

The 'Medical-Women Question' and the Multivocality of the Victorian Medical Press, 1869-1900

Abstract

From the late 1860s to 1900s, the British medical press was preoccupied by debates about the suitability and propriety of women studying and practising medicine. Rather than presenting a unitary or fixed opinion on the 'medical-women question', however, the journals illustrate divisions and dissent.

Editorial opinions on the matter – expressed in leading articles and news coverage – were often strident, but were also revised and even reversed in later issues. Discussions of the medical-women movement also featured elsewhere in the journals, in transcripts of debates among professional bodies and correspondence pages. This enabled a range of individuals – professionals and laypeople, men and women, supporters and detractors – to participate in the conversation.

The journals engaged with a spectrum of opinions, which reveal much about professional anxieties and attitudes towards women during this period. The medical press did not simply reflect contemporary values, however. Rather its multivalent form actively engendered debates about women in medicine.

Keywords: Nineteenth-century periodical press, medicine, gender, women, British Empire.

'The medical-women question is perennial. It knows no limits; we encounter it at every turn.'¹

In this editorial, published in 1877, the *Lancet* suggested that debates regarding the suitability and propriety of women studying and practising medicine had become pervasive. Readers would have been well aware of the subject's ubiquity, given that it appeared with remarkable frequency in the pages of the journal itself. Indeed, from the 1860s to well into the twentieth century, the 'medical-women question' received extensive coverage across the professional press.

This article examines how the medical-women movement was constructed and contested across a range of general medical journals. It explores long-running and widely-read titles such as the *Lancet* (1823-), *British Medical Journal* (*BMJ*, 1857-), and *Medical Press and Circular* (*MPC*, 1867-1961), as well as shorter-lived periodicals such as the *Medical Times and Gazette* (*MTG*, 1852-1885) and the lesser-known *Medical Mirror* (*MM*, 1864-70). These journals represented various professional interests and were in direct competition in the periodical marketplace.

The *Lancet*, founded by surgeon Thomas Wakley in 1823, gained notoriety as a bold agitator for medical reform, though its zealous tone tempered after the early decades. Wakley died in 1862, but the journal remained in the family's hands until 1909. Until the 1870s, it enjoyed the largest circulation of any medical periodical.² In 1827, several metropolitan luminaries formed the *London Medical Gazette* in direct opposition to the *Lancet*. In 1852, it amalgamated with the *Medical Times* (established 1839) to form the *MTG*. Over its three decades in publication, the combined journal remained a leading competitor to Wakley's journal.³ The *BMJ*, the mouthpiece of the British Medical Association, eventually surpassed the *Lancet* in popularity. It was a continuation of the *Provincial Medical and Surgical Journal* (1840-52) and the *Association Medical Journal* (1853-6). Its original aim was to

represent the interests of provincial practitioners, but it increasingly spoke for the wider profession and soon moved its editorial operations to London. Between 1867-9 and 1870-98, it was edited by surgeon Ernest Hart. Like Wakley, Hart was something of a campaigning journalist.⁴ Another journal which gradually became more metropolitan in character was the *MPC*. It started in Ireland as the *Dublin Medical Press* (1839). In 1866, this journal purchased (and combined with) the *Medical Circular* (established 1852). From 1868 onwards, it was published in London, though between 1860-1901 it was edited by Archibald Jacob, a prominent ophthalmologist in Dublin.⁵

Much less is known about the *MM*, a London-based journal which proudly proclaimed itself an 'independent organ'. It was edited by metropolitan physician William Abbotts Smith and later Alexander Thorburn Macgowan, who had served as Staff-Surgeon in the 52nd Oxfordshire Light Infantry. The journal's last editor – who oversaw production between September 1869 and December 1870 – was anonymous and has not been identified.

These disparate titles varied in their political leanings, editorial strategies, and tone. Nevertheless, they were united by their engagement with the medical-women question. Their response to the issue cannot neatly be tied to their individual editors or character. As this article shows, the journals represented a spectrum of opinions and a multiplicity of voices. During the period from 1869 to 1900, all these titles were printed weekly, except for the *MM*, which appeared monthly. This article primarily draws on high-frequency journals because they could respond more quickly to developments in the medical-women movement.

