

# Why Women should be Nurses and not Doctors.

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The story of women's role in medicine in 19<sup>th</sup>-century Britain has been dominated by these two iconic figures. They died within a couple of years of one another, but Florence Nightingale was the elder by twenty years, and became an established national heroine when she returned from the Crimean war in 1856.



Sophia Jex-Blake, 1840-1912



Florence Nightingale, 1820-1910

In 1860 a school for nurses was set up under her name at St Thomas' Hospital. This happened nine years before Jex-Blake led her own small group of women students to matriculate in medicine at the University of Edinburgh. The interval of twenty years between their birthdates, has some importance in their joint story. By the time that Jex-Blake was immersed in her publicity campaign and legal struggles, Florence Nightingale was already a legend. Although Nightingale continued a vigorous campaign for reform of military hospitals, she was forever fixed in the public mind through her work in the Crimea. The Nightingale school caused her much trouble, and has not been judged a great success by historians, but it maintained a good public front, and helped to associate her name in the public mind with a particularly disciplined form of nurse training.<sup>1</sup>

I have shown the two women looking away from one another, because it is appropriate to the main theme of my paper. They shared the same ambition - to train women as professionals in the world of medicine - but the relationship between the two movements they began was never straightforward or easy. Historians have tended to focus either on one story or the other: my own concern has been with the women doctors rather than the nurses, but in the course of investigating the history of the first women medical students at Edinburgh, and the medical profession's reaction to them, I came across so many contemporary references and comparisons that it seemed worthwhile to try and draw some of the strands together.<sup>2</sup> This account concentrates particularly on the mixed response of the medical profession to these two groups of women, and their different claims for professional recognition.

Of course the ideas of Florence Nightingale and her protégés did not sweep all before them. It took time for new concepts on nurse training and discipline to penetrate the hospitals: three-way battles between hospital governors, medical staff, and the nurses continued until the end of the century. But by the mid 1870s, the notion of lady superintendents, probationers, and carefully supervised nurses' homes, was a model carried to many parts of Britain, often by nurses who themselves had been personally selected, or influenced, by Florence Nightingale herself. Susan McGann has told the story of several of these formidable women, dedicated to the furtherance of professional nursing, though often disagreeing about the best tactics for the purpose.<sup>3</sup> But the generation of male medical students entering the universities at the same time as Jex-Blake, would have associated professional nursing with the popular image of Florence Nightingale, as celebrated in poem and storybook. Although the social composition and levels of education amongst British nurses were extremely varied, Florence Nightingale had established the cardinal point that nursing was a suitable vocation for 'ladies,' and that they might take a leading place in hospital administration.

Standard biographies of both women show a number of common features- their superior social status and financial security, their refusal to be intimidated, the sense of lives lived always at the passionate end of the emotions. They also adopted some similar tactics in their campaigns: both were able publicists, making good use of family and political connections, and they could marshal or even mesmerise devoted admirers of both sexes. But there is no doubt that Florence Nightingale's image was far more popular and enduring. The picture of the Lady with the Lamp has proved irresistible: no woman doctor has achieved instant recognition across the generations in anything like the same way.

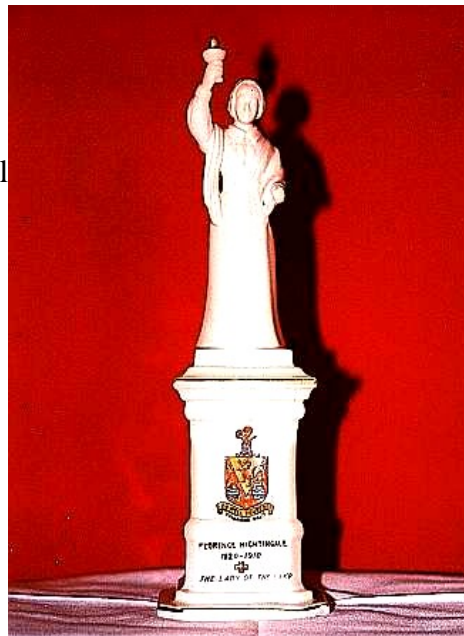
Florence Nightingale's massive correspondence has also ensured that her story is retold by each generation of historians, and each generation sees her through its own spectacles. Early biographers saw the Christian heroine and ministering angel.<sup>4</sup> In the Freudian 1920s, the neurotic and manipulative Lytton Strachey redrafted Florence Nightingale as manipulative and neurotic.<sup>5</sup> In the 1930s she had a short career as a Hollywood glamour-girl.<sup>6</sup> In the 1950s, Cecil Woodham-Smith's Nightingale was an aristocratic yet resourceful organiser of the military, although not lacking in motherly instincts- a suitable heroine for women who had endured the Second War and were still poised uneasily between the claims of work and home.<sup>7</sup> Since the 1960s, several historians have discussed Nightingale as trouble-maker, religious iconoclast, committed professional, or feminist prototype; they have also speculated about her

sexual orientation.<sup>8</sup> All of this tells us as much about the historians and their times as it does about Miss Nightingale. The 16-volume promised edition of her (selected) correspondence will probably allow the process of reinterpretation to continue even more regularly.

