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The Medical Woman as Teacher in Medical Schools.*

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COMPLAINT is sometimes heard that women do not receive adequate recognition on the teaching force of the schools in which they are educated.

Co-educational schools or colleges, may easily make this mistake. Not that they mean to deal unfairly with the women they educate, but the system so long prevailing has not been sufficiently changed to make it seem possible or practicable to engage women as teachers, proportionate to their number lending support to the institutions of learning that receive them as students.

In medical schools, medical women have gained a fair recognition on the teaching forces of separate colleges for women, far in excess of that gained, so far, on the teaching forces of the co-educational medical schools.

Some of our universities have been co-educational in all their departments for years, but have failed to recognize the teaching capabilities or the working capacity of the women they educate. This is especially true of the medical departments.

In considering reasons for this, and the prospects for women holding advance positions in co-educational medical colleges in the future, we must not forget that medical colleges, endowed and not, depend largely upon the number of students for their prosperity. So long as the number of male students are so largely in excess of the women students, it will be difficult for women to obtain advanced positions of responsibility, nor can their advancement be more rapid than the growth in willingness of the young men to be taught by them.

To preserve harmony, the male students must be as willing to be taught in medicine by women as they are in schools not medical. The young boy is perfectly willing to be taught by women in our public

schools—may even prefer it, but on entering college he often entertains other views.

Again the objections to women teachers in the co-educational medical schools and colleges may rest with the faculties themselves. It is not easy to yield places so long held and controlled by men. Men want them and men get them.

We believe that a student would not long object to a woman teacher if a good one; he is in the class to learn and what matter who presents the subject so long as it is well presented and he accomplishes his purpose—that of learning?

Again the fitness of the subjects must be considered, for men are not apt to readily consent to be taught in all subjects by women as women have been obliged to do since they began to study medicine, and which they are now almost wholly doing in the co-educational schools.

In reviewing the work that is now being done by medical women in medical schools as teachers, we have had recourse to the latest catalogues of several medical schools and have learned some important and significant facts.

Separate Schools.—The Northwestern University Woman's Medical School, founded in 1870, has always had a mixed faculty. Young women have had an opportunity to serve as clinical assistants and as assistants to the different chairs. This service has been of great value at a time when hospital positions were not so easily obtained as now. As a whole, the duties undertaken have been performed well and to the advantage of the school as well as of the assistant.

At the present time this school has eight women, who are full professors of important chairs, including obstetrics and gynecology. One of these is dean of the school, and another, the professor of pathology, is director of the histology and pathological laboratories. There are five assistant professors, eleven instructors, four assistants, and one lecturer. The faculty all told numbers about fifty members.

The Woman's Medical School of Pennsylvania, founded in 1850, has also accomplished a good work in training young women for the practice and teaching of medicine. This school has five women who are full professors, including gynecology and obstetrics; two adjunct professors, one associate professor, three clinical professors, one lecturer, three demonstrators, ten assistant demonstrators, five instructors—faculty numbers fifty-three, and the office of dean is filled by a woman.

The Woman's Medical College of Baltimore, founded in 1882, began its work with a faculty of seven men, it now numbers 28 members. It has one woman a full professor, two adjunct professors and one clinical assistant. This school has also afforded opportunity for young women

to serve, after graduating as assistants in clinical work and dispensary, which *has helped* them to fit themselves for practice and teaching, when called to their various fields of activity. The first woman, a graduate of the Woman's Medical College of Pennsylvania, associated with the faculty of this school remained on its teaching staff eleven years.

The New York Medical College has five women full professors, one of whom serves the institution as President and another as Secretary. There are also nine who bear the title of lecturer.

The Ontario Medical College for women is not empowered to grant degrees in medicine, but fully qualifies students for taking a university examination that gives the right to practice medicine. This college has but one woman who is full professor, Dr. Augusta Gullen, professor of pediatrics and a member of the Board of Directors. There are two assistant accouchers, who also serve as demonstrators of histology and biology: one a lecturer on gynecology, who is also junior demonstrator of materia medica and who serves as assistant in anatomy and as assistant accoucher. There are four women attached to the chair of anatomy, one as demonstrator in surgery. One is professor of histology and lecturer on biology. There are five women who serve as assistant accouchers. The professors of gynecology and obstetrics are men. The Toronto Western Hospital has four women on its staff, where clinics are held, but whether by the women on the staff is not stated by the college announcement of 1900-1901. The Women's Dispensary of Toronto has six women on its staff who give daily clinics to senior students and which affords them opportunity for teaching.

The Laura Memorial Woman's Medical College, of Cincinnati, Ohio, has five women full professors and three instructors. The school is not a large one, but it affords opportunity for women to serve as teachers of medicine. It has a hospital connected with it, on the staff of which are several women, who may use their position for training in clinical teaching.

This school is the successor of two schools for women, the Woman's Medical College of the Presbyterian Hospital, founded in 1890, and the Woman's Medical College, founded in 1887, receiving its present title in 1894. The school is fairly well endowed.

The Kansas City Woman's Medical College has five women on its faculty of thirty-three, 1900-1901. Of these, three are full professors and two are assistant professors. The school was organized in 1896. Its classes have been small and the school has struggled to keep up with strong competition. Dr. Nannie Lewis is dean.

The last woman's school we will mention is the Woman's Medical College of New York Infirmary for women and children. This school

is no longer in existence—a statement that cannot be made without regret. The last catalogue, 1899, shows a good corps of women on its teaching staff, with Dr. Emily Blackwell as dean and professor, and Dr. Elizabeth Blackwell emeritus professor. This school stands as a grand land-mark in the history of the medical education of women.