During the second half of the nineteenth century, women made considerable inroads into the medical profession in Britain and its Empire. In 1865, there were just two women on the Medical Register in Britain – Elizabeth Blackwell and Elizabeth Garrett (later Garrett Anderson) – both of whom entered through loopholes, which were subsequently closed to prevent other women following suit.⁶ In 1869-70, Sophia Jex-Blake and several female peers fought to pursue a medical education at the University of Edinburgh. If successful, they would have become the first women to take medical degrees from a British university. It was at this time that the professional press began treating the woman-doctor question with real immediacy and urgency. Although ultimately barred from graduating, these early pioneers paved the way for reform. In 1876, the Enabling Act officially sanctioned (though did not compel) medical schools to examine women and a year later the King and Queen's College of Physicians of Ireland became the first of the UK's nineteen licensing bodies to open its examinations to women. Gradually, other institutions accepted women, and by 1892 there were 135 female practitioners on the Register.⁷

Rather than treating the medical-women movement as a narrative of progress, this article explores the way in which the subject remained contentious throughout the period. Since the movement advanced unevenly, the journals found it difficult to establish a fixed and comprehensive response to the medical-women question. In the 1850s-60s, the debate centred on women's suitability for studying medicine, but it increasingly broached wider questions about where women might practise. During the 1880s-90s, attention shifted to their (un)suitability for Government appointments or work in the British Empire, for instance. At the *fin de siècle*, debates focused on whether they should be admitted to professional organisations such as the British Medical Association and the Royal Colleges. Across the period, the journals grappled with different implications of the medical-women movement.

Pioneering medical women have long been the subject of biographical study, but only in recent decades has the wider movement attracted significant scholarly attention. Historians have examined the experiences of early cohorts of female medical students and practitioners,⁸

while literary critics have studied the representation of medical women in fiction.⁹ Research has begun to consider how the medical-women question was mediated through periodicals. Thomas Neville Bonner's comparative study of women's medical education across European and North American contexts looks at how the popular and medical press responded to developments.¹⁰ Laura Kelly examines coverage in the British and Irish popular and professional press, arguing that contemporary hostilities towards medical women illustrate anxieties about femininity and the continued investment in women's roles as wives and mothers.¹¹ Analysing the *Lancet*'s treatment of the issue between the 1860s-80s, Claire Brock contends that medical men were preoccupied by the question, but that they were neither 'coherent [n]or unified in [their] objections'. She argues that these inconsistencies reveal much about the profession's anxieties regarding its own status during this period.¹² For these scholars, the medical press' mixed coverage demonstrates how ideas about the medical profession and womanhood were under revision.

The journals reflected anxieties about whether the demands of medicine and femininity could be reconciled. However, they did not simply react to developments in the medical-women movement but instead actively set the terms of the debate. Building on previous research, this article interrogates what the medical journals' handling of the woman-doctor question suggests about their form and content and their community of readers. It draws on scholarship about nineteenth-century periodical culture. Critics have discussed the role journals played in shaping contemporary ideologies. For example, in their analysis of gender and the periodical press, Hilary Fraser, Stephanie Green, and Judith Johnston suggest that the genre's 'ephemeral character' rendered it 'an apt mediating agency for the presentation of ideas that were constantly undergoing revision and reformulation'.¹³ Research has also demonstrated the multivocal nature of nineteenth-century journals, including the medical press.¹⁴ Laurel Brake, Bill Bell, and David Finkelstein discuss how – through attempts to attribute articles to specific authors – 'the formerly monovocal periodical text' has been revealed as 'a site for competing voices, contending within and even, at times, reorienting the very textual spaces they occupy'.¹⁵

This article traces coverage of the medical-women movement across the different journals and within individual titles. It engages with a cross-section of content and a range of voices, to understand how they interacted with one another. The article begins by looking at leading articles and news columns, where an editorial voice was either implicit or explicit. It then considers how the issue appeared in transcripts of debates at professional bodies and in correspondence columns. Finally, the article interrogates the role of female voices in the medical press. Ultimately, it considers how the journals – their constituent parts and the various voices contained within them – framed and re-framed the medical-women question. By suggesting that each development in the movement raised fundamentally new questions about women's participation in medicine, the journals ensured that the question remained fraught until the century's close.

Leading articles and news columns

Leading articles and news columns seemed to function as a journal's editorial mouthpiece.¹⁶ Since they usually appeared anonymously, with leaders conventionally positioned beneath the journal's title, their commentary on current affairs seemed to represent editorial opinion or policy. Leading articles were usually overtly polemical, and variously adopted liberal, moderate, or conservative standpoints. While news stories were regularly printed without direct editorial intervention, they often contained asides which made their opinion on the story implicit or explicit.

At times, journals self-consciously identified themselves as either sympathetic or hostile towards the movement. In 1869, the *MM* indicated its tentative support for medical women. It positioned itself in direct opposition to some of its contemporaries, deriding the *MTG* for its 'pseudo-scientific dogmas' about women's 'physical and mental capacity' and the *BMJ* for its 'medieval notions concerning women'.¹⁷ This demonstrates how journals were keenly aware of the content published by their rivals and how they sought to create an identity which would distinguish them in the crowded periodical market.