By contrast, although Jex-Blake has an inviolable place in the feminist pantheon, her image is less familiar, and much of her voluminous correspondence was destroyed after her death: she therefore gives less scope to the biographer. As far as I know, she has never reached Florence Nightingale's status of tourist souvenir. This one is from Tunbridge Wells, c 1920s: a place with no particular Nightingale associations. Note that the face on this six-inch china figurine is of no importance- Florence Nightingale's individuality is not apparent. She is simply a shape, with a lamp, and the observer can be expected to supply all necessary identification.

If Florence Nightingale was keen to show that nursing was a suitable task for ladies, Jex-Blake was making same point for the women doctors. In fact her social range had to be even narrower. Nursing, with its great demand for labour, was bound to be hierarchical in terms of social class. It did not reach down to the uneducated daughters of the very poor, but because nurses effectively trained on the job, and most were supported while doing so, the profession attracted women of the lower middle class, and also the daughters of skilled workers. The less favoured workhouse training schemes for nurses went even further down the social hierarchy. This range of social background was not found amongst women medical students. The entrance examinations for the medical schools, the fees and the lengthy training period, ensured that the first women doctors were not from humble backgrounds; and, unlike nurses, they were trying to break into an already highly competitive, masculine profession.

The first female medical students entered the University of Edinburgh between 1869 and 1874 when, after a legal battle, the University refused to award them degrees, and they left, some to qualify abroad, others to found the London School of Medicine for Women.<sup>9</sup> In 1876 Russell Gurney's Bill was accepted by Parliament, and British examining bodies were permitted to include women if they wished: by slow stages, first licenses and then university degrees were open to medical women. Their demand for qualification in Britain caused a major political and social debate, but in many contemporary arguments on the suitability of women for medical study, the name of Florence Nightingale would sooner or later be invoked.



Nightingale, always impatient of obstacles, saw her own ambitions as impeded by lazy, dimwitted, or prejudiced opponents. These included not only the War Office, the India Office, and assorted politicians, bureaucrats and medical men, but also members of her own family. Yet without intending it, she herself was erected into an obstacle for women attempting to join the

medical profession. For by the time that Jex-Blake began her campaign, there was already a model for women's role in medical care, and this model was provided by the new style of nurses. Florence Nightingale's personal views on medical women were forcible but somewhat variable. Privately, she was rude about the 'third-rate' quality of the few qualified women practising before the 1870s- presumably the European and American MDs, and Elizabeth Blackwell, then practising in Britain.<sup>10</sup> Publicly her *Notes on Nursing* (1859) argued that women should not be deterred from activity which society considered 'unsuitable,' –'you want to do the thing that is good whether it is suitable for a woman or not.'<sup>11</sup> Yet in the same breath she denounced feminists who demanded women's 'rights' to undertake men's work, including medicine. By the late 1860s she had changed her mind on the suffrage campaign, and later was prepared to sign petitions in favour the women's right to take medical degrees in London; but her general stance, in her best-known published work, suggested that women would be better advised to aim at being first-rate nurses rather than third-rate doctors. I am not arguing that Florence Nightingale's early hesitation strongly affected social attitudes towards women in medicine; indeed, her views are not much different from Queen Victoria's reluctant acceptance of medical women. Rather, they were part of a common opinion, voiced by many doctors when faced with the prospect of female practitioners.

