"GENTLEMEN, THE LADIES HAVE COME TO STAY!"

The entry of women into the medical profession in Victoria and the founding of the Queen Victoria Hospital

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CHAPTER ONE: INTRODUCTION

In 1890 Emma Constance Stone became the first woman to be registered as a doctor in Australia. Unable to gain admission to an Australian medical school, she obtained her qualifications overseas. While she was away women gained entry to the Melbourne Medical School. Stone, and the Melbourne pioneering medical women, the first of whom graduated in 1891, later went on to perform a wide variety of medical work, but their most outstanding achievement was the foundation of the Queen Victoria Memorial Hospital for Women in 1896. The pioneers encountered hostility from the medical profession, especially from the male medical students, and enjoyed widespread support from women who welcomed a hospital where they would be treated only by qualified female practitioners. American and British medical women had already started their own hospitals in order to provide health care for women after established hospitals had refused to appoint them. In Melbourne, although similar opposition limited the opportunities of women, they were not completely excluded from hospital staffs. Unlike the overseas hospitals on which it was modelled, the Queen Victoria Hospital was not founded only, or even, perhaps, primarily as a result of exclusion. The more positive aim of providing health care for women by women was a powerful motive behind the setting up of a hospital for women officered by qualified female doctors.
The entry of women into the medical profession was widely debated both within the medical profession and the rest of society. During the nineteenth century increasing urbanization and industrialization led to the widely and firmly accepted separation of women and men into the private and public spheres. Women were expected to take no part in public life, instead, their role was to make the home a haven of order and sympathy from the harsh, competitive world of industry and commerce. As wives and mothers they were expected to provide moral and spiritual support, and guidance to their husbands and children. Consequently, they did not need an extensive education, and were not to be tainted by contact with the rough and tumble world outside the home.¹ The feminists of the nineteenth century accepted the idea that women and men had different natures, but argued that women should take the values of the home out into the public sphere for the good of men, and the benefit of women. They did not necessarily seek integration into existing male institutions, and established many organizations of their own in order to bring the female point of view to bear upon the public sphere.

Second wave feminists in the 1970s, reacted against the values of the nineteenth century feminists by asserting that the sexes were equal, and that any differences between them were the result of sex role learning. They demanded the integration

¹For example see Ruskin, J., "Of queen's gardens," IN: Sesame and lilies, U.K., 1889.
of women into all institutions and opposed separate institutions, like schools, on the grounds that they helped perpetuate the subordinate position of women because, irrespective of their merits, they were always regarded as pale copies of male institutions. They therefore disapproved of the objectives of pioneer medical women to establish separate hospitals, rather than persist in the battle to gain acceptance into existing hospitals. However, in the past decade, the assumption that integration would lead to equality of opportunity for women has been questioned, for, although women have entered most established institutions, they have not achieved equality. This has caused a re-evaluation of the strategies of nineteenth century feminists. Female colleges and female run hospitals, formerly interpreted as the failure of integration, have begun to be re-interpreted as examples of positive action by women.

An example of this re-interpretation is provided by Estelle Freedman² who argues strongly in favour of separate institutions, because "at certain historical periods the creation of a public female sphere might be the only viable political strategy for women." She argues, that in the late nineteenth century, in America, female institutions gave a power and strength to the women's movements that was lost with increasing adherence to integration, especially after the

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first world war when female institutions were dismantled or cut back. She recognizes that women established separate institutions in the face of discrimination but adds, importantly, that they were also attracted to them because they offered close personal friendship and domestic structures. In America the majority of women did not adopt radical demands for equal status, preferring to keep a separate female sphere which they did not see as inferior to the male sphere, and which gave them the autonomy to operate in the public sphere. Therefore, in Freedman's view, separatism arose out of the negative push of discrimination and the positive pull of the female world. These institutions became political by subverting notions of female submissiveness and they worked to improve the condition of women both inside and outside the home. They were also powerful because they set up female networks which provided women with solidarity and support. The limitation of separatism, she concludes, is that in the past "female institutions were often the only places for women to pursue professional and political activities whilst male institutions retained power over most of society." Thus, a female institution like the Queen Victoria Hospital, despite its popularity with female patients, could be isolated from the mainstream of the medical profession, and the work of the medical women there ignored.
Virginia Drachman\textsuperscript{3} refers to the "paradox of separatism" in her case study of the New England Hospital for Women in America which was officered and run by women. The hospital, founded in 1862, was "born of, and nourished by, separatism" but was "challenged by the opportunities of integration" by the end of the century. As women began to be accepted into male institutions many attended them, for the resources were more plentiful, and the variety of work was wider than in female institutions. Furthermore, they could not help but be influenced by the prevailing attitude of the profession that, overall, the female contribution, whilst worthy, was inferior to that made by men. The appeal of integration lay in being accepted by the male dominated profession, and the chance to show that women were as good as, if not better than, men, and in the access to a wider range of resources than available in female run colleges and hospitals.

Freedman and Drachman, then, argue that separate institutions need to be seen as a positive choice, rather than a result of the failure of integration. As integration became prevalent many women continued to choose to attend separate female colleges and to work in hospitals officered and run by women for women. In assessing these separate institutions we need to ask why they did so.

\textsuperscript{3}Drachman, V.G., Hospital with a heart - women doctors and the paradox of separatism at the New England Hospital, 1862-1969, Cornell Univ. Press, 1984.
This thesis will suggest that the establishment of the Queen Victoria Hospital should be seen in this more positive light. The pioneers faced enormous discrimination, and this obviously influenced many of their actions. It is easy to assume that discrimination caused them to establish a separate hospital where they would be free of it. However, discrimination can have many effects. Sometimes it gives those who themselves suffer discrimination a more sensitive appreciation of other groups and individuals who also suffer discrimination or disadvantage. Fifteen women were registered as doctors in Victoria in 1896 when the Queen Victoria Hospital was founded, and amongst them there obviously existed a variety of motives. Some undertook honorary medical work in women's organizations and other charities so that female patients could avoid the embarrassment, and degradation, of examination by male doctors in front of male medical students. Some were active in the women's movement, particularly the campaign for womanhood suffrage. This thesis argues that the pioneers were not merely reacting to opposition. They were committed to the view that it was more appropriate for qualified female practitioners to treat female patients. This view, which they held from their student days, was fulfilled in private practice and honorary medical service, and culminated in the foundation of the Queen Victoria Hospital.

Medical women in America and England had already founded their own hospitals and these provided models for the local
pioneers. Constance Stone, who had worked in one of these in England, was keen to establish a similar institution in Melbourne. Furthermore, support for a hospital officered by women for women already existed amongst members of the women's movement, and from other people who believed it was immodest for female patients to be examined by male doctors. Had Constance Stone begun a small hospital shortly after she began practice, in 1890, where interested local graduates joined her, the discrimination argument would carry less weight. As it was, she and the other medical women needed to gain experience, and confidence, before starting an ambitious undertaking like running a hospital. In the intervening years they experienced difficulty in obtaining hospital appointments so that their intentions regarding a hospital run by women for women are overshadowed by evidence of discrimination. The existence of opposition followed by the foundation of the Queen Victoria Hospital does not mean that one led to the other. However, discrimination probably contributed to the fact that nearly all the women doctors of Melbourne were involved in setting up the Hospital.

In highlighting the positive aspects of the achievements of the medical women I do not intend to deny the extent of the discrimination they faced, indeed, most of the evidence presented demonstrates the enormous amount of opposition and hostility they encountered. A discrimination based interpretation, even though it is tempting, has several
limitations. It concentrates on women when they were "breaking into" the profession, and, in particular, on the few who led the actions. The other women who were involved, and later generations of medical women, are ignored. In presenting the women as fighting against opposition this approach is limited to battles and isolated actions. The women only attract attention when they are involved in confrontations, and the quiet careers of even the most significant women doctors are ignored. Access to historical sources is partly responsible for this emphasis. Minutes of large institutions and established organizations are readily available whilst records, personal papers, and memoirs from the medical women are scarce. The result of this is that the women pop up at various points to fight for a "right" and disappear from view in between. They are seen as merely reacting to discrimination rather than as acting in a planned or consistent way to achieve their goals. The discrimination approach robs the women of decision-making, of power, and of consistent action. Finally, this approach sets up women and men on opposing, and mutually exclusive, sides which overlooks the men who supported them and the women who opposed them.

This study aims to understand the experiences of the first fifteen medical women in Melbourne through a detailed analysis of their admission to the Medical School and the Melbourne Hospital, the role they played in their entry into the medical profession, the opposition they faced, and the support they
enjoyed, especially from the women's movement. The entry of women into the Melbourne Medical School and the Melbourne Hospital is the most widely documented of their activities yet it represents only a small part of their careers. The pioneers later undertook a variety of medical work in private practice, hospitals, the Education Department, and women's organizations like the Woman's Christian Temperance Union, the Young Women's Christian Association and the National Council of Women. One of their main concerns was to improve the health of women which they did by treating poor women for free and talking to women's groups about public and personal hygiene and health.

American and English historians⁴, have already turned their attention to medical women, and the wider issue of women and health in the nineteenth century. Historiography of medical women in Victoria is very limited and mainly restricted to their entry into the University of Melbourne. Histories of the University by Professors Scott and Blainey⁵ deal briefly with the admission of female medical students, likewise, Kenneth Russell and Kenneth Inglis,⁶ in their histories of the


⁵Scott, E., A history of the University of Melbourne, Melbourne, 1936, pp. 102-105; Blainey, G., A centenary history of the University of Melbourne, Melbourne, 1957, pp. 90-92.

Melbourne Medical School and the Royal Melbourne Hospital, devote very few pages to the pioneer medical women. Only Ailsa Zainu'ddin and Ann Hone\textsuperscript{7} cover this subject in more detail. Moreover, all concentrate on the period leading up to the acceptance of the first women and deal with what the university authorities were doing to allow women in, rather than with what the women were doing to secure their entry. Negotiations did not end in March 1887 when the first women enrolled, but continued for months until the question of mixed or separate classes in the later parts of the course was settled. The active part the pioneers took in these negotiations can easily be overlooked because the evidence of their actions is not so readily available as the minutes of the University Council and the Medical Faculty.

Medical women have been the subject of two undergraduate theses. Penelope Russell studied the backgrounds and careers of the first thirty graduates (that is, up to 1910) from the Melbourne Medical School.\textsuperscript{8} She argued that their careers fitted into traditional female areas for they treated women

\textquotedblleft The ladies enter the course." But, out of 12 pages only three and a half deal with the entry of women.


\textsuperscript{8}Russell, Penelope, "Mothers of the race": a study of the first thirty women medical graduates from the University of Melbourne," BA (Hons), Monash Univ., 1982.
and children, so that although few of them married and had children, their concern for the welfare of future generations made them "mothers of the race". The careers of the women who graduated from the Melbourne Medical School between 1892 and 1942 was the subject of my own thesis. The numbers who graduated and who then entered Melbourne's hospitals remained small, and only the achievements of a few outstanding or "notable" medical women attracted attention. When they entered established hospitals they rarely moved up the hierarchy to positions of responsibility. Only at the Queen Victoria Hospital could they undertake a wide range of medical work. Apart from these studies little has been published about the medical pioneers beyond their inclusion in a book about early Australian medical women, several articles, mainly in medical journals, and isolated entries in the Australian Dictionary of Biography. Overall, the first medical women tend to be presented mainly, and rather negatively, as victims

9 Wells, Monika, "'No extreme prejudice': The careers of the female graduates from the Melbourne Medical School, 1892-1942.". BA (Hons), Melbourne Univ., 1985.

10 Neve, M.H., "This mad folly!" A history of Australia's pioneer women doctors, Sydney, 1980.


12 The only pioneers, so far, included in the ADB are Gertrude Halley and the Greig sisters. An entry on Helen Sexton will be included in the forthcoming volume.
of discrimination who won through despite overwhelming opposition, and who had only limited contact with the women's movement of the nineteenth century.

Although women have always been involved in the practice of medicine as diagnosticians and midwives, increasing professionalization during the nineteenth century had the effect of excluding them. In Victoria, the Melbourne Medical School was opened in 1863 at about the same time as the Medical Board of Victoria formulated regulations governing the registration of doctors. Although unrecognized and inadequately qualified doctors continued to practise for decades, "regular" medical practice slowly gained ascendancy over "alternative" practice. Advances in medical knowledge and techniques aided this process of professionalization by making "regular" medical work increasingly safe and successful.