Two other women were full professors, two assistant professors, two clinical professors, two demonstrators, four instructors, three clinical instructors, eight assistants and a large corps of dispensary, women physicians. The school existed thirty-one years and afforded opportunity for practical training second to no other school in the country.

The school is gone, but the infirmary lives and continues to give clinical instruction to students and graduates of medicine.

It was merged into Cornell University, making Cornell co-educational in its department of medicine. Part of the college work is done at Ithica and part in New York city. The New York College has eighty-three on its teaching staff, not one a woman, at Ithica there are thirty-three on the teaching staff, only two are women, one assistant in physiology, the other assistant in histologic microscopy, both minor positions, which we hope may lead to higher ones, in the near future.

This is a marked example of the turn of affairs taken on the introduction of co-education. The medical woman must revert to an apprenticeship that will prove long and tedious, so far as Cornell is concerned at least.

We can learn of but few women that hold a full professorship in co-educational schools. One, Dr. Follansbee, is professor of pediatrics in the college of medicine of Southern California and she appears on the published rostra under her initials only. There are two professors in the American Medical Missionary College, and one instructor. Lesser schools have one or two women professors with an assistant or two, while others of a similar grade have no women connected with their teaching staff, though co-educational. Cincinnati Medical College is co-educational and has a large faculty on which are no women.

Kansas Medical College has one woman assistant. Omaha John A. Creighton Medical College is co-educational and has one medical woman assistant in anatomy. Cooper Medical College, San Francisco, California, co-educational, has three women assistants in its dispensary, none on its faculty.

Colorado School of Medicine has one woman, who is demonstrator of clinical obstetrics and two who are assistants on a teaching staff of forty-two.

Harvey Medical College, Chicago, a night school has a faculty of forty-eight. The President and Treasurer is a woman, and professor

of ophthalmology, aside from this one woman there are two clinical professors and one instructor! The President is said to be a strong and active advocate for the educational advancement of women!

Lincoln Medical College, Neb., is co-educational, no women in its faculty.

The College of Physicians, San Francisco, is co-educational, has one woman, associate in gynecology and one other an assistant in gynecology.

Tufts Medical College, Boston, has two women on its teaching force. One, Dr. Elizabeth Reily, instructor in gynecology and one assistant in pathology and bacteriology. A third lady is one of seven assistant physicians to the college dispensary. What part she takes in teaching is not indicated.

In the universities it is apparent that women are not entering into a full share of recognition as teachers. The University of California is co-educational, but gets on with a woman as dispensary clerk—no teachers are women.

The Universities of Texas and Iowa are co-educational. No women on teaching forces. Buffalo University has a woman, not medical, lecturer on medical gymnastics, and two medical women, who lecture, one on diseases of children and one on diseases of women.

University of Denver has one medical woman, instructor in embryology, one demonstrator and one assistant.

The College of Physicians and Surgeons University of Illinois has a large faculty, three of which are women, one is adjunct professor of obstetrics, two are clinical instructors in obstetrics.

University of Minnesota has one woman, instructor in histology, no professors. In this School, University scholars serve as instructors and assistants in first and second year work, the 1900-1901 catalogue names two.

Ann Arbor has but two women on its teaching staff, both assistants, Dr. Lydia DeWett, a scholarly woman is assistant to the chair of pathology. It is to be hoped that a woman's name in the near future may grace the yearly announcement of this institution as professor in same important chair, for the school has been for years co-educational, and has graduated some excellent women. It can be said to its credit that one of its medical graduates has been made dean of women.

The outlook for women as teachers in the co-educational schools of medicine is not the most encouraging, nor is it wholly discouraging. There is a marked increase in the number of college bred women among our medical students and graduates of the last five years. These women will not long remain content to be simply admitted and graduated by the so-called "liberal schools." They will ask for a fair

proportionment of college appointments that will rank above that of assistant. It will be their right to ask for and obtain positions as teachers of medicine, clinical and theoretical.

The question, "Is co-education conducive to the best interests of medical education," has not been fully answered as yet. That women are admitted as a matter of expediency or because of other school affiliations cannot be denied, but that they are admitted because it is to the best interests of medical education as such, cannot now be claimed. Indeed, co-education in medicine is serving a term of probation, not only with the schools but with the women themselves. It remains to be seen if they are not relegating themselves to a long and severe apprenticeship in which promotion will be painfully slow and uncertain. Dr. Emily Blackwell has said: "The full advantages of co-education will only be realized when there is co-operation of men and women in the organization all through, as well as co-education on the students' benches. Co-education, like every new movement, as it grows in importance calls forth warmer opposition as well as heartier support, showing that so great a change will not be accomplished suddenly" and she adds: "The separate college for women still has a work to do," and I would add further that it offers advanced positions to women who will work for them that are not yet offered by the co-educational schools.

For the permanent progress which has been and will be exceedingly slow, we must look to the University. It cannot remain an ideal institution and exempt women from its teaching staff in any of its departments in which it educates women. In doing so it defeats its own purpose, for the University must be broad, and free-minded--it must be universal.

*Read before the "Iowa Medical Women's Social Society," May 14th, 1901, as part of a symposium, "the Work of Women Physicians."

†Since this article was written, occurred the death of Marie J. Mergler, dean and professor of gynecology.

The supreme court of Wisconsin says, in the case of Stack vs. Padden, that while the statutes of that state have partially removed the common-law disability of married women to bind themselves at law by contract, that extends only so far as necessary or convenient to the beneficial enjoyment of their separate property, or the carrying on of their separate business or in relation to their personal services. They cannot at law bind themselves and their separate property to pay doctors' bills. But, perhaps with some significance, the court says that it was not dealing in this case with the proposition of whether a married woman, possessed of considerable property, might bind her separate property in equity by a contract for medical services rendered in treating her and her son.