As the *MM* suggests, in the early years of the movement the *BMJ* presented itself as openly opposed to the prospect of women in medicine. In 1870, it featured a particularly histrionic editorial, which branded the 'lady-doctor' a 'traitress to her sex'. The article insisted that a civilised society should see women dependent on men, rather than following their own 'eccentric longing[s] for the will-o'-the-wisp pleasures of independence'.¹⁸ A month later, another editorial suggested that the medical-women movement was a sign of 'retrograde civilisation'. It listed seven reasons why female practitioners were unnecessary or undesirable, including the fact that the medical profession was 'already well supplied as to numbers'.¹⁹

Editorial opinions were not always straightforward. In a pair of leading articles published in February 1870, the *MPC* equivocated over the question of women's suitability for medicine. It suggested that, in the spirit of 'toleration', women should be allowed to pursue a medical education, but it doubted whether they would succeed in practice.²⁰ These articles drew on ideas of justice and fair play, which were seen as important for a profession divesting itself of its old associations with trade and establishing its respectability.²¹ In *Book on The Physician Himself* (1882), a popular advice manual for medical men originally published in the US, Daniel Webster Cathell emphasised that '[t]oleration of a difference of opinion is a lofty virtue'.²²

Across the medical journals, editorial opinions showed vacillations, revisions and retrenchments. Rather than establishing a fixed standpoint, leaders often demonstrated indecision and inconsistency. Over time, this could be attributed to changes in editorship or the fact that different writers may have been supplying the copy. In 1866, the *MM* had exhibited reservations about women practising medicine, arguing that, 'while cultivating their minds', women should not 'neglect a department of usefulness for which Nature has peculiarly fitted them'; a reference to reproduction and childrearing.²³ Much of its positive coverage of the movement followed the departure of Macgowan as editor. The September 1869 issue signalled that he had retired and sold the copyright.²⁴ The new (anonymous) editor implicitly adopted a more liberal agenda, sympathetic towards medical women. Without knowing his identity, it is difficult to determine the reasons for his support. Since the *MM* ceased publication in 1870, one cannot know whether this editorial opinion would have been sustained. Perhaps it contributed to the journal's decline.

The *BMJ*'s cluster of articles antagonistic towards the movement appeared under the editorship of Jonathan Hutchinson, an eminent surgeon. He conducted the journal between late 1869 and the summer of 1870, during the short-lived absence of Hart. Peter Bartrip's history of the *BMJ* describes how Hutchinson staunchly opposed the medical women, whereas attitudes tempered under Hart, a friend of Garrett Anderson.²⁵ Despite this shift in opinion, readers may have considered the early editorials as the *BMJ*'s definitive stance on the medical-women question.

Even journals which remained under more continuous editorship – such as the *Lancet* – also reversed their opinions, sometimes in a matter of several weeks. As Brock illustrates, there

were ‘fluctuations and inconsistencies’ in its editorial opinion.²⁶ In March 1870, the journal appeared to concede that the diseases of women and children would be ‘the most appropriate field’ for female practitioners.²⁷ This was the specialty that aspiring medical women usually claimed as their especial province, arguing that modest or delicate women might be reluctant to receive male attendance. However, two months later the journal effectively backtracked, suggesting that there would be no appetite for female practitioners among female patients. In a particularly vituperative leading article, it claimed that ‘women hate one another, often at first sight, with a rancour of which men can form only a faint conception’.²⁸

In a later editorial, the *Lancet* denied its opposition to women entering the profession stemmed from pettiness or self-protectionism. In 1875, amidst legislative change, it stated that it was not afraid of competition ‘in the form of girl-graduates’. Given that the *Lancet* had a reputation for a radical and reformist agenda, it is perhaps unsurprising that it wished to disassociate itself from charges of exclusivity. Instead, it portentously warned that women in medicine would ‘mark a new era in social and political history’.²⁹ The article deferred taking a position by re-framing the question of women’s entry to the Medical Register as one with far-reaching ramifications.

Journals also distinguished between different aspects of the medical-women question, thus assuaging suspicions that they might be vacillating. In 1884, when the *Lancet* addressed the issue of female practitioners in India, it suggested that,

Nothing that has ever been urged in these columns against the pretensions of women to engage in the study and practice of medicine can be held to apply to the case of those countries in which women are as a sex secluded or so far kept apart that [medical] men may not minister to their needs.³⁰

Medical women were often seen as making necessary or worthwhile contributions to colonial healthcare, particularly following the inauguration of the National Association for Supplying Female Medical Aid to the Women of India in 1885. This scheme employed female practitioners to work among the native women of India, who – it was widely held – were unable to receive male medical attendance due to their observance of purdah or zenana (practices of veiling or seclusion).