After the fight for qualification at Edinburgh was lost in 1874, the medical school then remained closed to women until 1894, and the search for qualification was transferred to London. But from the first, the struggle for medical qualifications was adopted by the feminist movement. A large and well-connected group of Edinburgh ladies stood behind Jex-Blake. Several joined her in the medical classes, even though they did not intend to qualify in medicine, and faced down the turbulent male students. They provided financial support, both to ensure that fees could be met, and to assist with legal costs; they later helped Jex-Blake found a medical school for women in Edinburgh. They supported numerous philanthropic and temperance causes. Two of the women students, Flora and Louisa Stevenson, cousins of the novelist Robert Louis Stevenson, were prominent in Edinburgh public life, taking advantage of the local civic positions then available to women. Between them, the sisters were pioneer members of the school board, the committee of the Royal Infirmary, and the campaign for the higher education of women. They, and the other supporters, saw the creation of women doctors as an important part of the wider campaign to prove women's equality. Florence Nightingale, although she did come to support (albeit passively), the suffrage campaign, was initially uninterested in it, and indeed, was anxious not to rouse male hackles in the medical profession by equating nursing reform with feminism. This is not to say that the development of professional nursing was not important in the history of women's emancipation (Ethel Bedford Fenwick, founder of the British Nursing Association, and others, were anxious that it should be given its rightful place in the struggle for women's rights); rather, it was not originally presented as such, and the attitudes of the male medical professionals towards the two movements was affected by this. Jex-Blake's companions at the Edinburgh medical school, surrounded by riot and controversy, were harder to reconcile with current ideas of femininity than the Nightingale nurses.

Both the women doctors and the Nightingale school of nurses met opposition from sections of the medical profession. The detailed history of the changes in nursing practices in the great hospitals is full of stories of the hostility experienced by the new

matrons from sections of the medical staff. One of the most notorious was the scandal at Guy's hospital in 1879-80, when the medical staff ranged themselves against the new matron and her attempts to control the rotas and work done by the nurses.<sup>12</sup> There was a struggle for authority over the nursing arrangements in the hospitals, and in some cases the doctors may have felt particularly threatened because the new 'lady' matrons were better connected than themselves. Neither Florence Nightingale nor Jex-Blake had any qualms about using their social influence to further their causes. There was, of course, nothing at all unusual about using patronage to move on in the medical profession: Keetley's standard advice book for medical students of the period stressed how important 'influence' could be in gaining promotion, especially in the hospitals.<sup>13</sup> However, it was assumed that patronage was a masculine prerogative, and not desirable in women.

Yet the early matrons were largely successful in working out an arrangement with the medical staff, and by the end of the century trained nurses were viewed as the essential support of the medical profession, and not a challenge to its authority.<sup>14</sup> Most histories of nursing stress that the relationships in the hospital mirrored those of family life: the young nurses - for most of them were young women - replicated the subordinate role of women in the family, under the authority of the male doctor. 'The process of moral training,' as Christopher Maggs says, 'emphasised above all the quality of obedience.'<sup>15</sup> This would not have pleased Florence Nightingale, who thought obedience a most over-rated virtue; but it was a comforting interpretation of the nursing profession, because it allowed male doctors to come to terms with more educated and highly trained nurses. Was this, then, the reason that nurses received far more favourable mention in the medical press than women doctors- that they were not perceived as a threat to the authority of the male profession? This is part of the answer, but I do not think it is quite enough. Any threat to male authority by the women doctors was purely theoretical, since it was so easy to keep them at bay in the places of greatest prestige. As Mary Ann Elston has shown in her detailed study of women in medicine, wherever they worked within mixed hospitals, they were restricted to junior or ancillary posts.<sup>16</sup> Their best hope was to found their own hospitals, restricted to women and children.<sup>17</sup> Medical women may have threatened the authority of the male more than did the nurses; but since they could be, and were, marginalised within the profession, and denied access to its most elite positions, this was surely not the only reason for hostility.

Another possible reason for hostility towards women doctors might be that they threatened the men in a more direct way- through their pockets. Charles West, a Fellow of the Royal College of Physicians, launched a vehement attack against women doctors in 1878, but was careful to disclaim any vulgar 'trade unionism' in his motives: rather, he fell back on the usual arguments about separate spheres and the 'unwritten law which depends on no syllogism, an instinct higher than reason which must govern the relation between the sexes.'<sup>18</sup> But his very anxiety to refute the trade union imputation suggests that it was a significant issue. Certainly, the specialist societies of obstetrics and gynaecology were notoriously hostile to the women; for it was in these areas that the medical women offered the greatest threat. Economic competition was the bugbear of the profession, both in the hospitals and in private practice. The first women doctors, 'ladies' by definition, might also be assumed to appeal to 'lady' patients and their children- potentially a source of considerable revenue. Nurses, usually very badly paid, offered no such competition. And indeed,

medicine was one of the few professions to offer 'ladies' a genuine chance of economic independence. Hospital nursing certainly did not do so; though as Barbara Mortimer's research on Edinburgh has shown, nursing skills might make a woman independent in the market for private domiciliary nurses.<sup>19</sup> But with growing national wealth, the later nineteenth century was a good period for the medical profession, and medical women were never numerous enough to offer a serious threat.