Medical historians within the profession tend to present this process as a logical outcome of the good work performed by the profession. Dr. Bryan Gandevia, for example, argues that in the nineteenth century Australian doctors enjoyed a higher status than their British counterparts. This was due to several factors including the higher education of doctors compared with most Australians, their high profile in country areas, and their adeptness in a wide range of skills (rather than specialization). One of their particular skills was obstetrics for there was a shortage of midwives. He puts the
continued popularity of "quacks and charlatans" (that is: "alternative" practitioners) down to working class inability to pay doctors' fees.\(^{13}\)

Historians outside the profession, like Graeme Davison and Evan Willis,\(^{14}\) present a more aggressive picture, stressing the political manoeuvring of the rising profession as it consolidated its position. Factional feuds were intense and viewed with distrust by the public who sought advice from "alternative" practitioners to the continued distress of the "regular" profession.\(^{15}\) Only in the last quarter of the century did doctors begin to earn larger incomes. By then they were well organized in societies, and were beginning to be recognized as experts in public and private health.

It was during this period that women sought a place in the profession, and claimed some expertise about the needs of women. Consequently, it is not surprising that they were viewed with alarm, especially as they had traditionally cared for the sick. Men took control of medicine when health care was removed from the private sphere. Women were then excluded because nearly all tertiary institutions were closed to them.


\(^{14}\)Davison, G., The rise and fall of marvellous Melbourne, Melbourne, 1979, Ch. 4; Willis, E., Medical dominance, Sydney, 1983, Ch. 3.

\(^{15}\)Intercolonial Medical Journal of Australasia, 20 January 1898, pp. 11-16.
The University of Melbourne admitted women in 1880, but specifically restricted them from entering the Medical Faculty until the separate education considered necessary for women in medical subjects could be provided. The medicalization of childbirth and increased sophistication in the treatment of women's diseases made female patients an increasingly lucrative part of a doctor's practice. Medical women threatened to take these patients away from medical men which caused apprehension in the profession, but was seen as proper by those who thought it immoral for women to be treated by male doctors. At the same time, however, it could be seen that medical women might benefit the profession by attracting female patients away from "quacks."

Those women who did become doctors were seen as exceptions whose work would be limited to the general treatment of women and children. Surgery was regarded as unsuitable work for them because it was, at that stage, still primitive and largely limited to amputations and emergency operations. This separation of women into the general treatment of women and their expected absence from specialities served to placate an anxious profession by reducing competition for patients; a fear that was even further reduced by the belief that the number of female doctors would remain small. Continued opposition to medical women in the twentieth century, and the

16 *Age*, 22 January 1887, p.5.

17 *Argus*, 26 November 1875, p.3.
imposition of quotas on female students, may be explained, in part, by the realization that they were not going to confine themselves to the care of women, or remain a small minority in the profession.

During the nineteenth century, however, medical women did remain an exceptional minority. They were different from their middle class counterparts who became teachers and governesses. A medical education was expensive, especially in Melbourne where the course was five years rather than four as it was in Britain, and if overseas studies were contemplated. Women who became doctors could not argue that they were driven to medical work out of necessity or lack of choice. Nor could they maintain that they were merely seeking to broaden their education to become better informed wives and mothers. They quite specifically sought a profession, and one that was generally held to be incompatible with marriage and motherhood, thus challenging nearly all Victorian notions about the role and place of women.

The arguments for and against the entry of women into medicine were based on a shared acceptance of what constituted appropriate behaviour for women. Supporters pointed out that it was indelicate for female patients to seek attention from male doctors, while opponents argued that the nature of medical work would coarsen women's finer feelings. The idea that women would limit their work to the treatment of women
and children was fundamental to all arguments about their entry into the medical profession. In that way, although they moved into the public sphere by having a career, their work was confined to the world of the private sphere. Their movement beyond the home was justified on the grounds that women had special needs that only female practitioners could understand and meet adequately. Many women neglected their health, either through ignorance or, because they were reluctant to go to male doctors. The entry of women into the medical profession, it was argued by supporters, and accepted by many opponents, would improve the health of women. The Victorian Medical Women's Society and the Queen Victoria Hospital both saw this as one of their main tasks.

The main problem facing the Australian historian seeking information about medical women is the nature of the sources. Victorian doctors have had medical journals since 1850 and have written copiously about their institutions and each other. Material about the profession is available in abundance. But, information about medical women is extremely scarce. They did not write so readily about their experiences or each other as men did. Bibliographies of medical history compound this problem by being incomplete in their identification of material pertaining to women in the

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profession.\textsuperscript{19}

In the 1930s the profession began to take an interest in collecting and studying its own history in a systematic way. The first university lectureships in medical history were established, and articles were actively encouraged by the medical press. In the decades which followed historical articles were published and papers were read at meetings and symposiums.\textsuperscript{20} The profession has made a valuable contribution to medical historiography by collecting sources and encouraging interest in medical history. Scholarly work by non-medical historians has focussed on specific institutions starting with an analysis of the growth of the Royal Melbourne Hospital by Inglis.\textsuperscript{21} Similar investigations of doctors have been less extensive.\textsuperscript{22} In Victoria, medical histories concentrate on institutions rather than individuals; there are

\textsuperscript{19}\textsuperscript{19}Ibid., & Gandevia, B. et. al., Annotated bibliography of the history of medicine and health in Australia, Sydney, 1984, p. 119. This page contains only seven references to women in medicine.


\textsuperscript{22}\textsuperscript{22}Willis, Medical dominance; Pensabene, T.S., The rise of the medical practitioner in Victoria, Canberra, 1980.
many accounts of hospitals, the Melbourne Medical School, and the various medical societies and their journals. Biographical accounts tend to be anecdotal, and are mainly about the men at the University and the Melbourne Hospital. The involvement of women in both these institutions was limited. Overall, biographical material is not gathered or organized in any systematic way.

The only history of the Queen Victoria Hospital is a small book commemorating its fiftieth anniversary. Like other hospital histories, it chronicles the growth of the institution with relatively few references to individual doctors. It highlights all that is positive about separatism rather than stressing the discrimination that the pioneers faced. This is significant because much of the research was based on the reminiscences of the surviving pioneers. Their attitudes are embodied in this account.\textsuperscript{23}

Most medical history is written by doctors and as a result it tends to be uncritical. Furthermore it almost entirely overlooks the role and contribution of medical women, maybe because it is mostly written by male doctors. The profession has largely monitored its own image and as it is a male dominated profession the image is a male one. This operates to the disadvantage of women's institutions. Female medical

\textsuperscript{23}Swinburne, G.H., Queen Victoria Memorial Hospital, the first fifty years, Melbourne, 1951.
colleges in America, for example, varied in quality, as did
male colleges, but the best of them, although better than many
of the male schools, were always regarded as inferior to the
male colleges. The standard against which they were measured
was determined by a male dominated profession which opposed
their entry. Women only appear in medical histories when they
are "breaking in" or if they are accepted as "notable"
practitioners. The Queen Victoria Hospital and the work of the
women there is mostly ignored. Thus although quite a lot has
been written about the history of medicine in Victoria, the
careers of medical women have been particularly overlooked.

This neglect has recently begun to be rectified. Interest in
women who undertook tertiary study has uncovered information
about a variety of professional women especially doctors
because they had to make a special appeal to the University
before they could enter the Medical Faculty. However,
biographical details still remain sketchy. Consequently, some
pioneer medical women will seem to receive more attention than
others who are equally worthy. This reflects the scope of
available information and is not a judgement on the
significance of individual women. For example, although
Constance Stone is widely cited as Australia's first medical
woman few details of her life and career have previously been
collected. Lilian Alexander has received attention in
connection with her distinguished academic career and her role
in engineering the entry of women into the Medical School, but
details about her medical work remain sketchy. The same is true of other medical women: some, like Freda Gamble, are hardly known, and others, like Mary Page Stone, are known for limited aspects of their work. Fortunately, however, the entrance of women into medicine attracted much attention and their comparative absence from medical sources is offset by numerous contemporary press articles about their entry into, and progress in, the profession.

A very disappointing gap in the sources is the absence of reminiscences and memoirs by the pioneers. The usual response to the question: "Why didn't these women leave records?", is that they were too busy, they had a job to do and they got on with it rather than go out seeking publicity. This is only partly the case. In America and England medical women were often scattered and isolated from each other. Victorian medical women were concentrated in Melbourne where almost from the beginning, they had their own society and hospital where social and professional support could be provided. The time more isolated medical women may have devoted to writing the women in Melbourne spent in social and professional interaction where they discussed their work and their experiences.

In fact, they did have a job to do. By the 1890's doctors were turning their attention to educating the community about public health. Medical women played a large part in this
process by lecturing to women's groups about hygiene, nutrition, clothing, child rearing, and physical exercise. This, along with their work at the Queen Victoria Hospital, in private practice, and the other duties they undertook, kept them very busy. The first pioneer, Constance Stone, died at the age of 46 before she had had time to consider writing her memoirs. Her last years were spent in sickness and caring for her young daughter. Finally, a simple explanation for the absence of personal details may be that, like other Australian women, and in contrast to overseas women, they simply did not write their memoirs or keep diaries. Although they appear to have a clear image of themselves as "pioneers" they did not push themselves into the limelight. This could well have been because there were several of them so they had the moral support that lone pioneers missed. Lilian Alexander raised her young nephews after their mother died early this century, but she did not tell them about her pioneer work. They knew she was famous but only learned the details of her achievements much later.\textsuperscript{24}

The dispersal of sources, in some areas, and their paucity, in others, presents problems for the historian. There are many such "silences" in the history of medical women so many of their achievements are overlooked or ignored. However, there is much material that can be retrieved even though it is

\textsuperscript{24}A.S. Cudmore to Dr Younger Ross, 12 January 1952, QVH Archives.
widely scattered. One of my major tasks has been to gather this material, and there is still a lot to be located and collated. The pioneer medical women need to be placed in the context of the women's movement as well as in the context of the medical profession. Neither area has yet been thoroughly researched and analysed. I am particularly interested in the life and career of Constance Stone who was active in the suffrage movement. She has attracted attention as Australia's first female doctor but her life and career have not been researched. She also played a central role in the foundation of the Victorian Medical Women's Society and the Queen Victoria Hospital which will be discussed where appropriate. Other details of her life and work have been summarized and included as Appendix I.

In the pursuit of a medical career women faced two major obstacles: admission to the medical school and appointment to hospital staffs. Although the former has been studied more than the latter, it is necessary to consider both to obtain a complete picture of the experiences of the pioneers in order to gain an understanding of the experiences that influenced their outlook. It is also important to place them first in their international context, for they knew of, and learned, from, the experiences of American and British pioneers before them. Chapter 2 will outline the work of Elizabeth Blackwell (1821-1910), Elizabeth Garrett Anderson (1836-1917), and Sophia Jex-Blake (1840-1912), in opening medicine to women,
present the arguments for and against the entry of women into medicine, and show the relevance of overseas developments to events in Melbourne. Discussion of the entry of women into the medical profession in Victoria will deal, firstly, with their admission to the Medical School, then with their appointment to Melbourne Hospital and their election to membership of medical societies. The last two chapters will investigate the foundation of, and response to, the Queen Victoria Hospital and discuss the motives of the founders. Several appendices have been included to clarify the progress of medical women and the involvement of other people in the early years of the Hospital.
CHAPTER TWO: OVERSEAS BEGINNINGS

In 1884, when Constance Stone left for America to enter the Woman's Medical College of Philadelphia, women were unable to study medicine in Australia. Three years later Lilian Alexander and Helen Sexton secured the entry of women into the Melbourne Medical School from which they had specifically been excluded when the University of Melbourne admitted women at the beginning of the decade. They were joined by five other women, of whom Clara Stone, Constance Stone's sister, and Margaret Whyte were the first to graduate in 1891. The year before, Constance Stone had returned to become Australia's first registered female doctor. Over the next ten years she and the local graduates opened private practices, undertook (limited) hospital work, lectured to women on health related issues, and treated poor women free of charge. They set up a Medical Women's Society and were gradually elected to membership of existing medical societies. Their major achievement was the establishment of the Queen Victoria (Memorial) Hospital for Women.