In general, medical journals tempered their stance towards medical women in the closing decades of the century. However, it should not be presumed that they became uniformly more tolerant. Certain aspects of the medical-women question continued to vex some journals, while others were apparently untroubled. In 1883, several of the journals’ news columns reported on the Government’s appointment of a female practitioner (Edith Shove) to attend the Post Office’s female staff. The *Lancet* was aghast; in two separate items in its ‘Annotations’ column it questioned the propriety of the appointment, suggesting it might not be ‘agreeable’ to the patients’ wishes. It thereby subverted medical women’s claims about patient preference.³¹ The *BMJ*, however – once an outspoken critic of the medical-women movement – reported on the same news without comment.³² Less than a decade later it was similarly unperturbed by a decidedly more contentious issue: the prospect of women doctors taking up appointments relating to a mixed-sex patient constituency.³³ This indicates the journal’s increasingly progressive stance towards medical women under Hart’s editorship.

It is apparent that medical journals not only held divergent opinions to one another, but also contained internal inconsistencies. Even in features traditionally associated with editorial opinion and policy – such as leading articles and news columns – the medical press emerges as a fragmented genre. Historical and literary researchers must bear in mind that one editorial does not necessarily represent that journal’s opinion. Indeed, de-contextualising individual

articles risks oversimplifying the dynamics of the press, where the treatment of medical women was remarkably fluid. This impression was reinforced by the fact that the journals contained many other voices (separate from the editor's own) commenting on the issue.

Transcripts of debates

One regular feature of the medical press that was inherently and explicitly multivocal was the transcripts of debates that took place among medical societies and professional bodies. These were published by the *Lancet* and *BMJ* in a seemingly verbatim format, taking the form of reported (apparently unexpurgated) speech, attributed to named persons. While there is a sense that the content has been mediated by a secretary or reporter – the third-person used instead of personal pronouns, for instance – these features grant access to the voices of a range of individuals. Throughout this period, professional bodies debated various aspects of the medical-women question. The transcripts illustrate the multiplicity and diversity of opinions that were aired, both between different organisations and within them.

In 1875, the General Medical Council (GMC) was tasked by the Government to produce a report on the prospect of medical women's registration, ahead of legislation that resulted in the Enabling Act. The GMC debated the issue in depth, with members touching on issues ranging from the propriety of co-education to women's physical and mental capability for practice, and whether there was sufficient appetite for their services. In a lengthy speech, Edinburgh-based surgeon Andrew Wood argued that 'women are not adapted to the medical profession and the medical profession is not adapted to women'. His contention that medicine and femininity were essentially incompatible resurfaced in myriad guises over the decades. Nevertheless, despite vocal opposition, the GMC finally agreed that its report should include the statement that it was 'not prepared to say that women ought to be excluded from the profession'.³⁴

In the 1890s, the British Medical Association (BMA), the Royal College of Physicians of London (RCP), and the Royal College of Surgeons of England (RCS) all debated whether to admit women as members of their organisations. At an Extraordinary General Meeting (EGM) in 1892, the BMA voted in favour, while in 1895 both Royal Colleges voted against. These debates demonstrate the variety of arguments put forward against medical women at a relatively late stage in the movement, once a considerable number had already qualified, registered, and set up in practice.

The transcripts attest that some medical men believed women doctors had already proven themselves. During the BMA's EGM, Surrey-based GP John Henry Galton contended that '[t]he question against the general admission of women to the profession no longer existed' and 'all that remained was that they should be admitted freely'.³⁵ However, others were unconvinced by women's fitness for medical practice and professional membership. At the BMA, Dr Samuel Haughton from the University of Dublin claimed that the presence of women would 'diminish [the Association's] opportunities of discussing questions in that thorough and complete manner that science required'.³⁶ Anxieties about exchanging ideas in a mixed-sex environment recall fears about co-educational medical classes, the supposed impropriety of women and men learning anatomy alongside one another. Meanwhile, at the RCP debate, London-based physician Dr Charles John Hare suggested that women 'had no capacity for creating knowledge or advancing it'.³⁷ It is apparent that, by the 1890s, some regarded the medical-women question as already answered, while others saw these debates as an opportunity to revisit wider questions about women's fitness to participate in the profession.

Exceptionally and rather ironically, a medical woman was able to take part in the BMA debate. In 1874, the Association had accepted Garrett Anderson as a member through an ‘oversight’ before it officially vetoed the admission of further women four years later.³⁸ When the issue resurfaced in 1892, Garrett Anderson utilised her unique platform to argue for the rights of her female colleagues. She insisted that women’s exclusion prevented them from cultivating ‘any feeling of solidarity with other members of the profession’, while also hampering them from extending their medical knowledge.³⁹ At a second EGM on the issue, Nelson Hardy (a Dulwich-based surgeon) praised Garrett Anderson, describing how she had conferred ‘honour’ on the BMA and the profession.⁴⁰ Both effectively suggested that women’s involvement in the Association was in the profession’s best interests.

