

The art of medicine

Elizabeth Garrett Anderson: early pioneer of women in medicine

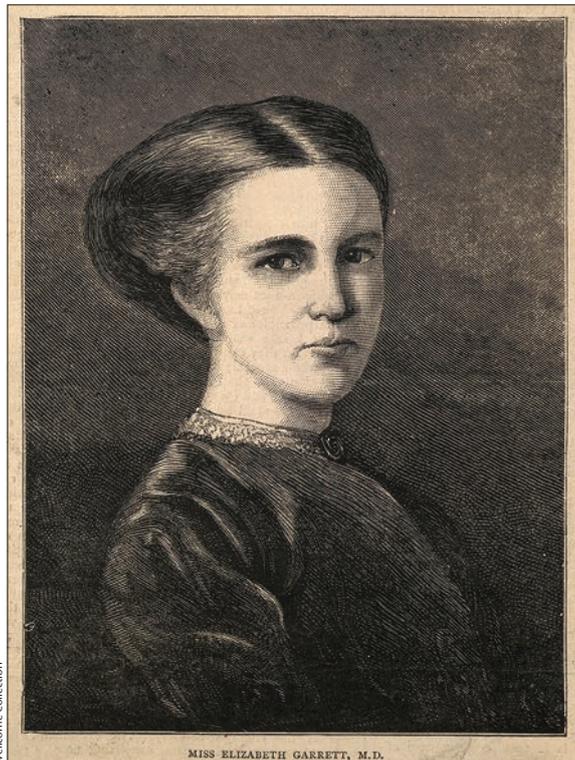
Today, about 55% of medical students in the UK are women. While change is needed to address issues such as the representation of women in leadership positions in medicine, career progression, and gender differences in pay and grant funding, women are now entering medicine in increasing numbers. Given the important role of women in the medical profession, it might be easy to forget the struggles experienced by early women doctors in trying to attain medical qualifications. Elizabeth Garrett Anderson, who died on Dec 17, 1917, was one of these early pioneers.

Elizabeth Garrett was born in London on June 9, 1836. She was the second woman to gain a place on the British Medical Register, the first being Elizabeth Blackwell, who had trained at Geneva Medical College in New York, USA, and registered in 1856. Through her involvement with the Langham Place Circle, a group of women who were interested in the promotion of higher education for women, 23-year-old Garrett Anderson met Blackwell, and became inspired to study medicine. Her parents were initially opposed to these plans. In a letter to Emily Davies, of the Langham Place Circle, in 1860, Garrett Anderson wrote that her father believed “the whole idea was so disgusting that he could not entertain it for a moment”. Her parents were not unusual in their

dismay over their daughter’s aspirations to study medicine. In the second half of the 19th century, various arguments were put forward against women in medicine. Often these were based on Victorian beliefs about women’s physical, mental, and emotional natures. A letter in *The Lancet* entitled “A lady on lady doctors” in 1870, for instance, commented that women lacked “the coolness and strength of nerves” required of a doctor, and that “the constitutional variations of the female system, at the best are uncertain and not to be relied upon”. Male medical practitioners, particularly specialists in gynaecology and obstetrics, who were concerned about competition from female doctors in these areas, were instrumental in the attack on the women’s higher education movement. It was also believed that the study of medicine might endanger a woman physically and mentally. By contrast, proponents of women’s entry to medicine argued that there was a need for women doctors to care for women patients. Some, like Sophia Jex-Blake (1840–1912) claimed that “women have more love of medical work, and are naturally more inclined, and more fitted for it than most men”. The UK was not exceptional with regard to the barriers faced by women wishing to enter the medical profession, with prospective women doctors in the USA and many European countries facing similar difficulties.

Garrett Anderson was undeterred by these barriers. With the eventual support of her father, she became acquainted with the politician Russell Gurney and his wife Emelia, who became supporters of the campaign to admit women to the medical profession. Because no British medical schools were open to women at the time, Garrett Anderson did nursing experience on the surgical ward of the Middlesex Hospital in London for 6 months from August, 1860. But she was excluded from further study there as a result of a petition written by male medical students against the admission of women students. Despite being refused entry to a number of medical schools in England and Scotland, she studied privately at the London Hospital before qualifying with a licence from the Society of Apothecaries in London in 1865. After the award of her licence, the Society of Apothecaries then closed its licences to individuals who had received private instruction, meaning that women could no longer gain a British qualification. Garrett Anderson set up practice in Upper Berkeley Street, London, before establishing St Mary’s Dispensary for Women and Children in 1866, and later, the New Hospital for Women, in 1871. She attained an MD in Paris in 1870 and was involved in supporting the campaign by early women doctors like Jex-Blake to allow women admission to the medical profession.

