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ORIGINAL LECTURES.

THE DEMAND FOR MEDICALLY-EDUCATED WOMEN.

*The Doctorate Address delivered at the Commencement
Exercises of the Woman's Medical College
of Chicago, April 6, 1886.*

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Two years ago, at the graduating exercises of this college, our worthy President, Dr. Byford, made an address in which he entered a strong and convincing plea for the fitness and capacity of women as practitioners of medicine. He also pointed out how the changing conditions of our social fabric are constantly increasing the number of women who may and ought, for their own sakes to enter the medical profession.

These considerations were made from what we may call the subjective standpoint—having reference largely to the interests and qualifications of individuals as candidates, or as possible candidates, for the honors and responsibilities of medical practitioners.

But there is an objective side to the question of the medical education of women—having reference to the objects and aims of medical science and its place and power as one of the factors of civilized society. Accepting it, then, as proved by argument and demonstrated by experience that women may and ought to enter the domain of medicine, we may ask what is the nature and scope of that domain? Is there in it a demand for her services, and what are the promises and opportunities for work and usefulness? Medicine means very much more in these latter days than healing the sick and attending to their immediate wants. It had its origin in the simple desire to relieve human suffering, and for a long time was synonymous with the "healing art." But it has grown in scope and power with the ages, and it is especially within the last few decades that medical science has taken on new duties and new life, until it stands to-day for the physical and moral perfection of the human race. A recent writer (Dr. A. L. Gihon) says: It embraces all that relates to the existence of man; his place in nature; his origin, development and growth; his preservation and continuance,—the prevention and cure of disease being but a part thereof.

Another writer (Sir Henry Acland) says: Whatever be the duty of individuals, medical art and science collectively now aim as a whole, 1st. At the preservation of health. 2d. At the averting of disease from individuals and from nations. 3d. At rearing healthy progeny for the family and the State by probing the laws of inheritance, and 4th. Procuring legislation effectual to these ends. It claims, therefore, a voice in moral education as well as physical training; it holds a duty in relation to the diminution of vice for the sake not only of its self-destroying victims, but more for the sake of the innocents whom they ignorantly slay.

It is often claimed for the medical profession, both by its own members and others, that its chief glory is its charity. But its greater glory is the record of its effort and its interest in the prevention of disease. The brightest page of its history, and that which covers a multitude of its sins, is that in which it recognizes that the preservation of human health is a privilege and an obligation no less sacred than the restoration of health.

The medical profession, as a constituent class of the community, has no more interest in preventing or mitigating the ravages of epidemics, or the spread of communicable diseases, or in analyzing and studying the conditions of our individual and associated environment to discover which promote health and which give rise to disease, than has any other class. And as practicing physicians, all their efforts in this direction would be suicidal from a business point of view, and in every way detrimental to their own best interests, if they are to be measured by the standard of the average judgment of the public and the public press.

Yet we find that the members of the medical profession are almost the only members of society who have an active and an abiding interest in preventive medicine. They almost stand alone as contributors to the sum of knowledge which makes up sanitary science.

They are always the leaders and the most zealous workers in those organizations whose objects are to teach and to preach hygiene and health to the community, or to prepare the way for and urge correct sanitary legislation. It is difficult for the public to realize or to estimate rightly the value of what has been accomplished for humanity in this direction.

The devastating epidemics of former generations have been suppressed, and their ravages mitigated. It is possible to eradicate such a disease as small-pox

entirely from the earth if every man, woman and child were treated in accordance with the established facts of vaccination.

The list of preventible disease is constantly increasing and the means and methods of preventing them are being better understood. We know better than ever before, as individuals what to do, where to go and how to act, that we may avoid disease and preserve health.

But the work in this broad field has only just begun. It is along this line that medical science is yet to win its best victories. New facts are to be discovered, new principles established, new problems solved and new methods elaborated. But in order to make these facts and discoveries available and effective, a knowledge of them must be diffused among the people and if the sanitary science of the future is to demand of the law maker such laws as will give the people the three pure requisites—pure air, pure water, and pure food—to quote a prominent sanitary writer, then that law maker must be one who knows what constitutes purity and something of the best methods of securing it.