By publishing transcripts, the medical press enabled those who were not present at the meetings to keep informed. Yet the journals were not simply vehicles for disseminating this material. Coverage of the debates spilled over into other sections, allowing different commentators to intercede with their views. Editorial columns engaged with the debates in detail. Reflecting on the Royal College debates, the *Lancet* noted that it was pleased the petitions were being discussed, since this indicated ‘that the women are to have fair play’.⁴¹ Following the debates, the *MPC* criticised arguments put forward against the women, which it claimed were based on ‘sordid commercial ground’ (i.e. designed to prevent women from competing in a crowded medical marketplace).⁴² Here, both journals promote ideals of tolerance and fairness.

In the correspondence pages, there was extensive discussion about the outcome of the debates. The *BMJ* received numerous letters disputing the legitimacy of the BMA’s vote.⁴³ This led to a second EGM which ratified the earlier decision.⁴⁴ Correspondents also revisited specific claims put forward about medical women’s work. For instance, during the RCP discussion, Sir Joseph Fayrer – who had enjoyed an illustrious career in India – suggested that ‘too much had been made’ of the idea native women preferred the attendance of their own sex. He claimed that ‘there was no difficulty in the way of medical men entering the most jealously guarded harem’.⁴⁵ After printing these comments, the *Lancet* received correspondence both welcoming and challenging his contention, which it published between November 1895 and February 1896.⁴⁶

Ultimately, the debate transcripts were not static content. Editors intervened to comment on the discussions and readers actively engaged with the material. Tracking this coverage reveals the way in which the journals’ heterogeneous content – their editorials, transcripts, and correspondence pages – closely interacted with one another. Conversations about debates that had taken place among professional organisations traversed separate sections of the journal and spread across different issues. Thus, even after votes had been cast, the debates were extended and reenergised within the pages of the medical press.

Correspondence

Correspondence pages were frequently sites for lively debate. Many of the journals published letters that represented a spectrum of opinions. At times, they printed those which accorded with their current editorial position. In the same issue in which the *Lancet* published its leading article suggesting there was no appetite for female practitioners since ‘[w]omen hate one another’, it featured a letter ostensibly from a laywoman, speaking out against the medical-women movement. Writing under the feminised pseudonym ‘Mater’, the correspondent asserted that ‘[m]orally, women are not fitted to be doctors, because they cannot (even the best of them) hold their tongues’.⁴⁷ The authenticity of this letter is questionable: was ‘Mater’ the pen-name of an ordinary woman who wished to express her

distaste for the notion of female practitioners, or was it adopted by a disgruntled medical man seeking to discredit the campaign for women doctors? Regardless, the *Lancet* may have included the letter in this issue precisely because it seemed to offer further ‘evidence’ that medical women were unnecessary or undesirable.

Correspondents were not simply passive consumers of the journals, readily absorbing and reflecting their ideologies. Often they directly challenged the views expressed and journals engaged with ideas antithetical to their own. For instance, two weeks after querying whether there was any appetite for medical women, the *Lancet* printed a list of petitions organised by Sarah Kingsley (wife of the novelist Henry Kingsley, and a staunch supporter of the medical-women cause) in *favour* of female medical education.⁴⁸

The correspondence columns offered medical women and their supporters an opportunity to share information and express their views. The *MTG*, for instance, enabled Garrett to advertise scholarships available to women.⁴⁹ Female students and practitioners were also able to rebut claims made against them by previous correspondents. In the *Lancet*, Jex-Blake countered suggestions that women could simply take up poorly-remunerated midwifery cases rather than pursuing full medical careers.⁵⁰ Later, Marion Ritchie (Honorary Secretary of Clapham Maternity Hospital and St John’s Maternity, Battersea) refuted accusations that women were undercutting their male colleagues by offering midwifery services for low fees.⁵¹ It is significant that midwifery was a bone of contention for it had traditionally been the preserve of women until the rise of the ‘man-midwife’ in the eighteenth century.⁵²

Readers were not merely reactive to previously published content but played a vital role in generating and shaping debates. In 1869, the *MPC* ran correspondence on the medical-women question for some weeks, before wading in and issuing its own edict through two leading articles. It noted that it had already

freely thrown open [its] columns to the advocates on both sides of the question [...] conceiving that, wherever the truth of the subject may lie, discussion, open and unfettered, is the one and only manner of reaching it.⁵³

It is worth considering why the journal printed such an extensive range of correspondence before intervening. Perhaps – as it claimed – it wished to cultivate a sense of openness, or possibly it wanted to gauge readers’ responses to the issue before formulating its own. The journal appeared to privilege its readers’ voices by giving them the opportunity to set out their views first. The *MPC* did not use its leading articles to close down the debate and continued to print letters on the subject for several months.

What is significant about this run of correspondence in the *MPC* is the variety of voices featured. As well as printing letters from medical men both for and against the movement, the journal included two pieces of correspondence from a laywoman named Eliza Arnold (who insisted delicate women would prefer female attendance) and one from the widow of a Welsh country doctor, who queried whether she would be able to follow in her husband’s footsteps.⁵⁴ Across the journals, a wide range of individuals – male and female, young and old, professionals and laypeople – participated in debates about the medical-women movement through the correspondence pages. If deemed authentic, then the contributions of women such as ‘Mater’ and Arnold offer a glimpse of patients’ perspectives, which rarely feature in the professional press.