The similarity of their endeavours with those of overseas medical women suggests they modelled themselves on the English and American pioneers. Thus, before examining the entry of women into the medical profession in Melbourne, it is necessary to look briefly at events overseas. Victorians maintained close ties with England and were also interested in what happened in other parts of the world. This interest can be seen in news articles and in references to leading
theorists, usually assuming readers familiarity with the
details of the ideas alluded to. More immediate information
came from immigrants, visitors, or returning travellers, as
well as letters from "home". Some of these immigrants and
travellers played important roles in opening higher education,
and, specifically medicine to women. This chapter will outline
the entry of American and British women into medicine,
concentrating on the pioneer work of Elizabeth Blackwell,
Elizabeth Garrett Anderson and Sophia Jex-Blake.

Women had always cared for and treated the sick, but the
professionalization of medicine from about the sixteenth
century meant that by the nineteenth century they were
virtually excluded, for medical schools rarely admitted them
and most had charters which denied them degrees.¹ Midwifery, a
traditional women's area, also came under increasing male
control. Furthermore, by the middle of the century, Victorian
notions about the abilities and roles of women restricted them
to the private or domestic sphere. The limited education of
girls became the source of controversy from the 1860's onwards
when women sought to enter universities and professions.

Melbourne had an early taste of a female doctor when
Wilhelmina Ferguson applied for registration in 1865. The
Medical Board of Victoria refused her application because she
was American and a woman. The Australian Medical Journal

¹See for example her application to St. Andrew's,
Scotland, in 1862 in Manton, J., Elizabeth Garrett Anderson,
looked upon "lady-physicians [as a] curious example of exceptional idiosyncrasy". and concluded that "(t)here is there little fear that in any British community medical women would exist as a class." They would always remain "curiosities [like] dancing dogs, fat boys, and bearded ladies." Elizabeth Blackwell (MB 1849), became the first woman on the British Medical Register, but at first, practised in America where "exceptional social phenomena (that is: women's rights) of all kinds [were] to be found". She could be tolerated for the editors believed that few English women would follow their "strong-minded sisters". Elizabeth Garrett Anderson, who qualified in England in 1865, and Blackwell remained the only women on the British Medical Register for twelve years so they were right in the short term. Despite these views, though, interest in the progress of medical women went beyond mere curiosity as arguments in their favour mounted.

Elizabeth Blackwell is recognized as the first officially qualified medical woman. Others before her had trained in various branches of medicine, such as homoeopathy, but these were not recognized by the "regular" medical profession.

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3 For example: Australasian, 14 December 1869, p. 711 (about medical women in America, France and Russia); 2 March 1872, p. 263 (a reprint from America about Scotland and Russia); Argus, 11 July 1874, p.4 (about America).

Blackwell began her attempts to enter the medical profession in Philadelphia which was the centre of medical education in America. In 1847, after approaching about twenty medical schools in the northern states, she was finally accepted at Geneva University near New York. Her application was referred to the students because the university did not want to be the ones to refuse her, and they, thinking it was a joke, voted in her favour.\(^5\) She graduated two years later at the head of her class but the university did not accept any more female students.\(^6\) After another two years in Paris and England gaining surgical qualifications and hospital experience, she returned to begin seven years of "very difficult, though steady, uphill work" trying to establish herself in New York. Faced with consistent exclusion by the profession she decided to open her own hospital where she was joined by two other female doctors, one of them her sister. The New York Hospital for Poor Women and Children was situated in a poor, immigrant sector of the city and treated patients free. Later a female medical college was added to the hospital. The Hospital's first annual report in 1855 gave the following explanation of its foundation:

The design of this institution is to give to poor women an opportunity of consulting physicians of their own sex.

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\(^6\) Geneva University merged with the Medical College of Syracuse University in 1872. *Medical education and the regulation of the practice of medicine in the United States and Canada*, Illinois State Board of Health, Chicago, 1884, p. 179.
The existing charities of our city regard the employment of women as physicians as an experiment, the success of which has not yet been sufficiently proved to admit of cordial co-operation. It was therefore necessary to form a separate institution which should furnish to poor women the medical aid which they could not obtain elsewhere.\textsuperscript{7}

The refusal of medical colleges and hospitals to admit women led to the establishment of numerous separate women's institutions. Between 1848 and 1895 fourteen "regular" female medical schools were established. Although most of them were short-lived, one of the earliest, the Woman's Medical College of Philadelphia, which Constance Stone attended, lasted well into the twentieth century.\textsuperscript{8} Opposition eased gradually and in 1884, when Stone went to America, she had a choice of four female colleges and twenty-three out of over one hundred mixed institutions.\textsuperscript{9} The major universities, however, were especially reluctant to accept women. At Harvard the first applications were made in 1847 and renewed vigorously, but unsuccessfully, in the 1860's and 1870's. Women were not formally admitted until 1945 although they began attending lectures during the first world war.\textsuperscript{10} The fight at Harvard took one hundred years; at other leading universities it did

\textsuperscript{7}Blackwell, \textit{Pioneer work}, pp. 190; 195; 208-211; 361.

\textsuperscript{8}Walsh, \textit{"Doctors wanted,"} p. 180.

\textsuperscript{9}Medical education, p. 260.

not take so long. Johns Hopkins, the most prestigious American medical school, admitted women in 1892 and Cornell in 1899, triggering their admission to other universities. The female colleges quickly closed, leaving only the Woman's Medical College which stayed separate until it accepted male students in the 1970's.

Clinical, or hospital, experience was equally difficult to obtain for most hospitals refused to appoint women. The New England Hospital for Women and Children was opened by Blackwell's assistant, Dr Marie Zakrzewska, in 1862, with the twin aims of providing treatment for women by women and clinical training for new graduates.¹¹ The Woman's Medical College had also established a hospital to provide clinical teaching but its facilities were limited. When the College attempted to send students to the Pennsylvania Hospital the reaction from the men there was so unexpectedly strong that arrangements were suspended for six years.¹² By the mid-1880's women were more widely accepted onto hospital staffs, but separate hospitals officered by women continued to exist well into the twentieth century for they served wider community needs than separate female medical schools.


The struggle to enter the British medical profession began in the middle of the century and was partly triggered by Blackwell when she was there on a visit. In 1859 she became the first woman to enter her name on the recently established British Medical Register\textsuperscript{13} whereupon the regulations were altered to restrict overseas qualifications. Whilst in England she was taken up by supporters of women's rights who organised public meetings where she spoke about medicine as a profession for women. They also published these arguments in the \textit{Englishwoman's Journal}.\textsuperscript{14} Elizabeth Garrett Anderson attended these talks and met Blackwell who treated her as an equal thus firing her enthusiasm\textsuperscript{15}

Despite Anderson's unsuccessful applications to all leading British universities and colleges, the existence of support for medical women can be seen in the closeness of the voting in some of the refusals. At London University she missed out by one vote and at the College of Physicians by two votes.\textsuperscript{16} She completed her studies privately, obtaining clinical instruction at Middlesex Hospital only because she agreed to

\textsuperscript{13}Blackwell was born in England and moved to America with her family when she was eleven years old. Later she returned to England. Blackwell, \textit{Pioneer work}, pp. 222-223.


\textsuperscript{15}Blackwell, \textit{Pioneer work}, p. 218; Manton, Elizabeth Garrett Anderson, p. 52.

attend as a student nurse. The problem of qualifying examinations was overcome when it was discovered that the Society of Apothecaries could not legally refuse her application, though they had to be threatened with legal action before they agreed to admit her to their examinations. In 1865 she obtained the Licentiate of the Society of Apothecaries and became the second woman on the Medical Register. No more were added for twelve years. The Society of Apothecaries closed that loophole when they altered their rules to exclude students who had undertaken their medical studies privately.¹⁷ Like Blackwell, Anderson opened a private practice and also a dispensary in a poor district of London which later became the New Hospital for Women and Children. In 1870 she graduated MD in Paris and the following year married, proceeding to confound predictions that women could not combine a career with marriage, by continuing to work even after she had children. Throughout all these achievements she was described as "exceptional", and opponents of medical women remained sure very few women would follow her example.¹⁸

Anderson had succeeded in entering the medical profession but not in opening it to other women. That struggle was taken up by Sophia Jex-Blake. Britain had nineteen medical examining bodies none of which accepted women. Jex-Blake chose Edinburgh


¹⁸BMJ, 7 January 1871, p. 6; Lancet, 7 October 1865, pp. 415-416.
University because of Scotland's liberal educational reputation and because the city had a society promoting the higher education of women.\textsuperscript{19} She was already a highly educated woman having attended Queen's College where she became a mathematics tutor. During a visit to America to investigate the education offered there,\textsuperscript{20} she began her own medical studies. In 1867 and 1868 she twice petitioned Harvard University by approaching all the medical professors as well as the staff of two local hospitals.\textsuperscript{21} Her father's illness brought her back to England where she lost no time in pursuing her medical ambitions in Scotland.

Jex-Blake first approached Edinburgh University in March 1869 to be told that special arrangements could not be made for only one woman, so, after advertising in the press, she returned in October with four more. In the intervening months she canvassed all the medical professors and lecturers. When the group was accepted, it was on the condition that they take all their classes separately which they had to organize with the medical staff paying them extra for the additional work involved. Things proceeded smoothly for several months until it became clear that the women were performing well, contrary to expectations. One of them had to forfeit a scholarship in

\textsuperscript{19}Kamm, J. Hope deferred - girls' education in English history, London, 1965, pp. 266-267.

\textsuperscript{20}Jex-Blake, Sophia, A visit to some American schools and colleges, London, 1867.

chemistry because she was taking the classes separately, a technicality which made her ineligible for the prize money.\(^{22}\) During 1870 the behaviour of the students and some of the professors was so bad they were censured in the press.\(^{23}\) Things grew steadily worse and Jex-Blake wasted much of her time fighting the University for full access to all parts of the medical course. Finally the university denied them degrees, saying it had never intended this outcome of their admission, and offered certificates of proficiency instead. It successfully appealed against the ruling which upheld the women's claim and years of struggle came to nothing. One of the women's main supporters, and a lifelong friend of Jex-Blake, was David Masson, Professor of English and a member of the University Senatus.\(^{24}\) His son, David Orme Masson, who became Professor of Chemistry at the University of Melbourne supported the pioneers in Victoria. Another supporter, Professor E.E. Morris, who came to Melbourne in 1875 where he undertook extensive philanthropic work, knew Rev. T.W. Jex-Blake, Sophia's brother, during these critical years.\(^{25}\)

Edinburgh University had a world wide reputation as a leading

\(^{22}\)Anderson had faced similar hostility when the students at Middlesex Hospital petitioned against her continued presence after she correctly answered questions during ward rounds. Manton, Elizabeth Garrett Anderson, pp. 351-353; 104-110.

\(^{23}\)Lancet, 30 April 1870, p. 627; The Times, 25 April 1870.

\(^{24}\)Todd, The life of Sophia Jex-Blake, see index for correspondence and diary entries about David Masson 1869-1899.

medical school and the events there attracted much press attention throughout 1870 to 1872. Before 1880 nine-tenths of Melbourne's doctors studied overseas, mainly in London and Edinburgh. ²⁶ Many of the doctors on medical society committees, the Medical Board, and at the University in the 1870's and 1880's undertook at least some of their medical training in Edinburgh. Those who did not study there read about the events in Lancet and the British Medical Journal which were readily available in Melbourne and discussed what happened in Edinburgh, as did the daily press. ²⁷ Interest continued for decades; in 1894 Woman’s Voice (Sydney) published a summary of the events in an article about Jex-Blake's role in opening medical degrees to women. ²⁸

Jex-Blake continued trying to open British medical education to women. In 1872 she enlisted the aid of Anderson and Blackwell to open the London School of Medicine for Women. At the same time she was involved in the parliamentary campaign to open medical degrees to women. Between 1873 and 1875 the issue was discussed five times. The Medical Council reported that in its opinion medicine was not a "field of exertion well-fitted for women....but the Council is not prepared to

²⁶ Davison, G. The rise and fall of marvellous Melbourne, Melbourne Univ. Press, 1979, pp. 95; 98; Medical Journal of Australia, 6 January 1951, p. 11 - all doctors in Sydney, up to 1883, studied overseas.

²⁷ For example: Australasian, 2 March 1872, p. 263.

²⁸ Woman's Voice, (Sydney), December 1894, p. 110.
say that women ought to be excluded from the profession"\textsuperscript{29}, and Parliament amended the Medical Act to enable examining bodies to accept women candidates. London, Edinburgh and Belfast refused to do so but Dublin University agreed. Jex-Blake, who had in the meantime obtained an MD in Berne, qualified for entry into the Irish College of Physicians and was added to the Medical Register\textsuperscript{30}. She then returned to Edinburgh to open a private practice, a free dispensary for women and, later, a medical college for women. In 1878 London University agreed to admit women to all its degrees and formally accepted the students from the London School of Medicine for Women to its medical examinations. By the end of the century women were admitted to nearly all British medical examining bodies although few women attended mixed schools\textsuperscript{31}.

