medicine,” in the strictest sense, is the only thing of the kind existing. Suppose now that society suddenly awoke to the great want so long unnoticed, that it was recognized by all that a scientific knowledge of the human frame in health and in disease, and a study of the remedies of various kinds which might be employed as curative agents, would greatly lessen human suffering, and that it was therefore resolved at once to set apart some persons who should acquire such knowledge, and devote their lives to using it for the benefit of the rest of the race. In such case, would the natural idea be that members of each sex should be so set apart for the benefit of their own sex respectively,—that men should fit themselves to minister to the maladies of men, and women to those of women,—or that one sex only should undertake the care of the health of all, under all circumstances? For myself, I have no hesitation in saying that the former seems to me the *natural* course, and that to civilized society, if unaccustomed to the idea, the proposal that persons of one sex should in every case be consulted about every disease



incident to those of the other, would be very repugnant; nay, that were every other condition of society the same as now, it would probably be held wholly inadmissible. I maintain that not only is there nothing strange or unnatural in the idea that women are the fit physicians for women, and men for men; but on the contrary, that it is only custom and habit which blind society to the extreme strangeness and incongruity of any other notion.

I am indeed far from pretending, as some have done, that it is morally wrong for men to be the medical attendants of women, and that grave mischiefs are the frequent and natural results of their being placed in that position. I believe that these statements not only materially injure the cause they profess to serve, but that they are in themselves false. In my own experience as a medical student, I have had far too much reason to acknowledge the honour and delicacy of feeling habitually shown by the gentlemen of the medical profession, not to protest warmly against any such injurious imputation. I am very sure that in the vast majority of cases, the motives and conduct of medical men in this respect are altogether above question, and that every physician who is also a gentleman is thoroughly able, when consulted by a patient in any case whatever, to remember only the human suffering brought before him and the scientific bearing of its details; for as was said not very long ago by a most eminent London surgeon, "Whoever is not able, in the course of practice, to put the idea of sex out of his mind, is not fit for the medical profession at all." It will, however, occur to most people that the medical man is only one of the parties concerned, and

that it is possible that a difficulty which may be of no importance from his scientific standpoint, may yet be very formidable indeed to the far more sensitive and delicately organized feelings of his patient, who has no such armour of proof as his own, and whose very condition of suffering may entail an even exaggerated condition of nervous susceptibility on such points.[1] At any rate, when we hear so many assertions about natural instincts and social propriety, I cannot but assert that their evidence, such as it is, is wholly for, and not against, the cause of women as physicians for their own sex.

If we take next the ground of custom, I think the position of those who would oppose the medical education of women is far less tenable than is generally supposed; indeed, that a recent writer stated no more than the truth when he asserted that “the obloquy which attends innovation belongs to the men who exclude women from a profession in which they once had a recognised place.”[2] I believe that few people who have not carefully considered the question from an historical point of view have any idea of the amount of evidence that may be brought to support this view of the case.[3]

Referring to the earliest classical times, we find distinct mention in the *Iliad* of a woman skilled in the science of medicine,[4] and a similar reference occurs also in the *Odyssey*. [5] Euripides is no less valuable a witness on this point. He describes Queen Phædra[6] as disturbed in mind and out of health, and represents the nurse as thus addressing her: “If thy complaint be anything of the more secret kind, here are women at hand to compose the

disease. But if thy distress is *such as may be told to men*, tell it, that it may be reported to the physicians;" thus indicating a prevailing public opinion that there were natural and rigid limits to the medical attendance of men and women, and that therefore some women were specially trained to do what the regular physicians must leave undone. It is at least remarkable to find such evidence of general feeling on this matter in a state of society supposed to possess much less delicacy and refinement than our own.