It is worth considering how such a range of people came into contact with professional journals. Discussing the late Victorian periodical *Woman*, Lynne Warren emphasises the utility of correspondence columns for complicating the image of the ‘implied reader’ put

forward by the magazine. However, she also cautions against assuming that readers who chose to correspond were 'representative' of the general readership.⁵⁵ In the medical press, it seems likely that some correspondents on the medical-women question were regular readers and subscribers, while others were energised by this single issue. It can be difficult to determine their interest, for while some correspondents identified themselves by their name, qualification, and place of work, others wrote under names hard to trace or adopted pseudonyms, perhaps designed to conceal their gender or any vested interests. While questions concerning the authorship of letters cannot always be resolved, it is nevertheless apparent that the correspondence columns functioned as a richly multivalent space.

Warren also highlights the way in which *Woman's* letters pages were 'highly self-referential [...] assuming an awareness of the various threads of discourse running throughout them'.⁵⁶ Editorial responses to readers' correspondence referred to other sections of the magazine, and readers commented on previously published material. The correspondence columns in the medical press worked in a similar way, fostering discussions that traversed different sections of the issue and that reached beyond the individual edition, as noted in the discussion of debate transcripts.

Editors selected, arranged, and potentially even modified the letters that appeared on the printed page to engender and regulate debate. They often encouraged back-and-forth letter-writing between correspondents. At times, there was direct editorial intervention in these exchanges. The *Lancet* featured correspondence from Ritchie and her detractors about midwifery fees across several issues. After printing a second letter from Ritchie, it intervened with the comment: 'This correspondence must now cease'.⁵⁷ The journal allowed Ritchie to engage in debate but also controlled her participation. This does not necessarily indicate suppression of the female voice, for the admonition was seemingly also directed towards her critics. Moreover, it was a standard line used to curtail ongoing debates between practitioners that might otherwise become too tedious or confrontational.⁵⁸

The female voice

The voices that featured in the medical press were typically gendered. The transcripts show that, during the 1875 GMC debates on the registration of female practitioners, some male commentators suggested that they were unable to speak on behalf of women, while many claimed to be citing the opinions of women they knew. As demonstrated, journals occasionally contained correspondence from women, some of whom were self-conscious about their participation in a traditionally male textual space. For instance, 'Mater' began her letter by suggesting that she had 'misgiving as to a lady correspondent being admissible in [the journal's] pages'. However, she also used her status as a respectable woman to lend authority to her argument. In denying that there was any appetite among women for female practitioners, she claimed to speak for 'the wives and mothers of England'.⁵⁹ Writing from an opposing viewpoint, Arnold also implied that her gender conferred authority. She dismissed remarks made by a previous male correspondent, suggesting that 'the gentleman has very little knowledge of the wants and wishes of so large a class as the unmarried women of this country now constitutes'.⁶⁰ Women studying or practising medicine could assert their professional credentials to validate their participation in debates. This was not necessarily a mark of insecurity, for male correspondents regularly listed their qualifications or appointments.

Women's voices did not appear solely in the context of the correspondence pages or (more rarely) the debate transcripts. Towards the end of the century, the medical press included clinical contributions from women. For instance, the *British Gynaecological Journal* printed

studies from Mary Scharlieb and Mary Dixon in the 1890s, several years before women were admitted to its Society in 1901.⁶¹ The way in which women were able to publish their clinical reports and observations (alongside those of their male counterparts) suggests that they were valued not simply for their interactions with female patients but for their contributions to medical knowledge as well.

Historians have emphasised that women's engagement with the medical press was infrequent.⁶² Anne Digby suggests that they preferred to contribute to the popular press, perhaps convinced they would find a more sympathetic audience there.⁶³ However, the inclusion of their voices in the medical journals remains significant given the opposition they faced in their attempts to enter other professional enclaves.

In order to examine how medical women constructed their own professional identities in this period, it is necessary to adopt a multi-source approach. For example, Vanessa Heggie uses (auto)biographies and archival material from medical institutions, as well as journal cuttings, to explore how the first tranche of female doctors portrayed themselves. Through this 'patchwork of sources', Heggie suggests that 'what emerges is a quite distinctive professional voice, an unapologetic self-identity as intelligent and ambitious'.⁶⁴ It is likely that this comes across more markedly in women doctors' private papers and their records from working in female-led institutions. These documents gave women space to express themselves without fear of criticism or rebuke. Nevertheless, print was an important medium for aspiring medical women to advance their views. Jex-Blake's polemical essay 'Medicine as a Profession for Women' (1869) and Margaret Todd's three-volume novel *Mona Maclean, Medical Student* (1892) demonstrate women's confident engagement with other forms of writing.

