

# WOMEN IN THE SERVICE OF HOSPITALS

## MEMORANDUM URGING EQUAL OPPORTUNITIES FOR WOMEN WITH MEN IN THE MEDICAL SERVICES IN LONDON

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PAMPHLET

Joint Committee on Women in the Service of Hospitals  
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August, 1928.

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## WOMEN IN THE SERVICE OF HOSPITALS

Joint Committee of Women's Organisations to Promote  
Equal Opportunities for Women with Men in the Medical  
and Hospital Services

Association of Assistant Mistresses.  
Association of Head Mistresses.  
British Commonwealth League.  
British Federation of University Women.  
Conservative Women's Reform Association.  
League of the Church Militant.  
London and National Society for Women's Service.  
National Council of Women.

National Union of Societies for Equal Citizenship.  
Open Door Council.  
St. Joan's Social and Political Alliance.  
Six Point Group.  
Union of Jewish Women.  
Women's Freedom League.  
Women's International League.  
Women's National Liberal Federation.

### MEMORANDUM

Urging Equal Opportunities for Women with Men in the  
Medical Services in London

#### I. THE TRAINING OF WOMEN MEDICAL STUDENTS

##### Present Position.

There is at present one medical school—the London (Royal Free Hospital) School of Medicine for Women—reserved exclusively for women.

The University College Hospital Medical School permits not more than 12 women entrants per annum, of whom 8 are taken from the students of University College, leaving 4 vacancies for students from elsewhere, including Oxford and Cambridge.

The medical schools of three hospitals (St. George's, the London and St. Mary's), which for some years admitted women students have now closed their doors to them, and three others (Westminster, Charing Cross, and King's College), have decided to admit no new women entrants, while allowing those at present in training to complete their course.

The number of women who availed themselves of the above facilities was in 1926-27, as follows:—

London (Royal Free Hospital) School of Medicine	298
University College Hospital	59
University College	44
King's College Hospital	67
King's College	54
St. Mary's	57
Charing Cross	45
Westminster Hospital	30
Total	654

These figures include students in all stages, *i.e.*, those receiving theoretic training only, as well as those requiring clinical facilities. There were probably also some students in Oxford and Cambridge who would afterwards require clinical facilities in London.

#### Future Position.

While paying a tribute to the admirable work done by the London (R. F. H.) School of Medicine for Women, which has placed that body in the front rank of medical training schools, we understand that the clinical facilities available for the students of that School are already more fully utilised than those of most of the hospitals which have recently closed their doors to women. Even assuming, therefore, some power of expansion in the London (R. F. H.) School of Medicine for Women, it is plain that the facilities to which women are now again restricted can be adequate only on the assumption that the number of women requiring training is and is likely to remain for a considerable period less than the present figure.

#### The Increasing Demand for the Services of Medical Women

It has been suggested that the influx of women into medicine during the war years was abnormal, has already diminished, and is likely to diminish further and that, consequently, no hardship will ensue from this drastic reduction of facilities. We submit that on the contrary, though the number of women medicals may fluctuate from time to time, the general tendency will be towards a steady increase, due to the following causes:—

- (a) *The increasing demand for women doctors under local authorities, in child welfare and maternity clinics, maternity hospitals, etc.* All political parties are committed to a

forward policy in these respects, especially with reference to the problem of Maternal Mortality.

- (b) *The probability—amounting to practical certainty—that within a few years, either the system of National Health Insurance will be extended to cover dependent wives and children, or a National Health service covering these classes will be set up.* In either case, great numbers of women and children (especially women) who at present, owing to poverty, abstain from seeking medical advice to their own serious detriment, will expect such advice and much of this increased demand will naturally be for women doctors.
- (c) *Not only among the above mentioned classes, but also among those employing private practitioners, there is a steadily growing demand for women doctors, which is spreading from the more educated to the less educated women as the latter begin to realise the possibility of employing doctors of their own sex.* Such women even more than the highly educated, are often deterred by scruples of delicacy from submitting themselves to medical examination until it is too late. Cancer and all the other serious diseases affecting the intestines have claimed many women victims because the women who feel this scruple have had no woman doctor within easy reach and have often until lately scarcely realised that such doctors exist.
- (d) *The growth of population in and around London.* Even if the general population of this country becomes stationary, this is unlikely to be true of the London area, the present movement of the population being from north to south.
- (e) *An increased demand may also be anticipated for doctors to practice in the East, especially in India.* The light recently thrown on the appalling health conditions among Indian women has stimulated both Government activity and private benevolence in this respect.
- (f) Dr. Graham Little in a recent article in the "Nineteenth Century," says that:

"The heads of the great women's colleges definitely declare that there are more and more girls coming forward to enter medicine. The economic conditions of the middle classes at the present time make it increasingly necessary for those classes, and especially for the professional classes, to seek careers for their daughters."