We find records of several Grecian women who were renowned for their medical skill, among whom may be instanced Olympias of Thebes, whose medical learning is said to be mentioned by Pliny; and Aspasia, from whose writings on the diseases of women, quotations are preserved in the works of Aëtius, a Mesopotamian physician. [7] On the authority of Hyginus rests the history of Agnodice, the Athenian maiden whose skill and success in medicine was the cause of the legal opening of the medical profession to all the free-born women of the State.[8]

In more modern times, when almost all learning was garnered into the religious houses, which were not only the libraries but the hospitals of the day, it seems evident that the care of the sick and wounded fell at least as often to the share of the Nunneries as of the Monasteries, and probably medical skill, such as it was, found place among the sisters quite as often as among the brethren of the various religious Orders.

The old ballad of Sir Isumbras gives one illustration out of many of the prevailing state of things, relating how the nuns received the wounded knight, and how

“Ilke a day they made salves new,  
And laid them on his wounds,  
They gafe hym metis and drynkes lythe,  
And heled the knyghte wonder swythe.”[\[9\]](#)

It may be remembered that Sir Walter Scott,[\[10\]](#) after describing how Rebecca “proceeded, with her own hands, to examine and bind up the wounds,” goes on to remark, “The youngest reader of romances and romantic ballads must recollect how often the females, during the dark ages, as they are called, were initiated into the mysteries of surgery.... The Jews, both male and female, possessed and practised the medical science in all its branches.”

In the fourteenth century, when the Medical School of Salerno enjoyed high reputation, we find record of a female physician named Abella, who lived there, and wrote in Latin various works on medicine.[\[11\]](#)

Early in the next century an Italian lady, Dorotea Bocchi, was actually Professor of Medicine at the University of Bologna,[\[12\]](#) and among the traditions of the same University is preserved the name of Alessandra Gigliani, who, in even earlier times, was a learned student of anatomy.[\[13\]](#)

In the sixteenth century, at Alcares in Spain, lived Olivia Sabuco de Nantes, who “had a large knowledge of science and medicine,” and whose medical works were printed at Madrid in 1588.[\[14\]](#)

It is clear that in Great Britain at an early period women were commonly found among the irregular practitioners of medicine; and it is equally clear that their male competitors greatly desired to deprive them of the right to practise. In

1421 a petition was presented to Henry V., praying that “no woman use the practyse of fisyk under payne of long emprisonment.”[15] Within a few years after the first incorporation of the Colleges of Physicians and Surgeons, an Act[16] was passed for the relief and protection of “Divers honest psones, *as well men as women*, whom God hathe endued with the knowledge of the nature, kind, and operaçon of certeyne herbes, rotes, and waters, and the using and ministering them to suche as be payned with customable diseases, for neighbourhode and Goddes sake, and of pitie and charytie,” because the “Companie and Fellowship of Surgeons of London, mynding onlie their owne lucre and nothing the profit or ease of the diseased or patient, have sued, vexed, and troubled,” the aforesaid “honest psones,” who were henceforth to be allowed “to practyse, use, and mynistrer in and to any outwarde sore, swelling, or disease, any herbes, oyntements, bathes, pultes or emplaisters, according to their cooning experience and knowledge ... without sute, vexation, penaltie, or losse of their goods.”[17]

This provision clearly referred to general practice other than that of midwifery, which latter branch of the profession was then, as for centuries both before and after, almost exclusively in the hands of women. The very word *midwife*, with its Latin synonym “*obstetrix*,” is sufficiently significant on this point, for in neither language has it any masculine equivalent, and the clumsy term “Man-midwife” served, when first needed and used, to mark the general sense of what the writer in the *Athenæum* forcibly calls “masculine intrusion into that which natural instinct assigns to woman

as her proper field of labour;" and this same very suggestive title is the only one which at the present day in legal phraseology distinguishes the male practitioners of this branch of medical art.

From the time of Moses onwards this part of the profession has always been mainly in the hands of women, and in many countries of Europe no other usage has ever prevailed. The first regular French medical society, "La confrairie de St Cosme and St Damien," included within its organization the Company of Midwives,[\[18\]](#) and from that time down to the present it seems in France to have been the custom to give to these women a regular education, terminating in sufficient examinations, an example which England would have done well to follow.