Jex-Blake was part of a group known as the Edinburgh Seven who tried, and ultimately failed, to gain medical



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Elizabeth Garrett Anderson (1836–1917)

qualifications from the University of Edinburgh between 1869 and 1873. However, Garrett Anderson and Jex-Blake disagreed on the best approach to this campaign. In a letter to *The Times* in 1873, Garrett Anderson argued that British women should seek “abroad that which is at present denied to them in their own country”, whereas Jex-Blake believed that women should not “be driven out of our own country for education”. While initially against the idea of a separate medical school for female students, Garrett Anderson later supported and taught at the London School of Medicine for Women (LSMW) set up by Jex-Blake in 1874. But the two women sometimes clashed, with Jex-Blake even opposing Garrett Anderson’s election to the position of dean of the LSMW in 1883. At a meeting in support of the school in June, 1877, Garrett Anderson remarked that there was “nothing injurious to the health, the morals, or the manners of women in a medical education, and that the results were likely to prove beneficial to the female sex and to the nation”. It would not be until 1877 when the King and Queen’s College of Physicians in Ireland took advantage of Russell Gurney’s Enabling Act, that British women would be able to gain a place on the Medical Register.

Garrett Anderson remained an active campaigner. In 1874, she published a retort in the *Fortnightly Review* in response to Edward Clarke’s publication, *Sex in Education, or a Fair Chance for the Girls*, in which he argued that menstruation and co-education were incompatible. Garrett Anderson responded that “the experiment of educating women thoroughly had been frequently tried, and the result had been to show that the process was of service, not injurious to the health of female students”. In advice to prospective women medical students in Charles Bell Keetley’s 1878 *Student’s Guide to the Medical Profession*, Garrett Anderson appealed to women “not to be discouraged either by the magnitude of the work to which they have to put their hands, or by the disapproval of many of their friends and acquaintances”, putting forward the importance of “good temper” as a “precious weapon to those who are working for a cause still regarded by many with prejudiced disapproval”. She also noted that “women can less easily afford to be second-rate, their professional work will be more closely scrutinised; mistakes will ruin them more quickly than they will men”. She challenged contemporary ideas about why women should be allowed a place in the profession. In an annual lecture delivered to students at the LSMW in October, 1877, she argued against the conventional idea that women would be more sympathetic in understanding women’s ailments. In her view, “the possession of brains and cultivation” was what mattered. She fervently believed that women doctors could prove themselves through diligence and good work. Yet she also warned of the distracting potential of marriage and children. She wrote that “the art of medicine, like every other difficult work asks for concentration of thought and attention, and those will do best who can give this”. She herself married

James George Skelton Anderson in 1871, going on to have three children, one of whom, Louisa (1873–1943), became a pioneering British female doctor and suffragette.

Not only did Garrett Anderson gain a name for herself as a proponent of women in the medical profession, she was also the first woman to be admitted to the British Medical Association (BMA) in 1873, which voted against admitting any more women members from 1878 until 1892. At a meeting to discuss the admission of women to the BMA in 1892, according to the writer of her obituary, the audience “needed no convincing of the justness of her demands... she had already by her professional and public life done this very thoroughly”, and the meeting overwhelmingly voted in favour of women’s admission to the BMA. She was also a frequent contributor to medical journals as well as publishing on contemporary feminist issues such as the Contagious Diseases Acts of 1866–69.

Garrett Anderson encouraged camaraderie telling students that “you are not merely women who desire to help the best interests of all women, but that you are members of a noble profession, and that you have the responsibility which is linked with comradeship towards every other medical person, man or woman”. As a passionate advocate of women in medicine, she inspired and provided advice and support to a number of subsequent early British female doctors, many of whom studied under her guidance and went on to establish themselves as experts in the field of women’s health as well as campaigning for social reform. The physicians she supported included Eliza Louisa Walker Dunbar, the first female licentiate of the King and Queen’s College of Physicians in Ireland; Annie McCall, promoter of antenatal and maternity care; social reformer Frances Hoggan; and campaigner for women’s rights Mary Edith Pechey-Phipson. Garrett Anderson was later heralded by suffragists as an important role model; her daughter, Louisa Garrett Anderson, wrote in 1913 that “she broke down much prejudice and opened many doors”. Her legacy, therefore, was not only in her contributions to women’s and children’s health, but in inspiring future generations of British women doctors who were struck by her perseverance and commitment to her profession. By 1899, she happily remarked that “it is now pretty generally recognised that women have exactly as much right to practise medicine and to support themselves by doing so as men have. They are doing excellent and highly skilled work in medicine proper, in surgery, and midwifery in almost all parts of the world, and so long as their work continues to be good they are sure to prosper.” While today’s women doctors still face challenges in their working lives, Garrett Anderson would undoubtedly be gratified by their major progress in the medical profession.

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