Another difference between women doctors and nurses, was that the doctors talked of 'qualification,' the nurses of 'training.' This was, of course, a very sore point within the nursing profession. The dispute between Florence Nightingale, who to the last opposed registration for nurses, and Mrs Bedford Fenwick, who wanted qualifications based on examination as well as training, is basic to the history of profession. Throughout this period, although some hospitals did require written examinations of their nurses, training on the job was still the most important experience for every probationer. Aware of some of the contradictions in urging that medicine was too taxing physically and mentally for women, the more adroit defenders of the status quo redefined nursing duties as specifically within a woman's limited mental capabilities. Charles West was also clear on this subject:

The fact that medical men as a body advocate the training of nurses and teaching of midwives, and yet deprecate the practice of medicine by women is sometimes brought against them as an inconsistency. It must be remembered, however, that the requirements of the two are widely different, that as a rule they will be taken from different classes of society, and that they needed in the one case a far shorter and less complete education than in the other. In the perfect nurse we require, first of all, a quality which is the especial attribute of a woman... But next the nurse needs an amount of technical skill which is gained by long practice, and which the doctor has no leisure to acquire... And lastly, she must have knowledge enough of disease to carry out intelligently the directions she receives.<sup>20</sup>

In addition, nursing:

entails on those who pursue it much fatigue of body, it calls for nimbleness of hand, as well as for gentleness and patience, and last... for implicit obedience, but it does not give scope for the higher power of mind, and leaves the cravings of the active intellect unsatisfied.

By contrast, the medical women shared the world of the medical men, insofar as much of their early education was theoretical, and practical experience had to be gained after qualification, or during a period as a hospital resident. As a result, the medical women had to counter objections voiced by a number of opponents of all higher education for women: that it would develop their brains to the detriment of their reproductive organs, and leave them unfit for marriage and motherhood. Historians have had much fun with the wilder statements of this school, which equated female education with the deterioration of the race; but I will offer one culled directly from a male contemporary of Jex-Blake. He was Dr Charles Waterhouse, who wrote a book in 1890 offering his general philosophy of life. This was so profoundly commonplace that it is tempting to see him as a kind of lowest common denominator for the medical profession. He had ingested a number of popular 'scientific' theories of the day, and

decided that the effect of educating women to a high level was to reduce their capacity for marriage and motherhood ('these learned maidens might do well to remember that plants under cultivation lose their natural uses').<sup>21</sup> In the next sentence, however, he invokes the name of Florence Nightingale as the true embodiment of womanhood, since the nurse's training is a proper preparation for woman's domestic role. Again, the ironies are unconscious but considerable, in that Florence Nightingale, the dedicated celibate, was often cited as the embodiment of women's motherly instincts. Waterhouse, conforming to popular imagery, assumed that women trained as nurses would be particularly fit for marriage; while spinster nurses would be able to sublimate their natural instincts in caring for the sick. Such critics did not inquire whether the long hours and tiring physical labour of young nurses was not more likely to affect their capacity for maternity than the allegedly damaging mental exercises of the woman doctor.

But again, although this type of notion is much quoted as a reason for favouring nursing rather than medicine as a career for women, I am sceptical about how far it was embraced within the medical community at large, if only because the scientific evidence for it was hardly convincing. In fact, medicine was one of the few professions offering women the chance to combine motherhood and a career; since for most nurses this was not possible. All the powerful matrons described by Susan McGann were either widowed or unmarried, and although Jex-Blake remained single, the alternative model for medical women was Elizabeth Garrett Anderson, who combined marriage and motherhood with her private practice, and later with the demanding work of running the London School of Medicine for Women. General practice, being a private enterprise, was one of the few professional careers that a married woman could combine with domesticity. The first medical women married men who were either practitioners themselves, or had substantial middle-class incomes: in either case, they were well supported with domestic help for child-care. All practised in towns, with the surgery usually attached to their residences- they did not undertake the arduous rounds of the country practitioner: their domestic circumstances could withstand the long hours spent on dispensary work, and the erratic calls of private practice. As Robert Wilson (one of Jex-Blake's medical supporters) noted:

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.<sup>22</sup>

Although the first small group of medical women at Edinburgh had a lower rate of marriage than the national average, their successors in the late nineteenth century did not differ much from the rest of their social class in this respect.<sup>23</sup> Nurses had to make a starker choice between marriage and their profession. The only hospital position open to a married nurse was in the relatively low status Poor Law institutions, where increasingly the board of guardians demanded that the master's wife be an experienced nurse. This tradition persisted well into the twentieth century, when the matrons were often better qualified than their husbands.<sup>24</sup>