In this country, however, midwives appear to have held a most respectable position some centuries ago, and a curious idea of their importance, their duties, and their credit, may be gathered from a MS. volume (without date) now preserved in the British Museum,[\[19\]](#) which was evidently written at a time when hardly any but women were employed in the "mysteries of the profession," and when it was a comparatively rare thing, that needed to be specially advised in certain cases, for them to "make use of (*i.e.*, call in) a physicien." The writer remarks that "it is meet that the midwife be a woman well read and well experienced," and gives a caution that "drunkenness is a sordid sin in any who use it, but is a blemish worthy greater blame in ministers, magistrates, midwives, physiciens, and surgeons."

Mrs Celleor, in her letter previously referred to,[\[20\]](#) tells us that in 1642, “the physitiens and chirurgens contending about it, midwifery was adjudged a chirurgical operation, and midwives were licensed at Chirurgion’s Hall, but not till they had passed three examinations before six skilful midwives, and as many chirurgens;” but for some reason (connected probably with their occasional baptismal functions) the midwives were, in 1662, referred for their licence to Doctors’ Commons, thus losing their official connexion with the medical world.

How it came that English midwives fell gradually from their high estate is partly explained by a very public-spirited book (with the appropriate motto “Non sibi sed aliis”) written by a surgeon in 1736.[\[21\]](#) The writer adverts to the accusations of ignorance then brought against the midwives, and remarks that “the only method by which this fatal distemper can be cured, is to put it in the power of midwomen to qualify themselves thoroughly and at a moderate expense.... To which method of qualifying themselves I doubt not the midwomen will object, and say that they would readily be at any reasonable expense and fatigue to be so thoroughly instructed, but it is not in their power. The midwomen cannot, and the midmen will not instruct them. The midmen will object and say that the midwomen want both capacity and strength (instruct them as ye please). To which I reply (*ore rotundo, plenis buccis*) that it is not want of capacity, docility, strength, or activity ... which is evident to a demonstration from the successful practice of women in the Hôtel Dieu at Paris (the best school for midwifery now in Europe).... Would not any person then

be deservedly laughed at who should assert that our women are not as capable of performing their office had they the same instruction as the French women?" This chivalrous surgeon then proposes that regular provision should be made for proper instruction, and for examinations by two surgeons (who have lectured to the women), "and six or seven other persons appointed by His Majesty, because I don't think it reasonable that so many people's bread should depend on the humour or caprice of two men only;" adding that "If some such scheme was put in execution, I'm satisfied that in a very few years there would not be an ignorant midwife in England, and consequently the great agonies most women suffer at the very sight of a man would be almost entirely prevented," and great expense and much life saved.

However, we must suppose that these noble words of protest fell upon deaf ears, and the midwives, being left in their ignorance, their practice gradually passed into the hands of the medical men, who had every advantage of learning at their command.[\[22\]](#)

It is, however, only very recently that men-midwives have been allowed to attend on royal patients in this country; indeed, I believe that the Princess Charlotte was the first to establish the precedent, and that our present Sovereign was the first queen who followed it. In a very interesting series of papers, by Dr Aveling, recently published in the *Lancet*,[\[23\]](#) accounts have been given of a number of the royal midwives whose names have been honourably preserved in history, such as Alice Dennis, who attended Anne of Denmark, and received a fee of £100 "for



her pains and attendance upon the Queen, as of His Highness's free gift and reward, without account, imprest, or other charge to be set on her for the same."

The same writer mentions that Margaret Mercer was sent express from England in 1603 to attend on "His Majesty's dearest daughter, the Princess Electress Palatine."

