

The Century Illustrated Monthly Magazine, February, 1891, volume XLI.

Open Letter - Mary Putnam Jacobi, M.D.

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Several months ago I was asked to state the reasons which appeared to me to show that it was both just and important to permit women medical students to attend the superior medical schools that are beginning to grow up under the direction of universities. At the time the movement had just been initiated to secure the admission of women to the medical school of the Johns Hopkins University. This movement has just been crowned with success. The generous energy of the group of women who have been working for the intellectual advancement of their sex has been cordially met by the liberal spirit of the University trustees, whose wise and just action is well befitting the responsibility of the noble trust they administer; still the moment has not yet arrived when the above mentioned "statement of reasons" has become happily superfluous.

Unless all the opportunities, privileges, honors, and rewards of medical education and the medical profession are as accessible to women as to men, women physicians cannot fail to be regarded as a special and distinctly inferior class of practitioners. Such habitual lack of social consideration will, moreover, constantly tend to render women inferior, by depressing honorable ambition, felt to be useless, and by depriving all women of the opportunities and responsibilities where individual superiority could be achieved or demonstrated, for which many at least are fitted. It is essential to the efficiency and the reputation of women's colleges that women should not be educated exclusively in them. Women's medical colleges were founded in America simply because all other means of securing a medical education



for women were vehemently refused. On the European continent the foundation of such small, isolated schools would have been impossible. Women would either have been refused all legal right to study or practice medicine, or they would have been at once admitted to the schools directed by universities and controlled by the state. The first course has been pursued in Germany, the second (since 1866) in Switzerland, France, Italy, Denmark, Norway, Sweden, and Belgium. In America, although for more than a century there have been among us not only acute but learned physicians, it is only recently that medicine has been regarded as a learned profession. Schools have been founded as private business enterprises whenever any group of irresponsible young men chose to "organize a college" as a means of personal advertisement. Women were excluded from these schools for the same ingenuous reason which led them to keep the standard of medical education as low as possible. The professors expected to repay themselves for their trouble out of the fees of the students: clearly the more students, the more pay; but the more severe the conditions of matriculation and graduation, the fewer the students. Similarly it was feared that the admission of women would be unpopular among students, known to be as tenacious of their "dignity" as they were careless of their instruction. Women were therefore excluded, together with the conditions necessary for a superior or learned or logical education, and may thus be said to have found themselves in good company. Now that the modern European view of medicine has gradually penetrated the American consciousness, it is perceived that the study of medicine necessitates an amplitude and complexity of intellectual and material resource greater than is required for any other branch of education. There is needed the culture of the philosophic faculty; there are



needed the expensive laboratories of physical science; and in addition there is needed the equally expensive equipment of hospital and amphitheater, which especially belong to medicine. When this has once been perceived, the hope of compassing such requirements by means of small, isolated, voluntary schools, especially if unendowed and dependent on the capricious fees of their students, is seen to be futile and absurd. These schools, then, fall into their proper rank, as feeders for the university.

The relations of women's medical colleges to a university medical school, such as that of Harvard, or more especially of Johns Hopkins as the latter is designed to be, would be twofold. Certain standards imposed at the university would be accepted at the colleges as the guide for their own work -- work which, without such guide, has often floundered about in woful uncertainty. And the students who should be found capable of accomplishing more than the average work proper to such colleges should be enabled to pass up to the higher schools, and work upon a plane fitted to superior abilities.

The change slowly effected in the views of medical education is an important factor in creating a new situation for the medical education of women. A second factor, not less important, consists in the change which has taken place in the general education of women. Twenty-five years ago academic studies were inaccessible to them .... But to-day, with Vassar, and Smith, and Wellesley, and Bryn Mawr, and Cornell University, and with admission secured to the State universities throughout the West, there are every year an increasing number of well-educated women who are qualified for the higher grades of medical work, and who are more and more in a position to demand facilities for the higher degrees of medical instruction.



A third factor in the present situation is the admission of women to the European schools, whence they return, both Europeans and Americans, to practice medicine among colleagues who have been forcibly placed at an educational disadvantage with them. Thus, out of a dozen women physicians now practising in San Francisco, three have graduated in Paris.

That the women of America, the country which, in comparison with the rest of the world, has not unjustly been called the "paradise of women," should be compelled to seek in Europe opportunities for the highest education; that in America, where the medical profession freely admits women to its national, State, and city societies, and to a share in many public medical responsibilities, women should have fewer educational advantages than in Europe, where these privileges are still denied; that in America, where physicians are beginning to be fairly liberal, just, and even kind, women should have less opportunity for winning honors than in England, where the doctors are still opposed to women physicians; that in America, with its free social manners, and habitual confidence in the dignity and purity of its women, an artificial outcry should be raised against "coeducation," and difficulties imagined, unthought of in Europe, where the honorable association of young men and women is really a social innovation; that on the Atlantic coast human beings must be deprived of intellectual rights because of alleged scruples of prudery that have vanished from the portals of universities throughout the West -- all these circumstances are so anomalous, the situation thus created is so illogical and contradictory, that it cannot, one would imagine, be much longer sustained.

Notwithstanding the disadvantages under which women physicians in America still labor, there is one circumstance which renders their



position more solid than it is as yet in Europe. In America the admission of women to medicine was effected in response to a popular demand -- it came from below, and had a democratic basis of support. In Europe it came from above, from the councils of ministers, or from the deliberations of small groups of highly cultivated people. Thus it has often come about that in Europe women have had the education but not the patients, and in America they have had the patients and not the education. The time has come to unite the two.