In Canada the progress of medical women was also slow. Women began to enter universities from the 1850's onwards, but as they were excluded from medical faculties they trained outside Canada until 1880 when separate women's colleges attached to universities started. These degrees were recognized in Australia. Constance Stone graduated MD from the Women's College attached to Trinity College, Toronto University, after she completed her American degree which was not recognized in Australia as Wilhelmina Ferguson, who had attended the same

\textsuperscript{29}Stansfeld, J., \textit{Medical women - an historical sketch}, 1878, pamphlet, p.9.

\textsuperscript{30}This is clearly summarised in Stansfeld, \textit{Medical women}.

college, had discovered in 1865. Canadian universities began to admit women to medical courses from 1890 but, as in America and Britain, some held out for years. McGill University first admitted women in 1888, but excluded them from the Medical Faculty for thirty years. Hospitals were similarly slow to appoint women, starting with Toronto General Hospital in 1901, twenty-one years after they entered medical courses in that city.

Medical societies admitted women reluctantly. In America most women trained and worked in the northern states around Philadelphia. The Philadelphia County Medical Society agreed to accept women in 1874 but vetoed the ten women who applied over the next fourteen years until it finally gave in. Not all states were so resistant; by 1872 seventeen of the States had one hundred and fifteen female members which was about five percent of all the female practitioners in the country. By the 1890's most medical societies admitted women but only after tactics similar to those used in Philadelphia. Entry to the American Medical Association was first raised in 1868 but it was 1915 before women became members.

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32 Gillett, M. Dear Grace - a romance of history, Melbourne Univ. Press, 1986, pp. 4; 42.


In England, Anderson was the first female member of the British Medical Association in 1873 but alterations to the by-laws served to exclude other women for nineteen years. She commented later on the "almost unbearable" disapproval she felt at meetings.\textsuperscript{35} At the same time the Obstetrical Society unanimously opposed the entry of women.\textsuperscript{36} This branch of medicine clearly feared the advent of women, for, in 1876, when Jex-Blake and two other women applied to the Royal College of Surgeons to take the Diploma in Midwifery, which was recognized for registration, the examiners, all members of the Obstetrical Society, resigned and no new examiners were appointed for at least five years.\textsuperscript{37}

In the meantime, American women formed their own medical societies, though not necessarily, as Marrett argues, in response to male exclusion.\textsuperscript{38} The later nineteenth century saw a proliferation of medical societies and the women's societies fit this pattern. They tended to be formed where women were already linked by a hospital or dispensary, or because they had attended the same school. Some women joined both male and


\footnotesize{\textsuperscript{36}Obstetrical Journal, April 1874; BMJ, 16 January 1875, pp. 73; 87.}

\footnotesize{\textsuperscript{37}Parry, N. & Parry, J., The rise of the medical profession, U.K., 1976, p.176; Stansfeld, Medical women, pp. 17-18.}

\footnotesize{\textsuperscript{38}Marrett, "On the evolution of women's medical societies", pp. 429-437.}
female societies and some also belonged to other health organizations. Like the male societies they remained professional and offered companionship and the exchange of information. Unlike other women's organizations of the later decades of the century they did not undertake a programme of social reform or welfare work, probably because opportunities for such activities were available to medical women in hospitals and other medical work. In England the Medical Women's Society met in the New Hospital for Women which conforms with Marrett's model.\(^{39}\)

The entry of women to medicine was discussed in the wider context of discussions about the higher education of girls and the role and place of women. Opinions in Australia mirrored those in England and remained relatively constant despite any progress women made. Hone and Zainu'ddin,\(^{40}\) in their analyses of the education of girls in Melbourne, link attitudes in Victoria with those in England. The arguments of David Masson, J.S. Mill, Emily Davies, and F.D. Maurice, to name only a few, were known and cited here, often without expansion, which suggests people were generally familiar with the views referred to either through the printed word or from visits to

\(^{39}\)The Times, 8 May 1889, p. 11.

England.\textsuperscript{41}

Charles Pearson, the foundation headmaster of the Presbyterian Ladies' College, provides only one example of local familiarity with the views of overseas theorists as well as personal experience with reform activities. He wrote to the press about his association with the movement for the higher education of women in England, especially his lectures to women at Oxford University.\textsuperscript{42} In The Higher Culture of Women, delivered at the opening of the College in 1875, and later published, he referred to various views in a way that suggests his audience was conversant with the ideas and activities referred to. John Madden, a member of the Senate of Melbourne University, wrote to the press in support of the entry of women to the university with a similar assumption.\textsuperscript{43}

The theories of Herbert Spencer, Dr Henry Maudsley and Dr Edward Clarke were especially influential in determining attitudes about women and the desirability of educating them. Pearson favoured the higher education of girls but followed their views when he argued that women had special needs which had to be taken into account in their schooling.\textsuperscript{44}

\textsuperscript{41}For example: Argus, 8 May 1872; 28 June 1872; Age, 7 January 1874; Imperial Review, October 1886, pp. 33-35; The corpse revived - a pamphlet on the effects of the Victorian Education Act, 1886, IN: Educational pamphlets, Vol. 88, SLV.

\textsuperscript{42}Age, 13 June 1874.

\textsuperscript{43}Argus, 8 May 1872; 28 June 1872.

\textsuperscript{44}Age, 13 June 1872.
widespread belief in the importance of the reproductive organs in the lives and health of women was summed up in the observation "that a woman is an organism around a uterus". This view, already current in the middle of the century, was reiterated by the Victorian medical profession in 1895.\textsuperscript{45}

The main arguments in the debate about the education of girls centred on potential damage to the female reproductive system. Sex in Education, or, A Fair Chance for Girls by Dr Edward Clarke, a former medical professor at Harvard, was published in 1873 and immediately went into a second edition.\textsuperscript{46} Clarke stressed that women were not inferior to men, just different, but this difference was critical in determining the nature of their education. His theory was based on the complexities of their reproductive system which needed full opportunity to develop properly between the ages of fourteen and nineteen years. His argument that overuse of the brain in those years taxed the body to the detriment of that development was supported with extensive reference to case studies of girls with menstrual disorders brought on by too much study. He quoted Herbert Spencer who theorized that the body possessed a certain amount of energy and drawing this energy to the brain


\textsuperscript{46}Clarke, E., Sex in education, or, a fair chance for girls, Boston, 1889 (5th edition), see preface to 2nd edn. which is included in this edition.
away from the reproductive organs, in the critical years, would render women totally or partially infertile. The problem was not so acute for boys, explained Dr Clarke, because their reproductive systems were less complex. The short term effects of overstudy were to be seen in the diminished health of women, but the long term danger lay in the effect of this on future generations. Clarke's views were immediately endorsed in England by Dr Maudsley who feared for a "puny, enfeebled, and sickly race". All three men were cited by Pearson when he opened the Presbyterian Ladies' College. These arguments continued to be disseminated in Melbourne into the 1880's. Dr T.S. Clouston stressed the dangers of study to women and hence, future generations. The education of women caused them to be "small and unhealthy specimen(s) of humanity" who were so masculinized by study that they lost "the characteristic womanly qualities of mind and body [and the] fair ideal is distorted." The energy used for study, furthermore, depleted the energy available for the "race of the future". Despite these dire predictions women continued to seek a higher

47 Clarke, Sex in education, especially pp. 61-117; 131; 137.


49 Pearson, C., The higher culture of women, p.8.

50 Clouston, T.S., Female education from a medical point of view, Edinburgh, 1882, IN: Educational pamphlets, Vol. 62, SLV.

51 It is interesting to note that the pioneer medical women began their studies after nineteen years of age when, presumably, there was no longer any danger that study would adversely affect the development of their reproductive systems.
education and medical degrees.

Although some found the idea of female doctors abhorrent, there was widespread support for the principle that female practitioners should treat female patients. Concern existed about the number of women who avoided going to male physicians for gynaecological complaints, even to the permanent detriment of their health.\(^{52}\) Contemporary notions of decency and morality made women reluctant to seek such attention and, probably, many male doctors felt equally uncomfortable treating them. Elizabeth Blackwell observed that the gap between the worlds of the male medical profession and female patients was a large one that could be closed by the introduction of female physicians.\(^{53}\) Josephine Butler, leader of the campaign against the Contagious Diseases Acts, travelled from Liverpool to London expressly to see Elizabeth Garrett Anderson for she was "able to tell her so much more than I could or would tell to any man." She felt that going to a male doctor was repugnant to female modesty and permanently injurious to a woman's moral nature.\(^{54}\) Blackwell had encountered similar attitudes and Sophia Jex-Blake agreed that it was indelicate for women to attend male doctors.\(^{55}\)

\(^{52}\) Australasian, 9 March 1872; Imperial Review, October 1886; Drachman, Hospital with a heart, p. 63.

\(^{53}\) Rossi, Feminist papers, p. 354.

\(^{54}\) Parry & Parry, The rise of the medical profession, p. 174; Manton, Elizabeth Garrett Anderson, p. 172.

\(^{55}\) Blackwell, Pioneer work, p. 27; Jex-Blake, S. Medical women, U.K., 1886, pp. 49-52.
Thousands of British women signed petitions in favour of medical women and the enormous response to the charity hospitals founded by medical women showed that this need extended to all classes of women. In India purdah prohibited any contact between male doctors and female patients, so even opponents of medical women, like Queen Victoria, supported moves to provide female practitioners for Indian women. The Madras Medical School admitted female students specifically for this class of patients several years before they were accepted into British medical schools.

The unfeeling treatment of poor women in charity hospitals added weight to arguments in favour of medical women. The standard gynaecological practice of strapping female patients to a frame which raised their pelvis was particularly distressing for women who were examined in the presence of medical students. Some presiding doctors told obscene stories during examinations and medical students were notorious for their lack of finer feelings. Working class women were

56 Lancet, 21 May 1870, p. 757; Stansfeld, Medical women, U.K., 1886, pp. 49-52.


58 Lady medical students, Madras, extracts from correspondence, 1875, IN: Educational pamphlets, Vol. 86, SLV. Balfour, The work of medical women in India, p. 29; AMJ, 15 August 1890, pp. 344-346.

thought to be coarse and vulgar so their harsh treatment was not considered cruel, but charity hospitals were attended with reluctance and fear. Medical pioneers like Elizabeth Blackwell were horrified at the treatment they witnessed.\(^6^0\) A major aim behind hospitals established by women was to provide treatment for poor women free from such degradation. In this way medical women were available to those who could afford their services as private patients and to poor women in charity hospitals.\(^6^1\)

From the start opposition to medical women was based on the indecency and impropriety of women attending lectures with men. If women wanted a medical career they were advised to set up their own schools and dispensaries.\(^6^2\) When Elizabeth Garrett Anderson sought entry to British universities the problem of mixed classes was raised immediately and it continued to be seen as an obstacle for years.\(^6^3\) On her graduation in 1865 the medical press stressed that she had dissected and studied separately "as a lady must".\(^6^4\)

Dr Edward Clarke, in his discussion of the education of girls,

\(^{6^0}\) Blackwell, *Pioneer work*, p. 72.

\(^{6^1}\) The Times, 8 May 1889, p. 11; Drachman, *Hospital with a heart*, pp. 59-60.


\(^{6^3}\) Lancet, 6 July 1861, p. 16; 3 August 1861, pp. 117-118. This issue was raised in Lancet up to 1872. For example: 26 November 1870, pp. 750-751; see also: BMJ, 26 July 1862, p. 96; 22 November 1862, pp. 537-538; The Times, 22 April 1870.

\(^{6^4}\) Lancet, 7 October 1865, pp. 415-416.
addressed the matter of co-education, which he did not favour, at length. Co-education placed girls in competition with boys when their education should be structured differently so as to conserve their energy, and to avoid "neuralgia, uterine disease, hysteria, and other derangements of the nervous system". Opponents of medical co-education also argued that mixed classes were improper, especially for such subjects as anatomy, surgery, clinical instruction and dissection. The dangers lay in the thoughts these subjects would arouse, and their potential to undermine the purity of women. Where women were admitted with men separate classes were usually arranged for these subjects. This attitude was so fundamental that supporters like David Masson, who felt that women should be admitted to all university classes along with men, conceded the need for separate classes in special cases.