It is also recorded that "Mrs Labany attended Mary of Modena, Queen of James II., when she was delivered, on June 10th, 1687, of James Francis Edward, afterwards called the Pretender."[\[24\]](#) Mrs Wilkins, another midwife, seems also to have been present on this occasion, and it is stated that each of these persons received a fee of five hundred guineas for her services.

It is well known that Queen Charlotte was always attended by a woman,[\[25\]](#) and the late Duchess of Kent employed the Frau von Siebold, of whom mention is made elsewhere.[\[26\]](#)

Now that public attention is awaking to the subject, and educated women are once more desirous of undertaking this peculiarly womanly work, we may indeed anticipate, with the already quoted writer in the *Athenæum*, that a reactionary movement will soon make itself felt, and that the usage "which even up to the present time a large proportion of our English families, especially those of our northern towns and outlying country districts, have never adopted, will most likely be discontinued in all classes of English society before the end of the present century."

On the Continent of Europe, owing to their better education, the midwives retain much of the position that they have for a time lost in England; and we hear that in

Russia “a medical man is very rarely called in; notwithstanding, fatal cases are of far less frequent occurrence in Russia than in England;” and the same authority tells us that ladies practising midwifery are admitted into society as doctors would be, and are well paid, both by the Government and by private fees.[\[27\]](#)

While thus briefly tracing out the history of midwifery in modern times, and the causes which led to its practice passing from the hands of women into those of men, I have not paused to mention, in due chronological order, those women who, in the last three centuries, have been distinguished for a knowledge of the other branches of Medicine and Surgery. Of these I will now enumerate a few, though my time and space are far too limited either to give a complete list, or to relate any but the most prominent particulars of each case mentioned; but I can promise that any one who will consult the authorities quoted will be abundantly repaid by the long and interesting details that I am forced to pass over in almost every instance.

In the seventeenth century, in England, one of the women most noted for medical skill was Lady Ann Halket, [\[28\]](#) born in 1622, daughter of the then provost of Eton College. “Next to the study of Divinity she seems to have taken most delight in those of Physick and Surgery, in which she was no mean proficient; nay, some of the best physicians in the kingdom did not think themselves slighted when persons of the greatest quality did consult her in their distempers, even when they attended them as their ordinary physicians. Many from England, Holland, and the remotest parts of the kingdom, have sent to her for things

of her preparing; and many whose diseases have proved obstinate under all the methods of physicians, have at length, by the physicians' own advice, been recommended and sent to her care, and have been recovered by her."

In 1644 was born Elizabeth Lawrence, afterwards wife of the Rev. Samuel Bury, of Bristol, who wrote her life,[\[29\]](#) and who bears witness that "it was not possible there should be a more observant, tender, indulgent, and compassionate wife than she was; a more sympathising spirit is very rarely found." He records that "she took much pleasure in Anatomy and Medicine, being led and prompted to it partly by her own ill health, and partly with a desire of being useful." The difficulties that she encountered in her studies may be guessed, since "she would often regret that so many learned men should be so uncharitable to her sex, and be so loath to assist their feebleness when they were anywise disposed to an accurate search into things profitable and curious. Especially as they would all so readily own that souls were not distinguished by sexes. And therefore she thought it would have been an honourable pity in them to have offered something in condescension to their capacities, rather than have propagated a despair of their information to future ages." Her husband, however, tells us that "she improved so much, that many of the great masters of the Faculty have often been startled by her stating the most nice and difficult cases in such proper terms;" and, remarking that, "How much knowledge and skill soever she attained in the practice of Physick, by long observation, conversation, and experience, yet she was very distrustful of herself," he adds that the "instances of her

successes in the preservation of human lives were not easily numbered.”

As a contemporary of these Englishwomen, we find in Germany Elizabeth Keillen, who published several medical works, and died in 1699. She is said by Finauer to have had “great knowledge of medicine and chemistry.”