Our experience bears out the above statement.

Assuming then that the facilities now in prospect are inadequate, we submit that it is the duty of all those who share the responsibility for medical education in London—including its University, its Medical Schools and Hospitals, and the public who support these bodies—to take whatever steps are necessary to secure adequate facilities.

### **The Responsibility of the University of London, the Medical Schools and Hospitals and the Subscribing Public.**

It is a statutory obligation on the University of London to afford equal educational opportunities to all students without distinction of sex. This could in theory be achieved either by permitting co-education in some of the schools now reserved for men or by creating fresh facilities for women only. While expressing no opinion on the relative advantages of co-education or separate education, we submit the following observations:—

1. The opinion of teaching experts, both men and women, is divided as to the merits of the two systems. Of the women students themselves, some distinctly prefer a separate school, while others desire co-education. The majority of men are said to prefer separate schools, but there is no reason to suppose that this is true of all. These facts point to the wisdom of a free choice, both separate schools and co-educational schools being made available.

### **Alleged Objections to co-Education.**

2. The alleged dislike of co-education among men students has been attributed to various causes, *e.g.*,

- (a) “A sense of delicacy.” Dr. Graham Little states that:—  
“I have been engaged in teaching clinical medicine to mixed classes for the past 12 years and have never found the smallest confirmation of this pretension, which was properly derided by the great majority of witnesses giving evidence before the University Committee of 1915 upon this subject.”

We repeat that we are not concerned to urge universal and compulsory co-education. But if men cannot bear to receive instruction in the ward or the class-room with women medical students, how can they co-operate in the intimate offices of the sick room with women nurses? And how can they assure those women patients who hesitate to employ a male practitioner that their attitude is purely scientific and humanitarian, stripped from the consciousness of sex?

- (b) “That women are unable to contribute to the athletic life of their School.”  
(c) “That women are keener in their work and take the first place at demonstrations and obtain an unfair share of clinical opportunities.”  
(d) “That there is an instinctive and unreasoning sex jealousy, which makes men dislike to be brought into any direct competition with women.”

The last three motives have been represented to us so often and by those so well able to judge that we are compelled to believe them to have been serious factors in determining the decision of those medical schools which have excluded women. But we submit that arguments of this kind should not be allowed to weigh against the considerations of justice and expediency which call for a fairer sharing, as between men and women, of the training facilities offered by the medical schools, whether this takes the form of joint or separate education.

3. The Committee of the Senate of London University in 1915 said:—

“We are of opinion that no valid objection can be maintained against the system of co-education for men and women medical students; and that this is the only system by which the general policy of the University can be effectively carried out.”

### **Alternatives to co-Education.**

4. Any plan which involves the building of fresh hospital accommodation would be extremely costly. It has been pointed out that building is the greatest of all the expenses in hospital administration, and that Parliament, when making the grant of half a million to the voluntary hospitals in 1921, expressly prohibited the application of any of this grant to new buildings.

5. The small number of men students at many of the existing Schools and the keen competition among these students indicate that the supply of training facilities for men exceeds the demand. The closing to women of these medical schools will not increase the total number of male students, but merely at most result in their being somewhat differently distributed. It seems possible that the shortage of male students which is attributed by some of the medical schools to the unpopularity of co-education has been in fact due to the inferior reputation as teaching centres which these schools have enjoyed.

### “ Marriage Mortality.”

6. It has been asserted by Sir James Purves-Stewart that women students, relatively to men, are less worth training because “ about 50 per cent ” marry and abandon their profession *within a few years of becoming qualified*. The following particulars obtained by the Medical Women’s Federation indicate the above statement to have been a gross exaggeration :—

Of 644 women who qualified from six London Hospitals (including the Royal Free Hospital) in the years 1923, 1924 and 1925, it was shown that :—

15.99% had married	{ 6.36% married and working.
	{ 9.63% married and retired.