The medical pioneers initially supported co-education because their credibility depended on both the public and profession seeing they had exactly the same qualifications as men. As a result of their experiences, however, they changed their views. Jex-Blake had had no strong views about co-education when she studied American schools, but after her treatment at Edinburgh University she was against mixed classes because of

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65 Clarke, Sex in education, pp. 118-161.
66 The Times, 22 & 25 April 1870.
67 Lady medical students, Madras, pp. 10-14.
68 Lancet, 23 April 1870, p. 599.
the degree of "rowdyism" displayed by the students.69 Elizabeth Garrett Anderson revised her early support of mixed classes, and advised women that separate education was preferable because of the freedom and companionship it offered. Much of her medical training, like that of Elizabeth Blackwell, had been very lonely.70 They would have preferred mixed education on professional grounds, but recognized that it was not desirable given contemporary attitudes. However, the costs of separate education were enormous. Jex-Blake and her companions at Edinburgh University had to pay three times the usual fees for their separate classes.71 They were fortunate in that Jex-Blake herself, and a special fund established by supporters met these costs, for a principle was at stake. Not all women could afford to pay high fees or continue to rely on such support. The expense of setting up separate schools was also high and depended on donations if fees were to be kept at a reasonable level. On the other hand, co-education in America ultimately disadvantaged women for in the twentieth century universities placed quotas of five and six percent on the number of female students admitted.72

The influence of contemporary notions of decency and propriety

69 Jex-Blake, A visit to some American schools, pp. 246-247; Medical women, pp. 53-54; BMJ, 4 May 1872, p. 618.

70 Lancet, 19 March 1870, p. 400, compared with: Warwick, Progress in women's education, pp. 90-91; Blackwell, Pioneer work, pp. 80-81.


72 Walsh, "Doctors wanted," p. xviii.
cannot be underestimated or dismissed as mere prudishness. Aside from the content of the controversial subjects, the deplorable behaviour of medical students and the ribaldry of some lecturers was well known.\textsuperscript{73} Students and staff also feared that admitting women to classes would lower standards of teaching in order to accommodate their sense of delicacy and inferior abilities.\textsuperscript{74} The students at Middlesex Hospital had used this argument against the presence of Elizabeth Garrett Anderson,\textsuperscript{75} and the students at Edinburgh University threatened to leave if women were admitted to the Edinburgh Infirmary for clinical studies.\textsuperscript{76} This stigma of inferiority attached itself to women's colleges in America despite the high quality of teaching and the standard of the graduates\textsuperscript{77} but was avoided at the London School of Medicine for Women because its students were admitted to the examinations of London University along with men.

Hone and Zainu'ddin argue that in Victoria British developments were followed closely but that, unlike in England where women played a central role, in Victoria the entry of women to higher education was the result of the efforts of

\textsuperscript{73} For example: Blackwell, \textit{Pioneer work}, pp. 257-258; \textit{Lancet}, 4 May 1872, p. 618.

\textsuperscript{74} \textit{The Times}, 22 April 1870; \textit{BMJ}, 3 August 1878, p. 183.

\textsuperscript{75} Manton, \textit{Elizabeth Garrett Anderson}, pp. 351-353.

\textsuperscript{76} \textit{BMJ}, 19 November 1870, p. 561.

liberal minded men who implemented their beliefs out of an abstract sense of justice about individual rights. The problem of course, as they recognize, is that the behind the scenes contribution of women is hard to establish. It is significant that most of the men in parliament and at the university who pushed for the entry of women into university had sisters or daughters who were amongst the early matriculants.\(^7\)\(^8\) A certain amount of competitiveness existed also; a sense that Victoria could not be seen to be lagging too far behind developments in England.\(^7\)\(^9\) Thus, in 1880 Melbourne University admitted women to the full privileges of the institution (excluding medicine) only two years behind London University, but well ahead of other British universities especially Oxford (1920) and Cambridge (1948). Whilst women may have been in the background in the push to gain their entry into the University of Melbourne, they took a leading role in their entry into the Melbourne Medical School just as the American and British pioneers had done.

\(^7\)Hone, "The movement for the higher education of women in Victoria," pp. i, v, Ch. 2; Zainu'ddin, "The admission of women to the University of Melbourne," pp. 56-90.

\(^7\)Hone, "The movement for the higher education of women," p. 30; *Age*, 12 June 1874, p.2.
CHAPTER THREE: "GENTLEMEN, THE LADIES HAVE COME TO STAY!"¹

In 1879 the University of Melbourne decided to admit women to all degree courses, "except, that until special provisions be made, they are restricted from proceeding to medicine."² Contemporary society looked with horror upon the idea of women and men undertaking medical studies together. The experiences of Elizabeth Blackwell, and Elizabeth Garrett Anderson had demonstrated how difficult it was for a lone woman to study in a class of men, and events at Edinburgh University had shown that it was no easier for several together. These considerations may have deterred Constance Stone from trying to enter the Melbourne Medical School, and, at twenty-eight years, she probably did not wish to spend years on a struggle which had a doubtful chance of success. In 1884 she went to America before going on to Canada and England to gain British post-graduate qualifications. The year after she left Dagmar Berne enrolled in the new medical school at Sydney University where she remained the only female student. She found it a lonely and frustrating experience, and completed her studies in England.³

²Argus, 22 March 1880, p.4.
Lilian Alexander, one of the first women to enter the University of Melbourne, and the first to enrol in an Australian university college (Trinity), was an outstanding student who completed a Master of Arts as she began medical studies. She had been interested in a medical career for some time, and her uncle, acting Head of Madras Medical School which admitted women in 1875, encouraged her to go to India. In 1886 she met Helen Sexton, who was at the University, taking subjects in the Arts Faculty, until she was able to go to England to study medicine. They decided to try for admission to the Melbourne Medical School, and, believing their application would be better received if there were more women involved, they advertised in the press for other women to join them.4 An application to the university, by these women, brought to a head arguments about the entry of women into the medical profession.

Nineteenth century objections to the higher education of women were based on the belief that they had no place in the public sphere. It was feared that educated women would enter professions and public office, rather than marry and have children, for marriage and a career were believed to be mutually exclusive. The few women who combined both were considered extremely unusual. These fears, it should be noted, were only applied to middle class women, and the double burden of many working class women was overlooked. Teaching, because

4The Lilian Alexander Memorial in the University of Melbourne, Melbourne, 1936, pp. 6-8. This was written by her nephew, A.S. Cudmore.
it emphasised child care, was an acceptable occupation for middle class women, if they had to work. Medicine, on the other hand, did not provide a general education, and the work was not easily combined with motherhood because of the long hours, and the night calls. Furthermore, the subject matter was judged unsuitable for delicate feminine sensibilities, and the work, particularly dissection and surgery, unclean and arduous, and so beyond the physical capabilities of women.  

Conventional notions of propriety both helped and hindered the entry of women into medicine. By the 1880's it was widely agreed that female physicians should be available to treat female patients, for there was "something almost indelicate, if not indecent, in our present habit of having only male doctors to see all classes of diseases and illness."  

The Australasian reported that many women went "prematurely to the grave", rather than go to a male doctor for gynaecological ailments, an observation still current, if not quite so dramatically stated, in the 1880's and 1890's. The Daily Telegraph commended the Melbourne pioneers for "following in the wake of Edinburgh, London and the United States", for it seemed "only natural and right that most of the illnesses of women and children should be attended to by educated and

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5 Age, 22 January 1887, p.8.  
6 Daily Telegraph, 19 January 1887.  
7 Australasian, 9 March 1872, p. 304.  
skilled ladies". On the other hand, the subject matter, and the nature of medical work, made opponents regard it as unsuitable for women. Part of the revulsion to the idea of female doctors was due to the perceived indecency of subjects like dissection and sexually transmitted diseases. Some was based on the work doctors undertook which, in the days before germ theory, anaesthesia, and antiseptic and aseptic measures, was messy, unpleasant, and largely based on trial and error. Physicians enjoyed the status of university educated gentlemen, but surgeons, whose work was bloody, and required physical strength, were trained by apprenticeship well into the nineteenth century. The Melbourne Medical School opened in 1862, but the Bachelor of Surgery was not introduced until 1876.

The major obstacle to the entry of women to the Melbourne Medical School was the absence of facilities for separate teaching and the reluctance of some of the lecturers to teach "delicate" subjects to a class containing women. The need for separate dissection and hospital training was never really questioned, and separate lectures were considered essential in the interests of propriety. However, the cost of separate education was beyond the means of the University, and separate clinical training depended on a hospital being set aside for the sole use of female students.

The profession itself was divided over the entry of women.

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9Daily Telegraph, 19 January 1887.
Some approved of the desire of medical women to help women, in part, probably, because it separated women into particular areas of medicine. Others, particularly specialists in the diseases of women, an increasingly lucrative field as medical intervention in childbirth expanded, feared competition, and questioned whether women refused to see male doctors.\(^{10}\) Dr Richard Rowden Stawell addressed this fear of competition in one of the only articles by a doctor that, unreservedly supported the entry of women. Dr Stawell (MB ChB, 1888, MD, 1890, Melbourne) was the brother of Melian, a noted classics scholar, and attended lectures at Trinity College with his sister, Lilian Alexander, and Helen Sexton. Later he became an Honorary Consultant at the Queen Victoria Hospital. He argued that, of course, medical women would become specialists in the treatment of women.

Yet it should be remembered that of all the most tiring and trying attendances which a medical man undertakes, that of childbirth is the most severe, and, therefore, in one of the very cases which women might naturally be considered fitted to attend, it is a question whether any woman could endure the strain of a large practice of such cases.

The treatment of women and children was a complex area so medical women would need to confer with medical men. Therefore, women would "assist" men not "rival" them, he concluded soothingly. Moreover, they would attract female

\(^{10}\) This is mentioned in a speech by Dr. Neilid to medical students. Argus, 23 March 1889, p. 9; Age, 23 March 1889, p.6; Speculum, May 1896, p.1.
patients away from "quacks" and "charlatans" so they would not be taking patients away from medical men. The press regarded medical opposition to the entry of women as "trades-unionism" and professional jealousy. The public, which viewed the "regular" medical profession with some suspicion, continued to go to "alternative" practitioners, to the concern of "regular" doctors.

Hone and Zainu'ddin have argued that the entry of women into the University of Melbourne was the work of liberal minded men. The entry of women into the Melbourne Medical School, in 1887, was essentially the work of the women who became the first medical students, especially Lilian Alexander, and Helen Sexton. Sexton had planned to go to England to study medicine because, "I thought it would be useless to try alone for Melbourne University to open its doors." They met at the home of Alexander Sutherland MA, a staunch supporter of higher education for women, and women's rights in general. His wife later became a long standing member of the committee of the Queen Victoria Hospital. Discovering their common interest, Alexander and Sexton "decided to try and get the University Council to open the Medical School to women". The strategy they followed was similar to that used by Sophia Jex-Blake at

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12 Australian Medical Journal, January 1887, p. 16; February 1891, pp. 84-88; July 1892, pp. 338-340; January 1895, pp. 28-29; Speculum, June 1886, pp. 19-26; Age, 22 January 1887, p.8.
13 Helen Sexton to Arthur Cudmore, 18 May 1937, QVH Archives.
Edinburgh University 1869.

In the middle of January, they placed the following advertisement in the Argus:

Two ladies desirous of studying Medicine in Melbourne would be glad to hear of others who would do so. H.M.S. Post-office, Parkville.\(^{14}\)

Responses came from (Grace) Clara Stone (Constance Stone's sister), Margaret Whyte, Annie and Elizabeth O'Hara, and Grace Vale. Anna Higgins also joined them, although later she decided to enrol in the Arts Faculty and became a journalist. Alexander and Sexton lost no time in approaching the University Council, and within three weeks Council announced that the entry of women into the Medical School would be discussed at its next meeting.\(^{15}\) About forty years later Sexton recalled:

(w)e interviewed every member of the Council....It would have come perhaps years later, but it was our efforts, Lily's [Lilian Alexander] and mine, that...the school opened and many thanks to Dr Leeper, Henry Higgins, Sir John Madden and Andrew Harper and others in the Council, all of whom we saw before [the medical school was opened to women].

Alexander knew three or four members of the Council including Dr. Leeper and probably Sir William Stawell, the father of Melian and Richard, her friends at Trinity College. Sexton's

\(^{14}\)Argus, 15 January 1887, p.6.