In comparatively recent times, Bologna was remarkable as ever for its liberal encouragement of learned women, and about the middle of the last century the Chair of Anatomy at that University was filled by Anna Morandi Mazzolini, whose exquisitely delicate anatomical models, executed in wax, became the pride of the Museum at Bologna. She first became interested in the study of Anatomy in consequence of her wish to help her husband, who was a distinguished anatomist, and a maker of anatomical designs and models. He fell into ill-health and mental despondency, and therefore “his wife, loving him dearly, and fearing that he would desist from his work, gave herself up to his comfort; and for this purpose became herself an anatomical sculptor, reading works of anatomy, consulting anatomical tables and preparations, taking theoretical and practical lessons from her husband, and, marvellous to say, even dissecting dead bodies with resolute mind, and with incredible perseverance.... Too long to describe are the works executed in wax by the able hands of this illustrious woman. They were collected in five elegant cases in our Anatomical Museum.... The fourth case encloses delicate illustrations of all the parts belonging to the senses of sight, smell, hearing, taste, and touch—stupendous works in which she surpassed herself, and also her husband, and his colleague, Ercole

Lelli.... These models were for some time kept in her own house, and each one who saw them spread her renown, so that through distant countries was spread the fame of her works, so that every learned and distinguished person passing through Bologna was solicitous to visit and know personally the maker of these wonders.”[30] Signora Mazzolini also made original discoveries in anatomical science, which obtained for her many marks of distinction from the learned colleges and societies of the day. She was offered a Chair at Milan, with increased revenues, but preferred to remain at Bologna, where she lived till her death in 1774. Medici, in his records of the Anatomical School of Bologna, speaks of this lady with profound respect, as distinguished alike by “rare powers, great erudition, gracious manners, and delicate and gentle temperament,” and relates that her fame reached the ears of the Emperor Joseph II., who visited her in 1769, and “having seen her works and heard her conversation,” loaded her with public honours. Her example seems to have inspired others of her countrywomen to follow in the steps of one so honoured, alike in the stern duties of her profession, and in the sanctities of household life; for in the course of the next half century several Italian women availed themselves of the thorough medical education which the Italian Universities never refused.

In 1788 Maria Petraccini[31] took a degree in medicine at Florence, and we find her, a little later, lecturing on anatomy at Ferrara, in presence of the medical professors. She married Signor Feretti, and has left several works on the physical education of children.

Her daughter, Zaffira Feretti, seems to have inherited her mother's talents, for she studied Surgery in the University of Bologna, and there received a medical degree[32] in May 1800. She obtained an appointment under the Italian Government, and for some time lived in Ancona acting as Director-General of the midwives in all parts of the country. She afterwards went to Turkey, and died at Patras in 1817.

Maria Mastellari seems also to have been a woman of unusual talent, and "progressed diligently in the most rigid sciences." She obtained a medical degree at Bologna in 1799. She subsequently became the wife of Signor Collizoli-Sega, and is described as possessing a "sweet and gentle temperament, with special love of silence and quiet. She centred her interests in her family, which she managed admirably." [33]

Still more distinguished in the annals of medicine was Maria delle Donne, who also studied in the University of Bologna, and "received the doctoral laurel" in 1806.[34] She "constantly practised both Medicine and Surgery," and was appointed by Napoleon Bonaparte to the Chair of Midwifery at Bologna. The *Gazette Medicale*, quoting from the "*Raccoglitore Medico*," gives the following account of her:—"Anna Maria delle Donne, docteur en médecine, auteur d'élégants vers latins, professeur d'obstetrique, à l'Université de Bologna, membre de l'Académie, bénédictine, &c., est décédée le 9 janvier, 1842. Cette femme distinguée qui a succédé à Madame Mazzolini et à Madame Bassi, est une des gloires scientifiques de Bologna. Elle soutint en 1800, avec un très grand succès, une thèse de Philosophie, de Chirurgie, and de Medicine. Peu après, à

la suite d'un examen public, on lui conféra le grade de docteur et de consultant. Napoleon en passant à Bologne fut frappé du savoir de cette dame, et institua pour elle une Chaire d'Obstetrique, où elle se fit une grande renommée.”[35]