Total who retired—9.78%.

### Are the Schools “ Men’s Schools ” ?

7. It has been claimed that because most of the existing institutions have hitherto been “ men’s medical schools,” women have no rights in regard to them. We reply :—

- (a) The existing male monopoly in the hospitals and medical schools is a survival of conditions under which women were excluded altogether from the medical profession and from nearly all public offices. It cannot be held to have created a vested interest. These institutions exist for the benefit of neither men nor women doctors, but of the sick and suffering.

### Who supports them ?

- (b) The hospitals and medical schools are supported by the public irrespective of sex. So long as these institutions were maintained mainly by individuals who could choose the destination of their subscriptions, there may have been some justification for the claim of their Committees and Boards to administer their affairs just as seemed good to them, so long as their subscribers were satisfied. But the individual subscriber to an individual hospital is becoming an increasingly less important factor in hospital finance in comparison with funds to which men and women subscribe more or less compulsorily, *e.g.*, through taxation, or deductions from wages, or contributions to street or Church collections, etc. (The following table illustrates this.)

## DETAILS OF THE FINANCES OF SEVERAL REPRESENTATIVE HOSPITALS

	Royal Free	Charing Cross	King's College	London	St. Mary's
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
(a) { Subscriptions ...	8,576 10 10	9,609 16 6	8,977 19 1	21,616 10 1	4,481 6 0
{ Donations ...	8,162 15 1	8,402 14 4	6,772 13 0	37,191 15 10	5,242 11 11
{ Gifts in Kind ...	60 0 0	56 10 1	529 11 4	452 2 4	895 6 0
Total	17,911 19 7	18,169 0 11	16,280 3 5	59,260 8 3	10,619 3 11
(b) Capital Resources	4,854 10 1	11,629 18 8	13,759 13 1	56,379 18 7	11,884 13 6
* (c) Public Authorities	7,258 10 1	1,036 14 4	3,527 13 0	14,356 16 6	3,946 1 1
† (d) Central Funds ...	7,870 0 0	10,965 9 10	12,949 0 0	22,725 0 0	8,510 0 0
(e) Contributory Assns. Approved Societies	2,229 5 8 1,076 4 2	— — — 1,571 16 10	5,784 8 0 2,159 14 7	8,286 4 1 — — —	1,869 9 3 1,942 4 8
	41,200 15 0	43,373 0 7	54,460 12 1	161,008 7 5	38,771 12 5
<b>TOTAL INCOME ...</b>	<b>£61,463 3 8</b>	<b>£50,052 3 7</b>	<b>£102,380 11 9</b>	<b>£234,088 7 6</b>	<b>£59,715 12 1</b>

### \*PUBLIC AUTHORITIES

	Royal Free	Char- ing X	King's Col.	Lon- don	St. Mary's
	£	£	£	£	£
Ministry of Health	7,258	{ 562 267	3,000	8,674	2,000
London County Council ...	—	125	42	3,320	485
Ministry of Pensions	—	—	292	—	—
Local Guardians, etc.	—	—	107	116	1,086
Various County Authorities ...	—	—	55	2,000	48

### †CENTRAL FUNDS

	Royal Free	Char- ing X	King's Col.	Lon- don	St. Mary's
	£	£	£	£	£
King Edward's Fund	5,000	4,000	{ 7,500 2,354	14,625	6,000
Hospital Sunday Fund ...	2,325	1,660	2,080	7,100	1,810
Hospital Saturday Fund ...	545	560	1,015	1,000	700

## II. EQUAL OPPORTUNITIES ON HOSPITAL APPOINTMENTS.

The Committee of the Senate of London University in 1915 said:—

“In our opinion, adequate facilities for the medical education of women would not be provided in any hospital or medical school, unless resident medical and surgical appointments were open to men and women on equal terms; and we hope that these facilities will be provided in some of the schools of the University at no distant date.”