There may be something in the arguments on authority, on economic competition, and on the unsexing nature of medical work for women, but it is essential to give proper

priority to the arguments that were actually put forward most forcefully at the time against women joining the medical profession. Here, the views of Sir Joseph Lister are exemplary, for they are characteristic of many comments made at the time, and were particularly used in order to keep women out of the British Medical Association. The women could not join Lister's medical students in Edinburgh, because his antipathy to the idea of female practitioners was unshakeable. To the end of his life he resisted the 'unseemliness and impropriety of having medical topics discussed without restriction in a mixed company of men and women.'<sup>25</sup> He objected not only to their admission to the university, but also their efforts to join the BMA once qualified.<sup>26</sup> Lister's opposition went deeper than fear of professional competition from women, rather it was a deeply-held conception of gender roles he could never modify. To him it was not inconsistent to work with his wife, daughter of the eminent surgeon James Syme. She wrote up his scientific notes and even helped with his microscopy: but the idea of women studying medicine in the normal way was unthinkable.<sup>27</sup> His view did not necessarily preclude the idea of women doctors, but it implied a total segregation of women as students and practitioners, and hence exclusion from the elite of the profession.

Such pressures on the first medical women did, in fact, greatly limit their sphere of action. The Edinburgh women students had the greatest difficulty in attending classes in anatomy and surgery, the 'indelicate' subjects, not suited, unlike (say) botany, for mixed classes. The only mixed classes in anatomy and surgery were given by the extra-mural College of Surgeons, and made the women the target for bullying by some of the male students. Clinical experience was even more difficult to achieve, as the infirmaries were reluctant to admit them.<sup>28</sup> The women's leaders had to counter these deeply held views by accepting, paradoxically, that women's sensibilities were more 'delicate' than men's. This allowed them to argue that women doctors were essential to safeguard the modesty of women patients. Women's 'motherly' instincts would also fit them particularly well in the treatment of child patients. As a result, the first women doctors were forced to concentrate on practice amongst women and children.<sup>29</sup>

It was necessary for the nursing pioneers to hold that woman's natural tendency to heal and nurture overrode her delicacy, and to cite Florence Nightingale's heroism in the Crimea as the triumphant proof of the toughness of the female character. This argument should have been useful to women doctors, for if lady nurses could cope with such horrors in order to save lives, why should educated women be denied the chance of medical education? Yet Florence Nightingale's most famous work was not amongst women and children, but soldiers. The medical profession had no real answer to the argument that nurses were expected to perform the most intimate tasks for male patients, but the first women doctors had to accept that 'woman's ministry to women' was the only argument that counted in their favour. They were, of course, aided by the needs of empire, and well-publicised horror stories of women in purdah in India, dying through lack of medical help because no women doctors were available. Even the Queen dropped her opposition to medical women for the sake of the Indian argument. But the result was to confine women doctors almost entirely to women and child patients until the outbreak of the First World War. Meanwhile, nurses continued to attend to male patients, as they always had done.<sup>30</sup>

For a further explanation of the double standards applied by the medical profession to women as doctors and as nurses, one has to turn to the sexual stereotyping of both roles. Many historians have discussed how the new-style nurses were made acceptable because of their highly feminised role as disciplined and obedient. Florence Nightingale encouraged this in a number of ways, especially through her insistence on 'purity' and high moral character amongst her nurses: she reinforced these qualities by careful monitoring of nurses' behaviour, and regulation of the new homes for nurses. Her followers in the great hospitals shared an ideal vision of residences where nurses would have their own bedrooms rather than dormitories, pleasantly furnished sitting rooms, and surroundings suitable to a ladylike existence. However, young nurses would have to forfeit much personal freedom; and male access to them would be strictly regulated. The matron, the stern mother, would keep her charges under firm control until they could be released, presumably in a virginal state, into homes of their own. Nightingale had no illusions about the predatory nature of the medical profession, especially medical students, and controlling the behaviour of young people in the hospital was an important part of the nursing regime. There was enough separation in the training and living arrangements for nurses to appease delicately-minded surgeons like Lister.

