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## ADMISSION OF MEDICAL WOMEN TO THE OBSTETRICAL SOCIETY OF LONDON.

To shut the door in the face of a lady has, to say the least of it, an ungracious appearance; and when this act is performed by gentlemen, the lack of gallantry seems all the more conspicuous. It is not improbable that many of the Fellows of the Obstetrical Society of London must at their last meeting have felt their chivalrous feelings shocked when they closed their portal with such vehemence against the lady who sought to be admitted. It must also have been much more painful for them to have to do so when they found that she had been brought to their very threshold, and presented for admission by the President, Ex-Presidents, and other distinguished Fellows. We remember in our youth the feeling of humiliation with which, at the bidding of the judge, we walked out of court with the ladies when any delicate subject was about to be discussed. The ladies did not like it any better than we, but the inexorable judge would point to any lingering women or boys, and before he proceeded insist upon them all being cleared out of court. The reasons for this custom are to prevent rude shocks to modesty, and to enable counsel and witnesses to plead and give evidence unembarrassed. What applies in courts of law also holds good to a certain extent in Medical Societies. It is very truly said that science is of no sex, but still it is of paramount importance that no let or hindrance should exist to the free relation and discussion of all subjects for the consideration and advancement of which Societies have their being. At an Obstetrical Society, perhaps more than any other, matters would necessarily be openly spoken about, which rightly or wrongly are

not now conventionally discussed by gentlemen in the presence of ladies. It may without doubt be logically held correct for both sexes to converse freely together upon all medical subjects; practically, however, as society is at present constituted, such a proceeding, save in very exceptional circumstances, is quite impossible. It was this feeling, doubtless, which determined the Fellows to resist the admission of medical women to their Society, and which induced even those who signed the candidate's nomination paper to reconsider their opinions when the question was placed before them in its broadest aspect. The resolution passed so unanimously, "that the laws of this Society do not admit of the nomination of female practitioners to the Fellowship of the Society," acknowledges the possibility of there being at no far distant time more than one registered female practitioner. There are indeed indications which render it not at all improbable that women may, by a hitherto unnoticed opening, ere long find their way into the profession. Who can positively say that the diploma which the King and Queen's College of Physicians of Ireland have determined to grant to midwives, will not be a registrable medical qualification? If granted by the power of their charter, the midwives will be very little awake to their interests if they do not by every legal means endeavour to have it registered. If it be not given under the power granted the College by Act of Parliament, the qualification will have no value, and will be as devoid of authority as that now granted by the Obstetrical Society of London. The College believe that the diploma they are about to grant will not be registrable, but we regret to learn that no steps are being taken to render this point certain by referring it for counsel's opinion. Should the General Medical Council find themselves compelled to register these female midwifery members of the College, women will soon discover that by taking this licence in Ireland and a higher medical diploma abroad, they will be enabled to establish themselves in this country, and to practise every branch of the profession with all the rights and privileges of the most highly qualified amongst us. This would be a process to which the word "smuggling"

might properly be applied. If we are to have medical women, let us at least have them enter by the same portal as ourselves, and not by a side door, after an education consisting only of a six months' course upon the general principles of midwifery. If the Fellows saw in the future women of this kind seeking to join their number, it is easy to understand why they should have taken alarm, and have so jealously defended their Society from such intruders. The enrolment of a Madame Boivin could not but be honourable to any Obstetrical Society, but we cannot help thinking with the bulk of the Fellows, that the general admission of medical women to the Fellowship would be detrimental to the scientific objects and interests of the Society. Had it been decided otherwise it would have been tacitly admitted that midwifery in its higher branches was a suitable occupation for women, whereas it is confidently believed, that of all the employments for which they are mentally and physically adapted, that of dealing with the more serious Obstetrical emergencies is the one they are the least capable of undertaking. The thanks of the profession are due to the Fellows for their laudable endeavour to improve the present class of midwives, who, if properly instructed, may be safely left to deal with natural labours; but were they to encourage women generally to seek a higher Obstetrical position, they would be acting in opposition to their convictions, and assisting in providing for labouring women in serious difficulties, frail and imperfect help.

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### *Notices and Reviews of Books.*

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*Lacerations of the Female Perineum, and Vesico-Vaginal Fistula: their History and Treatment.* By D. HAYES AGNEW, M.D. Philadelphia, 1873. Pp. 137. 8vo.

THIS little book consists of papers which have appeared in the *Pennsylvania Hospital Reports* and the *Medical and Surgical Reporter*. The Professor of Surgery in the Univer-