Examples of medical women's assertiveness can be found in the medical press, though this is only occasional, and their voices were frequently mediated or undermined by interventions from editors and other (usually male) readers. There is evidence that gender bias persists in the twenty-first-century professional press. In recent decades, researchers have shown that medical women continue to be relatively underrepresented in medical journals both as authors of original research articles and on editorial boards.⁶⁵

Conclusion

Victorian medical journals have been viewed as instruments for professionalisation.⁶⁶ In cultivating a professional identity, however, they had to contend with provocative new developments – such as the medical-women movement – which threatened to divide opinion among practitioners. Tracing coverage of the medical-women movement belies any preconceptions of homogeneity across the professional press. It illustrates not only that journals held divergent views from one another but that there was dissent and discord within individual titles. Some journals initially positioned themselves as broadly sympathetic or hostile to the movement. However, coverage was generally mixed and inconsistent, particularly in many of the long-running titles.

The ubiquity of these debates demonstrates that there was considerable anxiety about both the role of women and the status of medicine. This article has argued that medical journals did not simply respond or react to debates but actively engendered them. This does not mean that the medical-women movement was contentious purely because of how it was handled or mediated by the professional press. Evidently women's entry into the medical profession was a fraught process, involving legislative change and revisions to institutional policies. However, the medical press did not strive to promote feelings of consensus or propose a clear-cut resolution to the issue.

Medical journals engaged with, and actively encouraged, a range of conflicting opinions on the suitability or desirability of women in medicine. By refashioning the medical-women question – suggesting that each development in the movement raised fundamentally *new* questions – the journals risked seeming inconsistent, but they also fostered an impression that their coverage of the issue was fresh and novel. Coverage of the issue was often sensationalist in tone. While the *MM* promoted the medical-women movement in its final years, by positioning itself against other titles it nevertheless cultivated a sense of discord, which made for stimulating reading. The mixed coverage of medical women – which traversed different sections and different issues of the journals – was designed to engage readers. This was an important strategy for journals to attract and retain subscribers in a competitive periodical market.

One must be cautious about using this single issue as an example of how the journals functioned. Not all medico-social subjects attracted such extensive coverage across different sections of the press, nor did they arouse such strong and divergent opinions. Other issues – such as non-paying patients or the disruption caused by patients who called at inconvenient times – generated more consensus. Yet the way in which the woman-doctor debates unfolded offers a fascinating insight into how the medical press operated as a multivalent space.

Despite their mixed coverage, the journals did not collapse into incoherency. Leading articles were usually written in a polemical tone, with a confident authorial voice that belied any sense of uncertainty or vacillation. Thus, while discrepancies in editorial opinion undoubtedly emerged, readers were reassured that the journal had a coherent identity. Leading articles, debate transcripts, and correspondence pages were packaged as discernibly different content, allowing readers to navigate between the divergent views expressed therein. The journals presented themselves as vehicles for the dissemination of different opinions. The way in which they incorporated a broad spectrum of voices was partly an effort to demonstrate their investment in values such as toleration and fair play. Readers were entrusted to form their own opinions about women's capabilities and the demands of medical practice.

The way in which the medical press revisited the medical-women question from different angles across time was enabled by the seriality of the form. To some extent, the journal was an ephemeral product; individual issues were superseded by new ones, and titles might be short-lived. Despite this, readers were not necessarily expected to forget previous content, nor did new material simply replace old. Throughout the coverage of the medical-women question there were continuous 'threads of discourse'.⁶⁷ Editors, contributors, and correspondents reflected on discussions that had previously taken place or anticipated where they might go in future. Conversations about the medical-women question intersected different items in the issue and interwove through different editions. Thus, while the journals to some extent capitalised on divergences among their readers for the sake of lively copy, they also incorporated these readers within an ongoing debate or discourse. This served to maintain readers' interest and create a shared professional community.

Notes

¹ 'Medical Women', 659.

² See Brake and Demoor, *Dictionary of Nineteenth-Century Journalism*, 343-4.

³ *Ibid.*, 375-6.

⁴ *Ibid.*, 78-9.

⁵ *Ibid.*, 182.