\(^{15}\)Argus, 5 February 1887, p.5.
brother knew one of the men and Anna Higgins' brother, Henry Bournes Higgins, was a newly elected member.\textsuperscript{16}

P.K. O'Hara, the father of Annie and Elizabeth, also wrote to Council. During 1886 he had investigated the medical schools of Edinburgh, Sydney and Adelaide, on behalf of his daughters, but preferred to educate them in Melbourne. He had decided to send them to Sydney,

(n)ow, however, that there is a probability of our own university admitting ladies, I await with anxiety the decision of your council. It seems hard indeed that we are constrained to send our daughters from home to live for years among strangers in order to acquire what should be attainable at home. Those who are disposed to send their daughters to another colony or to Europe could well afford to pay a much higher fee than now obtains for male students should such be necessary at the inception of a new departure.\textsuperscript{17}

His letter clearly told the Council that Melbourne was lagging behind Britain, and, even, the other colonies. Council, however, was already favourably disposed to the principle of admitting women to the medical school, and voted 10 to 3 in their favour.

\textsuperscript{16}Helen Sexton to Arthur Cudmore, 18 May 1937, QVH Archives.

\textsuperscript{17}Argus, 22 February 1887, p.9. Also: "Admission of women", File. Melbourne University Archives, 7 February 1887. Elizabeth O'Hara graduated in 1892 with excellent results and Annie in 1894. Both opened private practices in Albert Park and appear to have had little further to do with the other pioneers. Annie died in 1897.
Two of the dissentients represented the Medical Faculty - Drs Brownless and Cutts. Sir A.C. Brownless (1817-1897) had founded the Melbourne Medical School in 1862, and insisted that the course be five years rather than four as it was in Britain. At the time of these negotiations he was about to become Chancellor of the University. W.H. Cutts MD (1828-1897) had helped to found the Medical Society of Victoria, and the Victorian Branch of the British Medical Association, and took a leading role in the University. The other person to vote against the entry of women was R.L.J. Ellery (1827-1907), a qualified doctor and honorary member of the Medical Society of Victoria. He was the government astronomer, and held many public offices including that of President of the committee of the Alfred Hospital.\(^{18}\) The matter was then passed to the Medical Faculty to devise a "scheme to be adopted".\(^{19}\)

Hearing that Council had voted for the entry of women, Alexander, Sexton, and Anna Higgins wrote reaffirming their "earnest desire to enter upon the study of medicine", and assuring them "that [their] recent decision will encourage many others to come forward, and we know of several who fully intend to enrol themselves next year if the necessary arrangements are made." They recognized the need for separate lectures, but were certain that a scheme, similar to those in operation overseas, could be adopted in Melbourne with the

\(^{18}\)Australian Dictionary of Biography, Vols. 3 and 4.

\(^{19}\)Argus, 22 February 1887, p.9.
support of Parliament and private contributors. They later wrote more pointedly, asking when the matter was likely to be dealt with by the Medical Faculty, for they wished to enter that year, and needed to know if separate lectures were necessary for the first year. They apologised for troubling the Council, but this application of pressure deliberately kept the question to the forefront of attention, and out of danger of being unresolved until 1888. Sexton acknowledged the debt of the pioneers to Alexander for her months of intensive work in opening the medical school to women. Lilian Alexander, Sexton wrote, "was splendid and logical in letters, worth thousands of me (I hit out, was the fighter and defied them and jeered at them!!)."

Long standing Medical Faculty resentment of Council interference in the running of the Medical School is illustrated in the negotiations over the entry of women, which it would have stalled as long as it could. Council passed the entry of women quickly, and asked Faculty to advise them how to implement the decision. Faculty resolved that, "if females are to be admitted to the medical school, they must fulfil all

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20 University Council, 22 February 1887; "Admission of women," File. Melbourne University Archives.

21 Council, 28 February 1887.

22 Annie O'Hara to Lilian Alexander, 23 February 1887, QVH Archives.

23 Helen Sexton to Arthur Cudmore, 18 May 1937, QVH Archives.

24 Age, 23 March 1887, p.6; Speculum, August 1886, pp. 1-2 & 11-13; May 1887, pp. 1-2.
the conditions prescribed for admission to the Degrees in Medicine and Surgery." (my emphasis). Council readily agreed. As female education was generally inferior to that of males, Faculty may have hoped to delay the entry of women, or, at least, reduce their numbers. Three of the female applicants, for example, did not have Greek, which was essential in the course. They immediately enrolled in matriculation classes, and passed within six months.

Having decided to admit women, Council then raised the issue of separate or mixed classes, possibly to distract the Medical Faculty from continued opposition. At that stage Council had no firmly stated views on the matter, but had it also insisted on mixed classes, as some of the Medical Faculty wanted, opposition, on the ground of propriety, would have been strong enough to delay the entry of women for years. As it was, the request from Council placed Faculty in the position of either coming out in open opposition to the University over the entry of women, or to concede the principle, and haggle over the details of how classes should be conducted.

Opinions within Faculty were divided, so members had little choice, and pursued the latter course, but their actions over the following months showed they were unwilling to co-operate with Council. Dr Leeper, Principal of Trinity College, a

25 Medical Faculty Minutes, 3 March 1887, Melbourne University Archives.

26 Argus, 11 October 1887, p.5.
prominent member of Council, and a friend of Lilian Alexander, urged that the women be allowed to enrol in first year classes, which were open to women and men, while discussion about the second, and later, years continued. Opponents wished to see the question resolved first, and to know if Parliament would meet the cost of providing separate classes. However, they agreed to admit women that year, "provided they do it at their own risk", that is, the risk that they would not be permitted to proceed beyond the first year. Council decided to admit women that year, and asked Faculty to supply it "with a scheme of separate lectures for women students in those subjects which it is undesirable on the grounds of decency, that lectures should be attended by both sexes in common." 27 Months of discussion between Council and Faculty followed before the matter was resolved.

It is difficult, now, to determine motives, and to unravel the politics of the negotiations. Sir John MacFarland recalled that:

> From the first the attitude of the University Council was to afford every opportunity but give no special privileges to women. We may think that only a few women are fitted for the work, that to be successful they must have a special mission for it. But if they feel that they have that mission we have no right in a public institution to deny them the opportunity to the requisite

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27 *Argus*, 8 March 1887, p.10.
training.\textsuperscript{28}

He said that he had been against providing separate facilities for dissection, but when the matter was discussed with Faculty, he stated that separate facilities "would certainly have to be provided for the ladies".\textsuperscript{29} The opinion of Council is not known, but its behaviour indicates it was acting more out of expediency than a sense of decorum in its negotiations with an antagonistic Medical Faculty. Notions of public decency were frequently referred to, but were only adhered to in the cases of dissection and hospital practice which were never really contemplated as being taken in mixed classes.

An article in the \textit{Herald}\textsuperscript{30} suggested that the female students did not mind taking classes with the male students and their behaviour indicates that expediency outweighed concerns about decency. They may have decided that at least some of their course should be separate once they encountered the generally hostile attitude of the male students. Dr Stawell\textsuperscript{31} pointed out that the women demanded separate classes because they did not want difficulties, and were protecting the interests of

\textsuperscript{28}John MacFarland to Gwendolen Swinburne, 5 June 1934, QVH Archives.

\textsuperscript{29}\textit{Age}, 27 September 1887, p.6.

\textsuperscript{30}\textit{Herald}, 4 October 1887. They may have obtained this information through Laura Morgan, an American medical woman who unsuccessfully sought registration in Victoria in 1886-1888. On 4 August the paper ran a long interview with her, though she was not named, in which she spoke of her studies in America and in favour of mixed classes. She was acquainted with Clara Stone, if not others of the pioneers.

\textsuperscript{31}\textit{Speculum}, October 1887, pp. 27-28.
women who followed them. He thought it better for women to learn with men, and, given his closeness to some of the medical women, this may have reflected their feelings too. In 1929, Sexton wrote to The Times saying, that as Melbourne University had had mixed lectures from the start, there should be no problems in introducing them in Britain. The only subject they had taken separately was dissection, which was "quite easy for the demonstrator and more pleasant for the women."  

Some supporters of medical women favoured mixed classes on the grounds that science was pure, thus "in medicine there is nothing nasty and nothing nice," and that the presence of women would have a restraining influence on any baseness amongst the male students. Professors Masson (Chemistry) and Spencer (Biology), who had lectured to mixed classes in Britain, taught the mixed classes of the first year without any difficulties. Spencer stated that in biology the women soon became "accustomed to hearing things which were not usually spoken of and once they regarded them as matters of fact and looked upon them from a scientific point of view," they coped well. He concluded, "I would hesitate to deliver some of my lectures to a class composed of ladies only, but I can give them without difficulty to a mixed class."  

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32 The Times, 9 February 1929.

33 John MacFarland to Gwendolen Swinburne, 5 June 1934, OVI Archives; Age, 27 September 1887, p.6, the comment was made by Professor Masson.

34 Age, 27 September 1887, p.6.
Faculty considered Council's request about a system of separate and mixed classes, and moved:

That Faculty are of the opinion that there is only one method at present practicable of achieving the desired result, viz. - to admit women to the same lectures and practical teaching as are open to men; in as much as were the system of separate instruction to be adopted with a view to the complete satisfaction of conventional notions of decency, there is hardly any class (if any) in the whole medical course that would not have to be partly or wholly duplicated thus necessitating a very large addition to the annual expenditure on salaries and probably the appointment of several new lecturers, and even were this done, the difficulty would still be encountered of providing completely separate Hospital instruction.\(^{35}\)

Their motives were not entirely based on economic considerations for Council was then provided with extensive evidence that mixed medical classes did not occur in Britain, or, where they did, as in Dublin, the system was a failure. This was further supported by protests from lecturers who felt their courses could not be taught to mixed classes. These opinions were not only conveyed to Council in personal letters, they were also printed up into a leaflet to ensure the widest dissemination.\(^{36}\)

\(^{35}\)Medical Faculty, 10 March 1887.

\(^{36}\)"Admission of women," File, Melbourne Univ. Archives.
Members of the Medical Faculty supported mixed classes for different reasons. Professor Masson's family had been intimately involved in Sophia Jex-Blake's attempts to enter the medical school in Edinburgh. He had seen how continued arguments over separate classes caused problems and expense for her and her friends, and he shared his father's support of university education for women at the same standard as, and together with, men.\textsuperscript{37} Dr Neild, an Honorary at the Melbourne Hospital, believed that medicine was a science, and thus, in itself, neither indecent nor decent. The question of delicacy did not apply for "to the pure all things are pure." He had faith in the "manliness and chivalry" of the male students, and did not anticipate any problems.\textsuperscript{38} Professor Allen, Dean of the Medical Faculty, and Dr Girdlestone supported the motion but immediately moved that, "(t)he Faculty would at the same time remind the Council that no University in the United Kingdom undertakes the Medical Education of Women and that in no Medical School in the United Kingdom are male and female students trained together." Faculty was split about this resolution, and Allen cast the deciding vote in favour of sending it to Council.\textsuperscript{39} Two weeks later it had to be excused, for evidence from Dr Fetherston showed it was "not in

\textsuperscript{37} \textit{Age}, 27 September 1887, p.6; Kamm, \textit{Hope deferred}, 1965, p. 253.

\textsuperscript{38} \textit{Argus}, 23 March 1887, p.9.

\textsuperscript{39} Medical Faculty, 10 March 1887.
Dr R.H. Fetherston's evidence was conveyed to Council for Allen believed it to be "so important that I hasten to submit (it) for consideration by the council." Fetherston MD, had just returned from the Anatomy School of the Royal College of Surgeons in Ireland, where he had been Demonstrator of Anatomy. The College had recently admitted women to lectures despite strong opposition from many professors.

At once they were found to be a great hindrance to the classes and hospitals which they attended, so much so...that the male students objected and the staff made the women leave off their attendance...(A)t Dublin Hospital (they) are a great bother to students and some of the staff...[and at lectures they] are a great hindrance though they are told not to come to lectures on certain days...[as demonstrator in 1886 he] found them a great deal of trouble...

Although women received the same training as men, it was amended and limited, so that, in reality, they received little more training than nurses. "The male students suffer greatly by having women in the same classes," Fetherston continued, "(s)uch subjects as Surgery, Medicine, Anatomy, Physiology have to be modified...The male students do not like the women students at all, and several to my knowledge were grumbling and threatened to go to other schools."  

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40 Medical Faculty, 24 March 1887.