Nor was Italy alone noted as the birthplace of women skilled in Medicine. In Germany, early in this century, Frau von Siebold so greatly distinguished herself in the practice of midwifery that the degree of M.D. was conferred on her by the University of Giessen;[36] and her daughter Marianne, afterwards Frau von Heidenreich, studied in the Universities of both Göttingen and Giessen, and took her degree in the regular way in 1817. She is spoken of as “one of the most famed and eminent female scholars of Germany,” and as being “universally honoured as one of the first living authorities in her special branch of science.”[37] She died only in 1859.

In France, the name of Madame Lachapelle[38] was known and honoured as that of one of the ablest teachers of Midwifery during the latter part of the last century. She has left several valuable works on subjects connected with her specialty. Her funeral in 1821 was followed by all the chief physicians of Paris. Her pupil and successor, Madame Boivin,[39] was still more distinguished for her medical knowledge and skill, and for her contributions to anatomical science. Her “*Memoire de l’art des Accouchements*” was approved by the highest medical authority, and was appointed as the text-book for students and midwives by the Minister of the Interior. She was invested with an Order of Merit by the King of Prussia in 1814, and in the same year

was appointed co-director (with the Marquis de Belloy) of the General Hospital for Seine and Oise, and in 1815 was entrusted with the direction of a temporary Military Hospital, for her services in which latter capacity she received a public vote of thanks. She was also entrusted with the direction of the Hospice de la Maternité, and of the Maison Royale de Santé, and was one of the most distinguished practitioners of the time. She made original discoveries in Anatomy, invented various surgical instruments, and obtained prizes for medical theses from the Société de Medicine.

Her medical writings were distinguished by “precision et clarté, jugement sain, erudition choisie, et savoir solide.” In 1846 one of her books was eulogized by Jourdan as “ouvrage éminemment pratique, et le meilleur que nous possédions encore sur ce sujet,” with the additional remark that “tout se réunit pour lui mériter une des premières places parmi les productions de la littérature médicale moderne.” She was a member of the Medical Societies of Paris, Bordeaux, Berlin, Brussels, and Bruges, and was honoured with the degree of M.D. from the University of Marbourg. She died in 1841.

These numerous instances of the successful practice of Medicine by women seem to have been little known, or else forgotten, to judge by the surprise expressed when, after surmounting many difficulties, an English lady, named Elizabeth Blackwell, succeeded in obtaining medical education and the degree of M.D. from a medical school in America in 1849. The novelty, in truth, was not in the granting of the medical degree to a woman, but in its being



received by an Englishwoman, for it is hardly gratifying to one's national pride to find that England never has accorded such encouragement to female learning as was found in Italy, Germany, and France; and it is still more painful to realize that this country, almost alone, stands still aloof from the movement of liberal wisdom that has now in all these lands, as well as in Switzerland, and even in Russia, granted to woman the advantage of University education and degrees. English women are not behind others in desiring knowledge, but as yet they are forced to seek it on foreign shores, for hitherto no British University has ever fully admitted women to its educational advantages; and a few years ago, that of London, with all its professions of liberality, refused a woman's petition even for examination for the degree of M.D.!

So much for the historical evidence bearing on this question. I am indeed sorry to have paused so long on this part of the subject, but it seemed essential to a proper statement of the whole case.

If, then, nature does not instinctively forbid the practice of the healing art by women, and if it cannot be denied that some at least of its branches have long been in their hands, we must go further to seek on what grounds their admission to the medical profession should be opposed.

Probably the next argument will be that women do not require, and are not fitted to receive, the scientific education needful for a first-rate Physician, and that "for their own sakes" it is not desirable that they should pursue some of the studies indispensably necessary. To this the answer must be, that the wisest thinkers teach us to believe