This hope cannot be said to be realised. It has been pointed out that in the co-educational schools that have admitted women in the past appointments were only partially open to women, preference being given to men, and that this is still true of many provincial schools admitting women. While we do not assert that this is or has been universally true, we would remark that it is plainly a great handicap to women in their medical careers if the appointments normally open to recently qualified students, such as those of house physician and house surgeon, are available for them in a much smaller proportion than to male students. We are excluding the Royal Free, where almost all the junior posts are reserved for women and where the honorary posts are equally open to men and women. But even here it is evident that any substantial increase in the proportion of students to beds must reduce the proportion who succeed in obtaining these coveted appointments.

We would go further and remark that equality of opportunity is also necessary with regard to the more important honorary appointments. The point has been frequently brought before us by those concerned in the teaching of women medical students, that such students when trained in a hospital where all the more important appointments are held by men, develop a sort of inferiority complex, lack self-confidence and become imitative.

We urge, therefore, that whatever changes are made to provide further training facilities for women, shall be made in a large minded and ungrudging spirit. The mere acceptance of women students, conceded reluctantly in response to the pressure of public opinion or for the sake of students' fees and combined with a determination to concede nothing else, will not tend to attract the ablest type of women into the schools or to make the most of them when there.

In claiming for women full equality of opportunity in this and every other part of the medical service, we wish to make it plain that we do so not merely as a matter of justice to women doctors themselves, but equally or perhaps even more in the interests of the public whom they exist to serve. Where issues of health or sickness, of life or death are at stake, nothing but the best is good enough. If men and women doctors have (as we are sometimes told) in some respects different qualities and defects, they are all the better suited to stimulate and supplement each other. Keen competition between them is all to the good, provided it is fair competition. We believe it is generally admitted by the medical profession that women doctors on the whole have loyally upheld its standards; have never sought to use their sometimes exceptional economic position—their lesser burden of dependency—to under cut or outbid their male colleagues. We wish it were equally plain that the same spirit of loyalty and fair play was holding in check the not unnatural desire of some of the junior or less well qualified male members of the profession to limit the number and opportunities of their women competitors.

## III. WOMEN ON HOSPITAL BOARDS OF MANAGEMENT

Even in the sphere of lay management, a considerable number of hospitals either exclude women altogether, or have placed them only on subordinate committees entrusted with minor functions. This is the more amazing when it is remembered how largely the functions of Boards of Management are concerned with questions of nursing or domestic administration. When all goes well with such hospitals—when the relations between Matron, Sisters and subordinate staff are everything that they should be, when Matrons and Sisters chosen primarily for their professional qualifications are equally skilful in matters of housewifery, diet and economy—the lack of any women on the Board of Management may be very little felt. But when difficulties of discipline arise, when the diet is monotonous or unnecessarily extravagant, when all the household appointments betray by their clumsy ugliness a deficiency of taste or interest, then it is almost too obvious to need arguing that a Board or Committee composed wholly of men is as a rule at a great disadvantage in setting matters right. They will usually hesitate to criticise or interfere between women and women, in matters that lie within a sphere usually regarded as exclusively feminine. It is frequently said that Matrons and Lady Superintendents prefer Committees composed wholly of men. We believe this to be as frequently untrue. But where it is true, the probable explanation jumps to the eye:

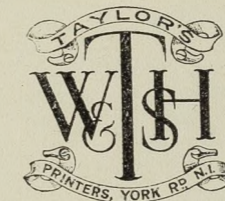
the Matron usually has her "all-men" committee under her thumb to a greater extent than would be possible with a mixed committee. The more she is conscious of weak places in her administration, the less likely she is to welcome women members.

The following table shows the position with regard to women members in those hospitals which have recently excluded women from their medical schools. Our enquiries have hitherto been limited to these.

**WOMEN ON COMMITTEES OF MANAGEMENT  
of those Hospitals no longer admitting Women Students**

(From enquiries made by the National Council of Women and by the National Union of Societies for Equal Citizenship.)

- |                   |     |     |  |
|-------------------|-----|-----|--|
| 1. Charing Cross  | ... | ... | No women.  |
| 2. London         | ... | ... | No women, except 3 co-opted on Nursing Committee, <i>i.e.</i> , 50%. |
| 3. St. Mary's     | ... | ... | 3 women on Board of Management.                                      |
| 4. King's College | ... | ... | 3 women on Committee of Management.                                  |
| 5. St. George's   | ... | ... | No women.  |
| 6. Westminster    | ... | ... | 4 women on Committee of Management.                                  |





**PAMPHLET**