41 Council, 4 April 1887.
This "important", though unsubstantiated, evidence supported Allen's earlier letter to Council which argued that, in order to avoid embarrassment, lecturers would omit:

delicate subjects and thus the fullness and explicitness of teaching will suffer. The male students may also lose valuable instruction through a dislike to ask plain questions in a mixed class. In these and other ways existing interests may be injured, and the general efficiency of our system of teaching may be impaired and the reputation of the Medical School decreased.

He believed the British system of educating medical women in separate schools to be the "correct mode", but that the cost "must prevent its early realization in Melbourne." If women were to enter the Melbourne Medical School, it could only be in mixed classes and "ordinary notions of decency must be disregarded," except for dissection which had to be taken separately. Women might have "counted the cost to themselves and prepared for the necessary sacrifices," he continued, but he was concerned about the "general interests and reputation of the medical school." As far as he knew, no-one in Britain taught anatomy or pathology to mixed classes. Nevertheless, he supported mixed classes in Melbourne on account of the cost of separate education. 42 In the event the reputation of the medical school did not suffer. In 1890 Allen succeeded in securing British recognition of Melbourne degrees. Professor H.B. Allen (1854-1926), Dean of the Medical Faculty for over

42 Council, 12 March 1887.
thirty years, took a leading role in the University, in the Medical Society of Melbourne, and in improving public health. The extent of his opposition to the female students remains unclear. Although he did not welcome them, he did not discriminate against them.

Dr Girdlestone, lecturer in Surgery and a leading Melbourne surgeon, informed Council that lectures in venereal diseases, diseases of the female and male organs of generation, practical instruction in surgical operations, and hospital rounds could not be taken in mixed classes.\(^{43}\) Dr Jamieson, a specialist in the diseases of women and Medical Officer of Health for Melbourne, wrote in a more personal vein. "I am not opposed to the principle that women should be admitted to the study of Medicine, but I see greater difficulties in combined classes of male and female students than the resolution seems to imply." He believed the range, fullness, and plainness of the course would suffer, especially in his own area, the diseases of women, if mixed classes were insisted upon.\(^{44}\) Jamieson's objections were based on his own reluctance to teach obstetrics to mixed classes and he maintained this opinion consistently. His worries were unnecessary for he was transferred to lecturer of Medicine during 1887. Although he did not support the entry of women into medicine, two of his

\(^{43}\) Council, 10 March 1887.

\(^{44}\) Council, 12 March 1887.
daughters later became doctors.45

The medical Faculty sought the advice of Professor Anderson Stuart at Sydney University, who had been teaching Dagmar Berne for two years, and who had earlier undertaken hospital training with female students in Paris. Professor Stuart advocated mixed classes, without any alterations to the course, because "to the broadminded all things are pure." At Sydney University he had encountered no problems in classes or with the behaviour of the male students. He ended by saying:

I have not the slightest desire to enter the lists as the Woman's Champion. I have not the slightest desire to encourage them in any way but I certainly will be no party to discouraging them. I want to see them let alone simply - if they are fit they will survive in the struggle. If they so survive it will be because they have deserved it and we can ascertain this only by giving them a fair trial and showing no favour.46

Nina Webb argues that this "apparent liberalism" is belied by Berne's student career. Although described as intelligent and industrious, she failed her second and third year examinations, and left for England in 1890, where she qualified, and undertook hospital work. In 1895 she returned to Sydney, and practised for five years until her early death.


46Council, 2 April 1887; Zainu'ddin, "The admission of women," 1973, p.100.
Berne's relatives believed she had been actively discouraged by some of her teachers, and, according to Webb, there is some evidence that Stuart did not favour the entry of women into the medical profession.\textsuperscript{47}

The views of the male students, as expressed in their journal \textit{Speculum}, were no more welcoming than the opinions voiced by the lecturers. Leaving discussion of the "desirability of lady doctors in the abstract" for the future, they proceeded to point out the practical impediments in their path. The University and Parliament did not have the money to set up separate facilities so lectures were "at present unobtainable." However, if the women were "strong" enough,\textsuperscript{48} they could attend mixed classes. As the Melbourne, and the Women's Hospitals were overcrowded with students, the editors concluded that, "this final obstacle will completely block such an advance in medical educational matters in Melbourne as this proposal would necessitate."\textsuperscript{49} The \textit{Age} suggested, that behind all the insistence on mixed classes lay the hope that the women would be deterred from their aim, and withdraw, thus settling the matter. It believed the women were less prudish than the men thought. Whatever was decided, though, the University could not "deprive the women of the degree which

\textsuperscript{47}Webb, N., "Women and the Medical School," 1984, pp. 218-220.

\textsuperscript{48}The word "strong" was not applied to women as a compliment at this time. To be "strong-minded" was to be "unwomanly", even "unsexed".

\textsuperscript{49}\textit{Speculum}, February 1887, p.3.
[had] just been granted by making it impossible for them to get the necessary training to qualify themselves for it."\(^{50}\)

Despite uncertainty that they would be able to continue past the first year, and the negative attitudes of the lecturers and male students, six women enrolled in Biology, Chemistry and Natural Philosophy.\(^{51}\) These subjects presented no problems for they were already open to all women enrolled in the Science and Arts Faculties at the University.\(^{52}\) Chemistry and Biology were taught by the newly arrived Professors Masson and Spencer and Natural Philosophy by Professor Kernot from the Engineering Faculty. All three were supportive of the female students. The male students, on the other hand, regarded them as "blue stockings", "man haters", and "job stealers".\(^{53}\)

As the academic year drew to a close, with the details of the medical education of the female students no nearer resolution than in March, representatives from Council and Faculty formed a sub-committee to "consider a practicable scheme" for solving the problem. Discussions continued to be inconclusive, and some Council members warned that the female students would "have to go home" (that is: to England) if they could not

\(^{50}\) *Age*, 18 May 1887. p.4.

\(^{51}\) Lilian Alexander finished her MA in 1887 and commenced her medical studies the next year. Nevertheless, she was closely involved in negotiations during the rest of 1887.

\(^{52}\) *AMJ*, April 1887, pp. 183-184.

proceed into second year. Faculty still advocated mixed classes, and put forward objections to this course. When it was pointed out that this meant women could not study medicine in Melbourne, Faculty members protested, but negotiations up to that point had not altered the divisions between Council and Faculty, and within Faculty. Finally, they adopted the suggestion that a separate dissection room, and a separate hospital for clinical teaching might overcome the problem.\(^{54}\)

During these final discussions, which took about four weeks, the female students wrote to Council to clear up any uncertainty about their views on mixed classes. They argued that the University, in admitting them in principle, had recognised their right to provide much needed treatment for women who hesitated to attend male doctors.

While we are perfectly ready to admit that the greater part of our course must be done in common with men, we are convinced that to insist upon our attending dissections, hospital practice, and certain courses, or portions of courses, with men would have the effect of rendering the permission you have granted us to study practically worthless, and would be repugnant not only to our own feelings but to those of the majority of this community.

We believe that it would be impossible to carry out our

\(^{54}\) *Age*, 20 September 1887, p.5; *Age*, 27 September 1887, p.6; *Argus*, 27 September 1887, p.5; *Age*, 11 October 1887, p.5; *Argus*, 11 October 1887, p.5.
course under such conditions, and we are reluctantly compelled, therefore, to express our intention of discontinuing our work here if no such concessions can be granted us.

They asked for separate hospital practice, separate dissection, separate lectures in Obstetrics and Diseases of Women, and some separate lectures in Surgery, Pathology and Medical Jurisprudence. They were pleased that their suggestion, that the Alfred Hospital be set aside for female students, had found favour, and hoped:

that you will not render our past work useless by withholding from us concessions without which, we are firmly convinced, our further study will be rendered completely impracticable.\(^{55}\)

This letter shows that the pioneers played a significant role in bringing negotiations to a successful conclusion. The British pioneers had found it difficult to obtain clinical training, and where they were allowed to attend hospital wards together with male students, the women had suffered. Attitudes expressed by the students and lecturers showed that these parts of the medical course would present problems for the female students in Melbourne too. The success of mixed classes depended on the lecturers, and this letter drew attention to those subjects where the lecturers had voiced their opposition to the presence of women. It is unlikely that their threat to

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\(^{55}\) A copy of this letter, written 27 September 1887, was published in the *Age*, 4 October 1887, p.5.
discontinue medical studies in Melbourne, if these concessions were not granted, was serious. Had they left, it would have reflected very badly on the University, just as it had at Edinburgh University fifteen years earlier.\textsuperscript{56} The letter was published in the press, where it gained approval for its "womanly earnestness", and concern for decency and propriety.\textsuperscript{57} How strongly the pioneers felt about the separate lectures is not known, but their adherence to contemporary standards ensured support for their entry into medicine. However, they did feel strongly about separate dissection, and in 1890 and 1895, when Professor Allen attempted to take this away from them, current and past female students protested.

The male medical students dismissed the letter as something that "was wrung" from the women under pressure of the criticism that they lacked womanly modesty. The editors of Speculum had it on "reliable authority" that the women now saw "the full importance of this mistaken course, and are now both ready and willing to accept the suggestions of the Faculty of Medicine and proceed with their course of study in the manner adopted by the women students of the Sydney University in mixed classes." The prime object of their attack was Council whose interference in Faculty matters they resented as much as the medical staff did. Their comments only appear to be sympathetic to the female students for the editors hastened to add that "(w)e do not wish to be regarded as expressing in any

\textsuperscript{56} Age, 18 May 1887, p.4.

\textsuperscript{57} Herald, 4 October 1887.
way our approval of the principle that women are fitted for the practice of such a profession as ours...." They then condemned the "proposal to shut up the Alfred Hospital to all but female students as quite unfair" for the Alfred Hospital had "vast resources for teaching at its command."

The same edition of Speculum carried the article in favour of medical women by Dr Stawell, referred to earlier, and a poem "To the Ladies" which ended,

Ah ladies! ladies! take a friend's advice,
Don't try to study that which is not nice,
Sweet pills! believe me, this is not a myth,
Just give it up. You'll never reach the Fifth."(i.e. year)\(^5^8\)

In October 1887, seven months after women were admitted to the Medical School, the issue was settled when Council resolved that the female students would be given a separate dissection room and separate hospital instruction. This decision was a victory for the pioneers who could now continue their medical studies, and if there were any problems, the University was obliged, by that resolution, to see that training was provided.

For the first three years of the course things proceeded relatively quietly. The female students sat at the front of classes, and maintained a very low profile. In later years

\(^5^8\) Speculum, October 1887, pp. 9-10; 25-28; 40-41.
they said little about their student days except that things were difficult, but could have been worse. The treatment the female students were subjected to was definitely unpleasant and unrelenting, but it was milder than that meted out to medical pioneers overseas. Helen Sexton told friends that "the men students were very antagonistic...it was pretty hard but it might have been worse." Although they were "not nice" to the female students, the men later brought their wives to Sexton, then a noted surgeon, for operations.\textsuperscript{59}

The responses of lecturers varied. Some ignored them, and some were pleased if they were absent so they could tell the bawdy stories for which medical lecturers were notorious.\textsuperscript{60} Others, like Professors Masson and Spencer, and Drs Syme and Bird, supported the women, and the last two became honorary consultants at the Queen Victoria Hospital. Although Professor Allen was not in favour of admitting women, he always treated them justly in lectures and demonstrations. Nevertheless, his attitude showed in the way he referred to the students as "my boys". One person, not associated with the University, misunderstood, and remarked that all fathers wanted their sons to do well. Allen replied, "I have three daughters, no sons. I

\textsuperscript{59}Unidentified news clipping sent to me by a relative of Helen Sexton, written at the time of Sexton's death in 1950. Also, Constance Blackwood to Dr Younger Ross, 18 February 1957, QVH Archives.

\textsuperscript{60}Blainey, G., A Centenary history of the University of Melbourne, Melbourne, 1957, p. 90.
was thinking of my students - my hundreds of old boys." \(^{61}\)

Whatever his feelings towards the women, he did not let that stand in the way of a good student. Constance Ellis MD, (1903) became a demonstrator and lecturer in the Pathology Department, and whenever Allen was away she deputized for him.

Council's decision to ask the Alfred Hospital to become a clinical school for women was controversial. At the Melbourne Hospital, overcrowding and poor teaching provoked intense student anger, which was mostly directed at the University Council which failed to deal with the problem to the satisfaction of the staff and students. \(^{62}\) Council was keen to establish clinical classes at the Alfred Hospital to overcome the problem of overcrowding, and the Alfred Hospital was keen to improve its status by becoming a teaching hospital. At the same time as Council asked the Hospital to set itself aside for the sole use of the female students, the Medical Students' Society (MSS) wrote to the Hospital, thanking it for setting up a clinical school, and "hoping that the school would be thrown open to all medical students." \(^{63}\) The members of the Hospital committee were not keen to "commit themselves to anything which would have the effect of excluding male students from this particular hospital in the future", and asked the honorary medical staff about the "practicability of

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\(^{62}\) Speculum, August 1886, pp.1-2 & 11-13; May 1887, pp. 1-2; February 1888, pp. 12-17.

