

# Women And Medicine

JOAN CASEY '66

Some time ago the president of the United States began greeting visitors while seated in a rocking chair and explained that he was doing so on advice of his personal physician—Dr. Janet Travell. More recently, the press of the United States was loud in its praise of the doctor who had kept the drug thalidomide off the American market—Dr. Frances Kelsey.

These two events, perhaps more than any other, illustrate the spectacular change in the status of women in medicine since Elizabeth Blackwell was jeered at and threatened by mobs in the streets of Geneva, New York, for daring to invade the classes of a medical school. It was in 1847 that Elizabeth Blackwell showed what her own medical teacher called "a great breach of good taste in presenting herself". In spite of her bad taste, however, Miss Blackwell received her medical degree in 1849 and became not only the first woman doctor on record but a teacher of many women doctors and a pioneer in the field of preventive medicine.

Actually, the attitude of her world to women doctors was a violation of tradition—at least of ancient practice, for women held positions of importance as physicians not only in primitive societies such as that of the North American Indian ("medicine women" were known to have worked along with the men in many tribes). but in the highly developed civilization of ancient Greece. Aesculapius, the Greek God of medicine, was assisted in his healing temples by his daughters, Hygieia, the goddess of health, and Panacea. Many scholars, beginning with Homer, described Aesculapius not as a god originally, but as a skillful physician who worked with his daughters and others in his temples of healing.

For women of the civilized world, however, the doors of the profession were not unlocked until the second half of the 19th century, although there are legendary accounts of women who went through medical schools in Europe in men's clothing. Although Dr. Blackwell unlocked the door in 1849, it remained open only a crack for many years and it is actually in our own time that women have truly come into their own as physicians.

In Canada, the medical schools remained closed to women for many years but the pressure from women—while not strong enough to admit them in anything like sizeable numbers to the universities—led to the establishment of a medical college for women in Toronto in 1883. This college, the Ontario Medical College for Women opened in 1883, was reorganized in 1894 and finally closed in 1906. In the last year, apparently, it was thought no longer necessary to provide separate facilities for the training of female physicians. During its years in operation, the college had a total enrolment of 237 students, 128 of whom succeeded in obtaining degrees from the universities with which the institution was affiliated.

In 1924, the first woman was elected to the Council of the British Medical Association, and in 1928 Justina Wilson became the first woman to be admitted as a Fellow of the Royal College of Physicians.

In the last 20 years women have gained prominence both as practitioners of medicine and surgery and as research workers. Among the practitioners are the late Marion Hilliard of Toronto, whose contributions in the field of obstetrics and gynecology have greatly advanced the practice of these specialties and the late Sara

Jordan of the Lahey Clinic in Boston, who enjoyed a reputation as one of America's foremost internists. In the research field, there is Jane Wright, the tissue culture expert in the cancer research program at New York's Bellevue Hospital; there is Grace Sickles, the co-discoverer of the Coxsackie virus; and there is Sara Stewart, well-known for her work in linking cancer to viruses.

Women are gradually taking more prominent places in the faculties of medical schools. Notable among them is Virginia Apgar, Professor of Anaesthesiology at the Columbia College of Physicians and Surgeons. In a different field again, the Canadian Medical Association has reason to be grateful to Dr. Maude Abbott, one of two devoted unofficial editors who helped keep the Association's renowned Journal alive while it was still a struggling infant during World War One.

With these examples behind them, women in medical schools today find the going easier certainly than did their determined Victorian counterparts. With most of them, if one could check both groups, one would likely find that reasons for entering medicine, whether the entry be easy or difficult, have changed very little. Women go into medicine today because they know that many women patients prefer a woman doctor, because their minds are suited to the kind of challenge they cannot find in the supporting fields of nursing or laboratory techniques. Mostly, however, women go into medicine for the same reasons men do—because they believe it offers the most satisfying and rewarding career a person can undertake.

As a medical student I can say that I received the greatest encouragement from those responsible for accepting or rejecting my application and from doctors who convinced me that in spite of any difficulties, they would never wish to do anything

— Compliments of —

## **JOHN F. STEVENS Ltd.**

**REAL ESTATE  
GENERAL INSURANCE**

106 QUINPOOL ROAD  
Halifax, N. S.  
Telephone 422-8396

60 QUEEN STREET  
Dartmouth, N. S.  
Telephone 469-3547

## **Walsh's Drug Store**

**J. ESMONDE COOKE, Ph.C., B.Sc.**

We will always appreciate and welcome your patronage.

Your friendship is the treasure we hope to permanently possess. We will make every possible effort to earn it.