Hence it is interesting to see how early some of the stereotypes of the profession began to emerge. I think they are protective stereotypes, in that the medical profession and others were able to place nurses into comfortingly familiar social roles. Leslie Fiedler, writing mainly of nurses in American popular fiction, offers some useful pointers. 'In the popular mind, the deep psyche of the mass audience, not merely (in contempt of the changing facts of the case) does Nurse equal Woman, but, on an even profounder mythological level, Woman equals Nurse.'<sup>31</sup> Nurses, he says tend to fall into two stereotypes, either young and available, or 'equivocal asexual mothers' (like the early matrons), treating adult males like children. This stereotyping persists, not least in modern film caricatures of nursing, where the Carry On tradition of the statuesque and severe matron ([Hatti Jacques](#)) is contrasted with the nubile junior nurse ([Barbara Windsor](#))<sup>32</sup> or [again](#).<sup>33</sup> It could be argued that the nursing profession has suffered from such stereotypes. The stern matron and the nubile nurse appear in many guises, given particular currency in this country in the popular fiction of Dr Richard Gordon, and the many Doctor in the House films generated from it. Women doctors, too, have a place in fiction, but never as dominant, until recent years, as the figure of the nurse.

Fiedler goes on to say that nurses and prostitutes were the only females permitted to handle the male body, and he makes some debateable statements about the low moral reputation of nurses before the Nightingale era. But if his hint is taken up, it does help to explain why nurses were permitted to handle male patients when women doctors were not. If nursing was an extension of the domestic role, then the nurse stood in for the wife or mother, whose right to handle the male body in sickness has never been questioned. Taken back to the end of the nineteenth century, this does not fit at all badly with the views of Sir William Macewen in the Glasgow Royal Infirmary, seeing nursing as 'an outlet for all the magnificent compass of susceptibilities, human sympathies, and soft compassions of a woman.'<sup>34</sup> But arguing that nurses were the quintessence of woman, was also to accept, though not very openly, that they were also the objects of sexual interest, and that their behaviour would have to be regulated in order to keep this interest at bay. Florence Nightingale was horrified by loose

sexual morals in some of the Continental hospitals of her early experience- where the nurses, she said, were little more than the mistresses of the medical staff. Her regime ensured that her own trainees would be above reproach.

The double standards applied to nurses can be seen very clearly in the account by a once famous patient in the Edinburgh Royal Infirmary. Following an operation on his foot, the poet W E Henley was in the hospital for many months being treated by Lister. Henley's poetical views on the nurses in the ward are frequently quoted in accounts of Lister's life. The most popular poem described Mrs Porter, the old pre-Nightingale staff nurse, a stern maternal figure whom Lister strongly approved.

These thirty years has she been nursing here  
Some of them under SYME, her hero still.  
Much is she worth, and even more is made of her.  
Patients and students hold her very dear.  
The doctors love her, tease her, use her skill.  
They say 'The Chief' himself is half-afraid of her.  
(W.E. Henley: 'Staff nurse- old style')<sup>35</sup>

Henley also noted the advent of the new lady nurses into the hospital, and particularly their social superiority:

BLUE-EYED and bright of face but waning fast  
Into the sere of virginal decay,  
I view her as she enters, day by day,  
As a sweet sunset almost overpast.  
Kindly and calm, patrician to the last,  
Superbly falls her gown of sober gray,  
And on her chignon's elegant array  
The plainest cap is somehow touched with caste.  
(W.E Henley, 'Staff nurse- new style')

This was his published face; and the nurses are the respectable stereotypes of the profession. The less respectable stereotype appears in the letters Henley wrote from the hospital to one of his louche friends, where his physical longings at the sight of the young nurses, and his lustful approaches to one of them were described in some detail.<sup>36</sup>

If nurses could be clearly designated as mothers, future wives, or (in unbuttoned moments) objects of desire, then where did this leave the first women doctors? The problem was that they could not be accommodated into any of these useful stereotypes. They had independent incomes, and, once past the hospital resident stage, lived independent lives. The census of 1881 shows that several of them lived alone in their own flats- an unconventional and suspect attribute in the 1880s and 1890s when the 'new woman' was beginning to emerge. They were associated with feminism, particularly as several of Jex Blake's more radical followers later became very active suffragettes. There were some early efforts to find a role for them as objects of desire. Even before the medical women began to study at Edinburgh, Punch printed a cartoon of a young dandy attending a 'lady physician,' with the caption; 'Who is this Interesting Invalid? It is young Reginald de Braces, who has succeeded in catching a

Bad Cold in Order that he might Send for that Rising Practitioner, [Dr. Arabella Bolus!](#)<sup>37</sup> This image remained a fantasy, because for several decades women's medical practice was almost exclusively confined to women. By the First World War the stereotype had changed- women were accepted as surgeons for the first time when military need was pressing. [Punch's cartoon from 1915](#) has a number of undercurrents.<sup>38</sup> The lady surgeon attending to the wounded soldier is presented as plain and unfeminine, very much the old maid, but professional, competent – and necessary. The caption reads:

Woman surgeon and suffragette: Your face is familiar to me. I have been trying to remember where we met before.