Medical science has both a duty and a privilege in relation to the defective and the helpless classes of society. Together these form a considerable percentage of the population. One of the marks of civilization, and, at the same time an index of the degree thereof, is the care bestowed on these unfortunate classes. In barbarous tribes they are either killed outright or conveniently allowed to die, in the same way, and for the same reason that the female children are disposed of—they eat but cannot fight, and hence are an incumbrance to be got rid of. The deaf and dumb, the blind, and the feeble-minded have claims and rights which civilized communities recognize. They have not only a right to live, but a right to a higher life than simple animal existence. They have a right to be made useful—a right to that kind of treatment and training which will compensate as far as may be for their natural defects. It belongs to medical science to discover the underlying physiological and pathological conditions of these defects, and to point out and apply the most effectual methods of securing the desired results. It is to the honor and the credit of the medical profession that they have ever been foremost in this truly philanthropic work.

Then, of what are called the helpless classes, take, for example, the incurable insane—a large and an increasing class. Society does not come up to the full measure of its duty towards these unfortunates. In many communities they are treated less humanely and with less consideration than if they were criminals. Right here, in our own city, enough facts could be collected in twenty-four hours by anyone which, if plainly stated, would be a revelation to nine-tenths of our citizens, and a cause of shame to us all. And if we consider the facts as they exist, especially in relation to the pauper insane, throughout the whole country, it would be a dark page of our boasted civilization. The medical profession are largely responsible for this state of things, knowing their duty and doing it not. They have a right,

by virtue of their knowledge and their calling, to insist upon and demand better laws, better management, and better public provision for the chronic insane.

Again, there are great problems concerning the criminal class which no one is so well qualified to study and solve as the medically-educated man or woman. It is questionable whether the prevailing methods of dealing with criminals do not cause more crime than they prevent. Formerly much more than now, but even now, the spirit of our criminal laws and the method of enforcing their penalties is largely the spirit of retaliation. It is a well-recognized fact that some individuals are born with moral defects as others are born with physical defects. The actions of a man who is born blind or is color blind are judged of differently from those of other people. Should a man who has analagous congenital moral defects be judged as other men are judged? In China, when a man has committed a capital crime, a minute inquiry is first made into his physical condition, his temperament, his mental complexion, his prior acts; nor does the investigation stop at the individual—it is concerned with the most inconsiderable antecedents of the members of his family, and is even carried back to his ancestry. While the Japanese laws, it is said, include the parents of the criminal in the punishment (Ribot, "Heredity").

Then there are moral defects and deformities due to the education and environments of the plastic period of youth, just as there are acquired physical deformities. For instance, take the foot of the Chinese woman, which has been arrested in its growth and distorted into an unrecognizable mass by the systematic *training* applied to it from youth up. We do not expect such a person to walk with the same ease and grace and equilibrium as one whose feet have normal power and development. Why, then, should we expect one whose mental and moral faculties have been similarly stunted and distorted to have the same rectitude of purpose and conduct as one whose faculties have been trained into full and normal development.

When facts like these are fully developed and recognized, our management of criminals will be more discriminating, more rational, and more productive of results, and while not holding the criminal guiltless of his crime, our laws will take cognizance of the fact that there is guilt somewhere outside of the individual himself, and a corresponding responsibility.

Then there are the facts and the laws of heredity, as yet almost an unknown quantity. What are they and what is their import? How and to what extent may a knowledge of them be made available for the benefit of the race or the individual? What do we get by inheritance from our ancestors in physical characteristics, in intellectual traits, in moral tendencies. It is an established fact, as an authority (Ribot) says, that heredity tends to transmit to the descendants the whole nature of their parents, as well every physical, mental, and moral deterioration, as every physical, mental and moral ameliora-

tion. But we know little about the laws of inheritance, and still less about how they may be utilized. These are great questions, and have an important bearing on all that pertains to human progress. They especially concern the physician in his efforts to prevent and control disease, and their study and solution are peculiarly within the domain of medicine.