Spring Garden Road, corner of  
South Park Street  
Opposite Lord Nelson Hotel

**HALIFAX                      NOVA SCOTIA**  
**Phone 423-6896**

ONLY ONE DRUG STORE, BUT A GOOD ONE

else. I have found the professors, too, an encouraging group, although I have heard some mild objections from other female students to the manner of address used by some of the instructors. Some of the professors persist in opening a lecture with "Good morning, gentlemen", ignoring, by design or absent-mindedness, two or three ladies in the front seats. Male students appear to accept the women in their midst as quite ordinary colleagues, and there has been little or no comment at the comparatively new practice—to Dalhousie at least—of allowing women to work at the dissecting tables with the male students.

Actually, it is on hospital ward rounds or in clinics that the woman medical student runs into the fact that she is still to some degree a curiosity. To many patients she is a nurse and nothing will convince them otherwise. Some patients, while not objecting to the presence of the individual woman student at their bedsides, make it clear they do not think the medical profession is any place for a woman. They seldom exhibit this in an unpleasant manner, however, but through head-shaking wonderment as why a woman would be so foolish.

Recently, I was one of a group of three women students who examined a young girl. She was very interested in our reasons for wanting to be doctors, but indicated she thought we were definitely making a big mistake. "Oh, I've got nothing against women doctors", she said, "but nobody will ever marry you!" That problem does not concern the woman medical student too deeply. In some cases she is married already, and more often than not to a doctor. And although statistics are difficult to come by, it would appear that the percentage of women doctors married is at least as great as that of women practising law or any of the other professions.

Possibly Elizabeth Blackwell would not feel that women have justified the fight she and her immediate followers made to open up the field of medicine to women; the number of women graduating from medical schools is still hardly five per cent of the number of male graduates. In Canada, in 1961, there were 842 male and 65 female graduates from medical schools. In the United States the comparable figures were 6,680 and 394.

However, I believe it can be argued successfully—both to the credit of the women in it and the profession which accepted them—that women have gone further in medicine than they have in other traditionally masculine fields. While admitting to some prejudice, I think it is fair to say that women were accepted in operating rooms before they were accepted in court rooms and while women are doing cardiac surgery, very few if any are building bridges or designing public buildings.

## THE NOVA SCOTIAN HOTEL

HALIFAX

NOVA SCOTIA

325 Rooms—All with Bath, Shower, T.V. and Radio  
Many Air Conditioned

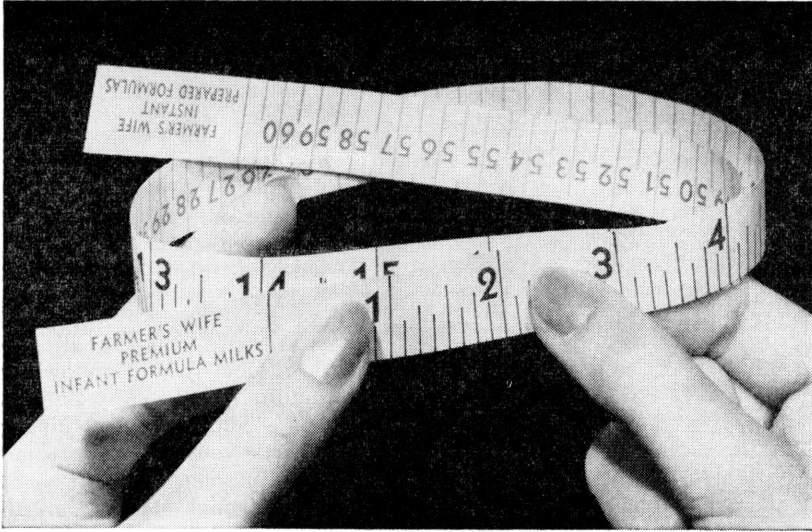
MODERN CAFETERIA • EVANGELINE DINING ROOM  
THE COMMONWEALTH ROOM

and many other Banquet and Meeting Room Facilities.

Phone 423-7231

Telex 017-421

For Immediate Confirmation of Your Reservation.



## It's our pleasure ...

- 
- 1.** Disposable paper tape measure.
  - 2.** Formula prescription and preparation instruction booklet. (English and French; translation sheets for Italian, German, Dutch and Ukrainian.)
  - 3.** Farmer's Wife pocket formula calculator.
  - 4.** Feeding instruction sheets, to 9 months. (English and French).
  - 5.** Simplified instruction sheets, to 9 months, for Prepared Formula Red Band and Blue Band. (English and French).
  - 6.** Immunization record card. (English and French).
  - 7.** Leaflet: Ten good reasons why you should use concentrated milk. (English and French).
- 

... to offer you this measure, along with the following selection of office give-away material for new mothers. Mark your free quantity order on this page, and mail it to Cow & Gate, Brockville, Ontario. Or place your request with your Cow & Gate representative, on his next call.

**Farmer's Wife**  
**INFANT FORMULA MILKS**

Cow & Gate (Canada) Ltd., Brockville, Ontario.