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- ⁶ Elizabeth Blackwell registered under a special clause in the Medical Act (1858) which permitted those who had a foreign medical degree and were already practising to register. Elizabeth Garrett threatened legal action against the Society of Apothecaries if they refused to allow her to sit their examination after studying privately. The Society later stipulated that only those who had studied at recognised medical schools were eligible for examination.
- ⁷ 'Extraordinary General Meeting', 262.
- ⁸ Kelly, *Irish Women in Medicine*; Crowther and Dupree, *Medical Lives*.
- ⁹ Swenson, *Medical Women and Victorian Fiction*.
- ¹⁰ Bonner, *To the Ends of the Earth*.
- ¹¹ Kelly, *Irish Women in Medicine*, 30-1.
- ¹² Brock, 'The *Lancet* and the Campaign Against', 132.
- ¹³ Fraser, Green, and Johnston, 'Introduction', 3.
- ¹⁴ Peterson, 'Medicine', 22-42.
- ¹⁵ Brake, Bell, and Finkelstein, 'Introduction', 4-5.
- ¹⁶ Brake and Demoor, *Dictionary of Nineteenth-Century Journalism*, 352.
- ¹⁷ 'Notes and Comments: Female Physicians', 173.
- ¹⁸ 'Lady Surgeons', 338-9.
- ¹⁹ 'The Admission of Ladies', 474-5.
- ²⁰ 'Lady Doctors' (16 February 1870), 127-8; 'Lady Doctors' (23 February 1870), 146-7.
- ²¹ Digby, *Making a Medical Living*, 6.
- ²² Cathell, *The Physician Himself*, 73.
- ²³ 'The Rights of Women', 506.
- ²⁴ *Medical Mirror* (1 September 1869), 113.
- ²⁵ Bartrip, *Mirror of Medicine*, 172-3.
- ²⁶ Brock, 'The *Lancet* and the Campaign Against', 142.
- ²⁷ 'Notes, Short Comments, and Answers: Lady Doctors', 400.
- ²⁸ 'The Medical Education of Women', 673.
- ²⁹ 'Admission of Women', 213.
- ³⁰ 'Women Doctors for Women', 580.
- ³¹ 'Lady Doctor for the Post-Office', 112; 'The Appointment of Miss Shove', 468.
- ³² *BMJ* (17 March 1883), 523.
- ³³ 'Medical Women as Workhouse Doctors', 371.
- ³⁴ 'The General Council', 56.
- ³⁵ 'Extraordinary General Meeting', 262.
- ³⁶ 'British Medical Association', 481.
- ³⁷ 'RCP of London: Debate on the Petition', 1125.
- ³⁸ Described in footnote in 'The Constitution of the BMA', 67.
- ³⁹ 'Extraordinary General Meeting', 263.
- ⁴⁰ 'British Medical Association', 481-2.
- ⁴¹ 'Women and the RCP of London', 1115.
- ⁴² 'Notes on Current Topics', 532-3. For discussion of overcrowding, see Digby, *Evolution of British General Practice*, 23-4.
- ⁴³ See 'Correspondence: The Admission of Women', 383-4; 'The Constitution and Annual Meetings of the BMA', 420-1.
- ⁴⁴ 'BMA: Admission of Women', 481-2.
- ⁴⁵ 'RCP of London: Debate on the Petition', 1125.
- ⁴⁶ See McReddie, 'Women and the Profession in India', 197; Dhingra, 'Women and the Profession in India', 450.
- ⁴⁷ 'Mater', 'A Lady on Lady Doctors', 680.

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- ⁴⁸ Kingsley, 'Notes, Short Comments, and Answers', 757.
- ⁴⁹ Garrett, 'Medical Scholarships for Women', 298.
- ⁵⁰ Jex-Blake, 'Women as Practitioners of Midwifery', 63.
- ⁵¹ Ritchie, 'Correspondence: The Admission of Women', 1537-8.
- ⁵² See Wilson, *The Making of Man-Midwifery*.
- ⁵³ 'Lady Doctors', 127.
- ⁵⁴ Arnold, 'Women Physicians', 525; Arnold, 'Lady Doctors', 176; 'A Lady on Lady Doctors', 199.
- ⁵⁵ Warren, 'Reading the Correspondence Columns', 122, 124.
- ⁵⁶ *Ibid.*, 127-8.
- ⁵⁷ Ritchie, 'Correspondence: The Admission of Women', 1668.
- ⁵⁸ See 'Correspondence: The Title of "Doctor"', 1216.
- ⁵⁹ 'Mater', 'A Lady on Lady Doctors', 680.
- ⁶⁰ Arnold, 'Women Physicians', 525.
- ⁶¹ Scharlieb, 'Notes of Three Cases of Hysterectomy', 100-1; Dixon, 'Disease of the Ovary, Colloid Degeneration', 398-411.
- ⁶² Kelly, *Irish Women in Medicine*, 127.
- ⁶³ Digby, *Making a Medical Living*, 292; Digby, *Evolution of British General Practice*, 156.
- ⁶⁴ Heggie, 'Women Doctors and Lady Nurses', 270.
- ⁶⁵ G. Filardo *et al*, 'Trends and Comparison'; K. Amrein *et al*, 'Women Underrepresented on Editorial Boards'.
- ⁶⁶ Peterson, 'Medicine', 37-8.
- ⁶⁷ Warren, 'Reading the Correspondence Columns', 127-8.

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