Wounded soldier: Before the war I was a police constable.<sup>39</sup>

The punch-line is apt: amongst the relatively few women doctors in Britain there were several leading suffragettes, and Dr. Alice Ker from Liverpool had been imprisoned before the war for breaking Harrods' windows during a demonstration: her daughter, a medical student, was also imprisoned for burning mail in a post-box. The general mood of the cartoon, indulgent to both ex-policeman and ex-suffragette in their transformed wartime roles, also underlines the social rapprochement leading to the franchise for women at the end of the war. The audience of two nurses is also interesting: they fall neatly into the orderly matron and attractive junior nurse categories, but are not associated with the surgeon and her suffragette past. In fact, many of the leading hospital matrons were also suffragettes, but this did not fit their public image of selfless womanhood: hence the 'unwomanly' doctor has to carry the cartoon's message.

I am not, of course, arguing that nurses ever fitted the stereotypes that their medical colleagues wished to impose on them. Just as Florence Nightingale the woman never conformed to the various images that her public imposed on her, so her successors have had to tolerate the stereotyping visited on them by the medical profession and the wider public. The problem was that they could be cast in these acceptable female roles in a way the woman doctors could not. Indeed, the notion that medical study could not be regarded as a natural activity for woman was most persistent in the medical school quotas after the second war. The medical schools assumed that it was a 'waste' to train women in medicine, because they would soon be tempted out of it by marriage, whereas nurses, presumably, would move into marriage with 'value added' by their training. The more thorny and difficult subject of relations between the women doctors and the nurses in the earlier years of the women doctors requires a fuller discussion than is possible here. Interestingly, a recent analysis of inter-professional relations argues that gender is not a significant issue when conflict occurs.<sup>40</sup> As a historian, I was particularly impressed with the words of Ellen Baer in defining the boundaries between the two professions in the modern day:

'Personally, I do not know anyone in nursing who would rather be in medicine....There are differences in the practice and perspective of nurses and physicians that attract different people.'<sup>41</sup>

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1. Monica Baly, 'The Nightingale nurses: the myth and the reality,' in C. Maggs, (ed), *Nursing History, the state of the art* (Croom Helm 1987), 33-59.
  2. The study, carried out jointly with Dr Marguerite Dupree, of the first 39 female medical students at Edinburgh University has been done as part of a

- Wellcome-Trust funded study of a large cohort of medical students from Edinburgh and Glasgow Universities in the late nineteenth century.
3. Susan McGann, *The battle of the nurses: a study of eight women who influenced the development of professional nursing 1880-1930* (Scutari Press, London, 1992).
  4. Sir Edward Tyase Cook, *The Life of Florence Nightingale*, (2 vol. London: Macmillan & Co, 1913).
  5. Lytton Strachey, *Eminent Victorians : Cardinal Manning, Florence Nightingale, Dr. Arnold, General Gordon* (London: Chatto & Windus 1928).
  6. In *The White Angel* (1936, US), Director: William Dieterle; see also *The Lady With a Lamp* (1951, British), Director: Herbert Wilcox.
  7. Cecil Woodham-Smith, *Florence Nightingale* (first published 1951. London: Fontana 1964), 364.
  8. See, amongst many, Francis Barrymore Smith, *Florence Nightingale, Reputation and Power* (London: Croom Helm. c1982); Monica E Baly, *Florence Nightingale and the nursing legacy* (London: Croom Helm 1986).
  9. For discussions of their progress, see E Moberly Bell, *Storming the Citadel: the rise of the woman doctor* (London: Constable, 1953); Edythe Lutzker, *Women gain a place in medicine* (NY: McGraw-Hill, 1969); Catriona Blake, *The charge of the parasols: women's entry to the medical profession* (London: the Women's Press, 1990); Thomas Neville Bonner, *To the ends of the earth: women's search for education in medicine* (Cambridge: Mass. Harvard UP 1992).
  10. Woodham-Smith, 364-5.
  11. Quoted *ibid*, 263.
  12. Keir Waddington, *Charity and the London hospitals 1850-1898* (Woodbridge, Suffolk: Royal Historical Society, 2000), 177-85.
  13. Charles Bell Keetley, *The Student's Guide to the Medical Profession* (2nd ed London: Baillière, Tindall & Co, 1885), 41.
  14. This was in spite of the regular reports of clashes between matrons and medical staff which characterised the history of nursing up to the 1880s and beyond. For the particular difficulties of the St John's nurses, see Judith Moore, *A Zeal for responsibility: the struggle for professional nursing in Victorian England, 1868-1883* (Athens and London: University of Georgia Press, 1988).
  15. Christopher Maggs, *The origins of general nursing* (London: Croom Helm, 1983).
  16. The most detailed, but still unpublished account of all the nineteenth-century medical women and their careers, is Mary Ann Elston, 'Women doctors in the British health services: a sociological study of their careers and opportunities', unpublished PhD thesis University of Leeds, 1986.
  17. Mary Ann Elston, "'Run by Women, (mainly) for Women': medical women's hospitals in Britain, 1866-1948," in Lawrence Conrad and Anne Hardy (ed.), *Women and Modern Medicine* (Amsterdam: Rodopi, 2001), 73-108.
  18. Charles West, *Medical women, a statement and an argument* (London: J & A Churchill, 1878), 28.
  19. Barbara Mortimer, 'Independent women: domiciliary nurses in mid-nineteenth century Edinburgh,' in Anne Marie Rafferty, Jane Robinson and Ruth Elkan (ed.), *Nursing history and the politics of welfare* (London: Routledge 1997), 133-149.