Medical science also claims the right to speak in all matters of education—not only to advise and supervise, but to dictate. Here, if anywhere, medicine should exercise the right of eminent domain. Education and heredity are correlative factors. Together they determine whether the individual shall be good or bad—a useful or dangerous member of society. No educational theory is correct unless these facts are duly recognized.

It is only within recent years that physical training has anywhere received proper practical recognition as one of the elements of a complete education. More generally it is practically ignored, or assigned a very subordinate place in our educational institutions. More especially has this feature been neglected in the education of our girls. But there is evidence of a growing interest in this direction. An association of National character has for one of its chief objects the promotion of the physical education of women. In a recent report they realize that the physical status of American women of the educated class is painfully low, and urge measures against this dangerous deterioration of physique.

In all these directions I have pointed out, and in many others of a similar nature, there is a positive demand for the services of the medically-educated woman. Here are opportunities enough and scope enough for all shades of tastes and all degrees of talent. Women are peculiarly adapted for much of this kind of work. The thousands of women of our land without occupation, with physical and mental capacity for a long life of usefulness, with noble and philanthropic aspirations, will find in these fields abundant work which will yield the most beneficent and tangible results.

A medical education is not a pre-requisite for all those who may devote themselves to these lines of work and study, but more or less knowledge of medical science and its fruits is necessary for all. But there is no better preparation for and no better stimulus to pursue such an occupation than a thorough medical education. Even as a means of individual education the study of medicine, I believe, ought to have a place for the women who expect to spend their lives in the relations of home and family exclusively. With some modifications a three years' study of medicine would be of more benefit to any woman in the way of mental discipline, combined with acquisition of useful knowledge, than a three years' course of study in most of our popular seminaries. The purely ornamental in the education of women, I think all will agree, has been overdone. A young architect once presented a specimen of his work to his senior for criticism. The criticism was the injunction: "Ornament construction instead of constructing ornament." There is much in refined society

that reminds one of this criticism, so out of proportion are the simply ornamental accomplishments. But it will continue to be as heretofore, that the great majority of those who study medicine will expect to practice medicine.

We hear much in these days about the overcrowded condition of the medical profession. It is a favorite theme of discourse both in public and private and on many occasions. It may be fairly doubted, however, whether these complaints are just and in accordance with the facts when we look at the question in comparison with other professions and occupations where special and superior knowledge and training are required. They are all crowded, and probably in about the same degree. Inquiry will show no vacant place, no encouragement for the new recruit, the supply being already greater than the demand in all of them. Close and never-failing competition is the rule in all trades and professions. The young woman, as the young man, looking for an occupation, who accepts the surface indications of supply and demand, will never find a place that is not preëmpted and occupied, and may just as well surrender before beginning the battle. It is often stated that the ratio of practicing physicians to the population is steadily increasing, and that there are more physicians to a given number of people in this country than any other. Both of these statements are probably correct, but they prove nothing against the claim I am now making, viz.: that the medical profession is relatively not more crowded than other lines of desirable and useful occupations. Moreover, the purely numerical standard is misleading. There are other factors that enter into the question which it is not necessary to point out here.

And while it would probably be difficult to find any community in this country where there is an apparent need of more physicians, and while it is true, as is claimed, that the standard of requirement for admission to the ranks of the profession is not as high as the present conditions of things demand, yet when all is said and everything admitted, it still remains a fact that to-day the practice of medicine in this country offers as good prospects and opportunities to the man or woman of average intellectual capacity and good training as can be found anywhere, both for earning a good living and for a life of the highest usefulness. There is room and even demand for the thoroughly earnest, well educated medical woman in almost all parts of our country. But it is outside of our own country that the American medical woman will find the great opportunities and an unlimited demand for her services as a practitioner of medicine.

The oriental countries contain about 800 millions of people—fully one-half of the population of the globe. The low estate of the women of these countries has been portrayed many times. The story of their physical, mental and moral condition sounds to us like a fable. A writer says: 'The women of America do not generally understand how degraded their oriental sisters are; and even travellers who have the very best opportunities for observation cannot appreciate their real condition. If we except

¹ Houghton: Women of the Orient.

