

OF MYTH AND MEDICAL WOMEN

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In that unique volume, human thought, there are many myths of the woman doctor. For some she is simply a character of novelty, to others an insignificant bit of background in the real saga of medical science. Or she is a bothersome chapter in the annals of woman suffrage, invading what is properly "a man's world". Or sadly, she may be considered a "villain-of-sorts" who squanders time and money on an education process that is never really productive for society. Somewhere in the midst of myth is the real story of women in medicine and of their contributions to the field. In the face of an increasing demand for medical personnel, the woman doctor should be demythologized so that her worth and potential as a vital member of the health care team may be realized.

The History

Far from a novelty of contemporary history the story of women in medicine is coincident with the history of medicine itself. In primitive times women were herbal healers while the medicine men held the higher places in rank and ritual. Early Greek medicine left obstetrics and gynecology to midwives and medical women. One famous female, Agnodice, dressed in male attire in order to attend medical lectures. Interestingly she was arrested for this brazen act and would have been brought to trial if the women of Athens had not risen up in her defense. On into the Middle Ages came the first official recognition of women physicians by England's Guild of Master Surgeons in 1389. But it seems to have been an easier task to gain recognition for accomplishments than to gain an education in the field.

The United States, beginning with Elizabeth Blackwell's graduation in 1849 was the real pioneer in medical education for women. To insure against discrimination the Women's Medical College of Pennsylvania was organized in 1850. In Europe 1858 saw Geneva graduate its first woman physician. The London School of Medicine for Women opened in 1874 with a student body of fourteen. In 1896 women were granted the privilege of residency at the Royal Free Hospital and in that same year the Royal College of Physicians in Ireland and London University admitted them to the privilege of examinations.

Here in Canada 1883 marks a significant date when a group of suffragettes decided to organize their own training institution because it was so very difficult to enter the mainstream of Canadian medical education. The Ontario Medical College for Women had modest beginnings on rented premises. Seven years later, however, they moved into their own building, supported by women doctors from the United States. This was the first Canadian clinic exclusively dedicated to the education and treatment of women. Acceptance of women by U. of T. led to the closing of the Ontario Medical College but the clinics were moved in 1905 to a new location. Within the next four years a group of women decided to establish a permanent center "for the use of women physicians who encountered difficulty in looking after their patients in the city's hospitals". In 1911 the nation's first all women hospital opened to capacity, - seven beds!

These beginnings were modest but they show the courage and initiative of pioneers in an exact and demanding profession. Among the pioneers were women whose names must be included in a history of medicine:

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Problems and Potential

There has been a gradual increase in the number of women entering medicine. By 1966, 11.4% of the medical school student body was female. But this is an area where many myths still prevail. There is a reluctance to train women in the field because they supposedly fail to utilize their education and contribute significantly to medicine. This is a long and oft-propagated myth that still requires research into the reality. The facts vary with the reports:

An American survey of 319 woman graduates from seven medical schools who graduated between 1945 - 1951 found 91% active professionally. Almost all of the single women were working full time; only 2/3 of married were full time; rest were part time.

A more recent survey carried out by the University of Edinburgh found that 62% of women medical graduates working full time and another 20% working part time.

Finally, a 1965 survey of surviving women graduates from Western Ontario University (1924 - 1958) showed 85% were still engaged in medical work with 66% full time and 19% part time.

Two significant trends emerge from the small supply of information available: first, the greater number of women medical graduates remain active professionally and second, a

large number continue to involve themselves in the health field as part-time workers.

The career choices of women physicians indicate some of the problems involved in trying to be a "two career-woman", homemaker and doctor. The leading categories seem to be general practice, psychiatry, preventive medicine and pediatrics. Statistics seem to indicate that women doctors indicate five times the interest of men in the "impersonal fields" or specialist activities not involving clinical responsibility. The reason is simple; a "nine to five" type of a job is best suited for a woman who is trying to manage motherhood and a medical career simultaneously. The demands of contemporary society limit the women doctors participation in modern medicine.

Recruitment into the field is inhibited by the "woman's place is in the home" attitude that fails to acknowledge the unique qualities which only a woman can bring to the care of the sick. Perseverance in the field is inhibited during the internship and residency by rigid programs which have not learned to bend to meet the needs. Return to the field by a woman who has left for a time to answer family demands is inhibited by the lack of re-training programs so necessary to effective practice.

Needs and Resources

In *Life Styles of Educated Women*, Eli Ginzberg writes:

"The time has come for our society to realize that women have half the nation's most valuable resource - human talent. But they must be afforded the opportunity to develop and utilize it."

With the tremendous need for medical manpower, the potential of women in the field must be recognized and utilized. The future of medicine is a story yet unwritten but the themes of service and teamwork will continue to be dominant. And there are chapters to be written by women who are vital members of the health care team giving of that service and compassion which should be the reality of the medical woman.