20. West, op, cit. 22.
21. C H Waterhouse, *Insignia Vitae or broad principles and practical conclusions* (London: J S Virtue, 1890), 276-7.
22. Robert Wilson, 'Aesculapia Victrix', *Fortnightly Review* 39, 1 January 1886, 32.
23. Wendy Alexander has calculated that the subsequent marriage rate for women medical graduates from Glasgow was not much less than the national average, Wendy Alexander, 'Early Glasgow women medical graduates,' in Eleanor Gordon and Esther Breitenbach (ed.), *The world is ill divided; women's work in Scotland in the nineteenth and early twentieth centuries* (Edinburgh: Edinburgh University Press, 1990), 75-6.
24. [For an illustration of the Southwell matron in full nurse's outfit with her husband, the workhouse master, in the 1920s see <http://www.nationaltrust.org.uk/main/news/workhouse.html>]
25. Letter in *BMJ*, 9 Feb 1878, 213.
26. For the BMA's attitude to women, see P Bartrip, *Themselves Writ Large: the British Medical Association 1832-1966* (London: BMJ Publishing Group, 1996), 46-54. Although the BMA refused to accept new women members as a result of this campaign by Lister and a group of other eminent doctors, it could find no valid reason to expel Garrett Anderson and Frances Hoggan, the existing members whose nominations had not been rejected.
27. Richard B Fisher, *Joseph Lister 1827-1912* (London: Macdonald and Jane's, 1977), 189-91.
28. A Logan Turner, *The story of a great hospital: the Royal Infirmary of Edinburgh, 1729-1929* (Edinburgh: Mercat Press, 1979), 248.
29. S Jex-Blake, 'Medicine as a profession for women' in *Medical Women, Two Essays* (Edinburgh: William Oliphant, 1872), 36. Cf Elizabeth Garrett Anderson's unsuccessful plea to enter the Edinburgh Royal Infirmary in 1862, 'with a view to practising as a physician to women and children.' Turner, *Story of a great hospital*, 246.
30. For the tactical approach of Jex-Blake and others, see Elston, 'Women doctors in the British health services', 134, 205.
31. Leslie A Fiedler, 'Images of the nurse in fiction and popular culture,' reproduced in Anne Hudson Jones (ed), *Images of Nurses: perspectives from History, Art and Literature*. (Philadelphia: University of Pennsylvania Press, 1988), 104. See also Janet Muff, 'Of images and ideals: a look at socialization and sexism in nursing,' *ibid.* 198.
32. *Carry on Nurse* (1959); *Carry on Doctor* (1967); *Carry on Again Doctor* (1969); *Carry on Matron* (1973).
33. Scroll down hyperlink page for picture.
34. A K Bowman, *The Life and teaching of Sir William Macewen; a chapter in the history of surgery* (London: William Hodge & Co, 1942), 296.
35. Henley's poems were first published as 'Hospital outlines: sketches and portraits,' *Cornhill Magazine*, 32, July 1875, 120-8. See full text of these poems on [the Victorian Web](#).
36. W E Henley, *The selected letters of W E Henley*, ed. Damian Atkinson (Aldershot: Ashgate, 2000).
37. *Punch*, 49, 23 December 1865, 248.
38. Scroll down hyperlink for full cartoon.
39. *Punch*, August 1915,

40. Sylvia Walby, June Greenwell et al, *Medicine and Nursing: professions in a changing health service* (London: Sage 1994), 71.
41. Ellen D Baer, 'Women and the politics of career development: the case of nursing,' in Rafferty et al, *Nursing History*, 253.

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