Japan, it may be truthfully said that throughout the Orient a girl is regarded by the entire household both as an intrusion and a calamity, and the prevailing estimate of the female sex is most degrading and brutish. In Mohammedan countries at least, a man makes a profound apology whenever he deems it necessary to speak to another man of either a dog, a hog, a donkey or a woman. The Japanese, although more liberal in their treatment of woman than other Eastern nations, habitually look upon her as a portion of creation whose only use is to perpetuate her species and minister to man's pleasure and comfort. Practically she is recognized only as a slave, and whether in the palace of a prince or the hut of a beggar she is systematically condemned to moral and physical degradation. In China, also, the idea that woman exists only for the convenience of man, and scarcely shares the same nature, is thoroughly fixed in the national mind; while with the Hindoos, both by sacred law and custom, she is consigned to a degradation which is without a parallel in the history of our race. In every particular the Eastern idea of woman is debasing and unworthy.

While this state of things is well known in a general way by all Christendom, yet I think there are very few who actually realize that this is not an exaggerated picture of the condition of more than half the women of the whole world. The science of medicine as we know it has no existence among the oriental people. They have no knowledge of the structure or functions of the human body nor of the true nature of disease. "Charms, superstitious rites, barbarous treatment, vile medicine and foolish religious ceremonies are the unavoidable accessories of the sick room, and frequently induce a fatal termination which nature, if left to herself, would have averted." In all except the few localities where European civilization has penetrated they are practically without medical treatment. And the women are deprived of even these slight advantages owing to the seclusion which the inflexible religious and social customs impose. So that educated female physicians can find in this vast region a special field for their services, where there is no competition and the demand is greater than the supply. Experience shows that the direct benefits to these women of rational medical treatment are incalculable. But it is as pioneers and forerunners of a Christian civilization that these medical women are to carry the greatest blessings to their degraded sisters. A great responsibility is upon the women of America. The opportunities and the possibilities are infinite.

Speaking now more directly to the graduating class, I extend to you in the name of the Faculty a cordial welcome to the ranks of the medical profession. You have passed the arbitrary line which technically separates the student from the physician. You will realize that in one sense this line is only an imaginary one, such as astronomers use for the purposes of reckoning. But still to all who pass that line, as you do to-day, there come new privileges and new duties. If you would enjoy the one you must fulfil the other. If you would catch the spirit of duty you must align yourself with the true workers and

representatives of the profession. General Sherman in his memoirs makes the observation that the rear of an army in action is not the place from which to judge of success at the front. On approaching from the rear one would conclude that defeat and disaster had overtaken the whole army, while at the front there would be nothing but victory.

So it is in the medical profession. The truly representative members, those who work and win the victories for medical science and humanity, are like the stalwarts in the front of the army who in their strength and prowess are steadily and surely advancing and rejoicing in their triumphs; and also, like the fighting part of the army, they are mostly out of sight of the public eye and out of hearing of the public ear. But in the rear are the laggards, the croakers, the cowards, the spoil-seekers and the prophets of evil. These seek and obtain the public ear; and hence it is that the public so often fail to discriminate between, for instance, the spoil-seekers or the croakers and the honest and faithful workers. Hence it is, also, that so often in our current literature and the public press the medical character is a weakling or a medical monstrosity, and that the spirit and status of the rear of the medical army are reflected rather than those of the front.

The most comprehensive advice I can give you to-day as new recruits is to face to the front and place yourself immediately in the ranks side by side with the faithful veterans. Thus you will never be troubled about individual duty, and need give yourselves no concern about the rewards and honors, for these will come spontaneously.

Accepting the badge of admission to the medical profession as you do to-day intrusts you with a share of responsibility for the honor and good name of the profession, and implies a tacit acceptance by you of this trust. The temptations for the physician to violate this trust, to turn aside into devious ways for selfish ends, to subordinate the professional to the trade spirit, and to make commerce of the sacred relation of physician and patient, are many, and not a few find them irresistible. The condition and fate of such are somewhat as when centuries ago, in one of the Netherland provinces, a free woman who intermarried with a slave condemned herself and offspring to perpetual bondage and disgrace. But she had an alternative. She was girt about with a sword and a distaff. Choosing the one she was to strike her husband dead; choosing the other she adopted the symbol of slavery and became a chattel for life.