\(^{63}\) Age, 15 October 1887, p. 9.
giving separate teaching to the ladies". After discussing the question at length, the medical staff resolved:

that while the honorary medical staff is not opposed to giving clinical instruction to female students, they think that until there is reason to believe that the female students will attend in considerable numbers and permanently it is not desirable formally to reserve the advantages of the hospital for their use.

Mr Ellery, President of the Committee, reported to Council that separate classes would not be given in the surgical and casualty departments, but the staff at the hospital had undertaken to "do everything in their power to facilitate" the work of the female students, so "there would be far less difficulty in the way of the ladies at the Alfred Hospital than at the Melbourne Hospital." The next year, when the clinical school opened, six female students, and one male student attended the first lecture, and another seven males soon joined them. Later that year the Alfred Hospital reported that mixed classes were working well, although the women felt that they faced something more like "passive resistance". The high hopes for the Alfred Hospital clinical

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64 *Age*, 22 October 1887, p. 9.


66 *Argus*, 22 November 1887, p.4.


school were not realized. Up to the end of 1894, when the school closed for fifteen years, only fifty-six students had attended there, of whom about twenty-five were male, bearing out the prediction of the Australian Medical Journal, that "if the women attend the Alfred Hospital, it is not likely that the male students will begin to seek admission."69 From 1890 the female students began to attend clinical instruction at the Melbourne Hospital because the teaching at the Alfred Hospital was incomplete.70

The only part of the course the female students now took separately was dissection, and they clung to that concession. Professor Allen, faced with the problem of obtaining bodies for dissection, and the need for extra space, tried several times to take the room away from them. In 1890 they objected so strongly, the question was dropped until 1895, when current and past students protested to Council that Allen was refusing to listen to them.71 Allen informed Council that he had always regarded the provision of a separate dissection room as "permissive" and temporary. As the women attended hospital work with men the need for separate dissection had become a matter of privilege not propriety. Council had no option but to uphold its resolution of 1887 regarding separate dissection

69 AMJ, October 1887, p. 474; Alfred Hospital Clinical Reports, 1963, pp. 9-11.

70 Argus, 13 October 1891, p. 9; 17 October 1891, p. 12.

71 Gandevia, The Melbourne Medical Students, 1948, p. 47; Council, 10, 13, 15, 19, 22 April 1895; Clara Stone to the Women Medical Students' Society, Correspondence, September 1905, Melbourne University Archives.
facilities,\textsuperscript{72} and Faculty again resented Council interference in its affairs.\textsuperscript{73} Professor Allen's third attempt in 1905, had to be shelved, and was successfully implemented soon afterwards by his successor in the Anatomy Department, Professor Berry.\textsuperscript{74} Berry's prompt success, after Allen's failures, suggests that the struggle had personal overtones stemming from Allen's opposition to the admission of women to the medical school.

Hostility towards the female students intensified at the beginning of 1890, when some started attending operations at the Melbourne Hospital. The male students, and the honorary surgical staff objected, mainly, it seems, because they obtained the best places at operations, and refused to be jostled out of them. Even the medical press felt the male students were piqued because their territory had been successfully invaded, rather than because propriety was being breached.\textsuperscript{75} The women had simply appeared at the hospital over the summer break, probably because they anticipated this response, and knew that if they requested permission to attend, opponents would have ensured a refusal. The male students believed they should have stayed at the Alfred Hospital "which they had practically to themselves" whilst the

\textsuperscript{72} Council, 22, 25, 29 April 1895.

\textsuperscript{73} Speculum, May 1895, pp. 23-24.

\textsuperscript{74} Gandevia, The Melbourne Medical Students, 1948, p. 47; WMSS Minutes, 8 September 1905.

\textsuperscript{75} AMJ, February 1890, p. 89; AMG, February 1890, p. 128.
Melbourne was already overcrowded. The crux of the matter, as the male students recognized, was that the women had: entered into competition with man in a field which had been looked upon, up to this time, as being indisputably his own, and they must not be surprised, if, under these circumstances, they are treated no longer as his helpmate, but as his rival.\textsuperscript{76}

Despite this insight, few male students were able to view the invasion calmly, and subjected the female students to coldness and sarcasm.\textsuperscript{77} Some senior students threatened to boycott operations attended by the women, and, others, in the presence of women at "certain operations to which the male students have some modesty in presenting themselves (had) to leave the theatre in amazement and not feeling comfortable." Students vented their anger in the pages of \textit{Speculum}, even to suggesting that the women had had problems at the Alfred where the staff was pleased to see them leave.\textsuperscript{78}

In fairness to the editors, \textit{Speculum} published a balance of negative and positive letters, as well as a response by one of the female students, probably Lilian Alexander. She wrote her letter to deny and correct "the many false and mistaken statements which have been circulated about the women medical students." Four main charges had been levelled at them, "if we except the main one, that we exist at all." These were that

\textsuperscript{76} \textit{Speculum}, March 1890, pp. 2-3.

\textsuperscript{77} Inglis, \textit{Hospital and community}, Melbourne, 1958, p. 117.

\textsuperscript{78} \textit{Speculum}, March 1890, pp. 47-48.
they attended the Melbourne Hospital, that they were present at operations, that they sat in the front rows at lectures, and that they dissected separately. If this list seemed ridiculous, given the "bitter feeling that has been rife among the students for so long...it is the students who must be held accountable for it." The charges were quickly dismissed. At the Alfred clinical teaching was not as full as at the Melbourne Hospital so, "we simply exercised our rights as medical students to obtain instruction at the chief clinical school connected with the University." They attended relevant operations in order to learn, and they sat in the front rows at lectures because the male students left those seats vacant for them. Finally, they enjoyed no special privileges regarding bodies for dissection, and the time of demonstrators, so complaints about that should be directed to the Faculty rather than at the women.79

These letters demonstrate the continued resentment of the male students towards the female students. Dr Littlewood, who also started his medical course in 1887, recalled, sixty-five years later, that the reaction of the male students:

varied from resentment and hostility to indifference with some wonder at their bravery and persistence against strong opposition, however their presence was soon accepted as an established fact, eventually a feeling of some friendliness and comradeship arose in our

79 Speculum, June 1890, pp. 94-95.
associations...\textsuperscript{80}

The general absence of friendliness is seen in the pages of *Speculum*, and in the actions of the Medical Students' Society. Articles about women stressed that they belonged in the home, and editorials never supported the female students.\textsuperscript{81} Even so minor an issue as the presence of women in the annual fifth year photograph caused some consternation.\textsuperscript{82} At first the MSS admitted women, and the amended rules of the Society for 1887 did not qualify membership with the word "male". Society activities were essentially masculine, (eg: smoke nights, sports) and female involvement seems to have been limited to a Fancy Dress Ball held in their first year.\textsuperscript{83} In 1896 the revised rules of the Society inserted the word "male" before "medical student", thus specifically excluding female students.\textsuperscript{84} Co-incidentally, this was also the year that the first women were appointed as residents at the Melbourne Hospital, a move strongly disapproved of by the male students. The Women Medical Students' Society, established in 1902, attempted to amalgamate with the MSS in 1903 and 1908 before finally succeeding in 1910. However, representation and voting

\textsuperscript{80}Littlewood, F.E., Unpublished talk, 28 August 1952, AMA Museum, Melbourne.

\textsuperscript{81}Speculum, February 1887, p.3; February 1888, pp. 12-17; February 1891, pp. 152 & 155; May 1896, p.1. Significantly, these articles appeared at the beginning of the academic year. Were they meant to deter female students?

\textsuperscript{82}Speculum, June 1890, p. 65.

\textsuperscript{83}Speculum, July 1887, pp.9-10 & 25-28.

\textsuperscript{84}Speculum, November 1896, pp. 96-100.
rights for women on the MSS committee remained a problem for many years.\textsuperscript{85}

Despite opposition, the female students continued attending the Melbourne Hospital in their senior years because, according to Clara Stone, the "teaching [at the Alfred Hospital] was so inefficient that we were glad in our fourth year to join the men students".\textsuperscript{86} The Alfred Hospital had problems with its clinical school and disbanded classes in 1895. Some of the female students continued to attend until then but most spent their fourth and fifth years at the Melbourne Hospital where the committee disapproved of their presence, but could not exclude them so long as they paid their fees. But it could, and did, oppose their appointment as resident medical officers. This reluctance, even refusal, on the part of the committee to appoint eligible women to the staff posed a serious obstacle to the entry of women into medicine. Traditionally, the hospital appointed the top honours graduates, but it was prepared to vary this to avoid appointing women. Appointment to the hospital was a recognition of ability and conferred status. It was a privilege keenly sought after.

\textsuperscript{85}Speculum, August 1902, p. 59; May 1903, p. 9; Gandevia, The Melbourne Medical Students, 1948, pp. 46-49; WMSS Minutes, 24 June 1918; 20 June 1919; 20 May 1920; Secretary's report 1920.

\textsuperscript{86}AMJ, October 1891, pp. 516-517, Gandevia, The Melbourne Medical Students, 1948, p. 47; Clara Stone to the WMSS, Correspondence, September 1905.
CHAPTER FOUR:
ENTRY TO THE MELBOURNE HOSPITAL AND MEDICAL SOCIETIES

In 1891 Margaret Whyte completed a brilliant career at the University by topping the final honour examinations.¹ At Edinburgh University the male students had tolerated the female students until they began to show their ability and to win prizes. Clara Stone described a similar process in Melbourne.

We knew when we entered medicine that we were definitely not wanted. The staff were always most courteous and some of them went out of their way to help us. But the boys didn't want us there - as their attitude shewed (sic) clearly; they were never actually rude to us and never obstructed us, so we never suffered from their disapproval during our student days. It was not until the last year that anything unpleasant happened. When the Final results appeared Margaret Whyte had done brilliantly, winning the prizes as well as two scholarships each valued at about seventy pounds - a lot in those days. The men were absolutely furious and were then extremely rude to both of us: to Margaret, because she had won the coveted awards; and to me, because I'd gone straight through too: their attitude in general was that if we girls hadn't forced our way in the men would have won the scholarships, and some of them never forgave

¹Neve, "This mad folly!", 1980, p.30.
either of us.²

The top students were entitled to be appointed Resident Medical Officers (RMO) at the Melbourne Hospital, and the committee, faced with the prospect of a female RMO, disagreed about the advisability of appointing a woman. Opponents argued that women would "be a bar to that unconstrained consideration of medical subjects which did so much to complete the medical education of male students", and that there was no suitable accommodation.³ Legal advice pointed out that according to the rules:

the appointment of female medical officers was not anticipated, or the regulations would have been framed accordingly, particularly as they were drawn up at a time [that is: 1891] when it was a matter of public notoriety that females were then medical practitioners, and others were students preparing for the same profession..."⁴

A motion that the word "male" be inserted before "students" in the rule governing the appointment of resident medical officers was rejected after lengthy discussion.⁵

In the event, the committee did not need to reach a decision. Whyte, who obviously did not relish the struggle and

²Ibid.
³AMJ, May 1892, p. 243.
⁴Age, 14 April 1892, p.6; Melbourne Hospital, committee minutes, 29 March 1892.
⁵Melbourne Hospital, committee minutes, 20 April 1892; Age, 27 April 1892, p. 5; Argus, 27 April 1892, p.6.
loneliness ahead of her, withdrew her claim.\textsuperscript{6} She remained, instead, at the Women's Hospital where she worked in the Midwifery Department for two years, before opening a private practice in Collins Street. Her decision met with the approval of the male students who thought she was "wise...to stick to the Women's"\textsuperscript{7} but was a disappointment to her colleagues.

In 1894 (Emily) Mary Page Stone (a cousin to Constance and Clara Stone) was second on the honours list. This time legal obstacles were no longer considered valid, but lack of accommodation was still a problem, along with the confusion her appointment would cause, because she had not indicated that she would attend only female patients. Further discussion turned out to be unnecessary, however, for Stone was ruled ineligible because she had undertaken her clinical studies at the Alfred, not at the Melbourne Hospital, as was laid down in the rules. Some members of the committee thought this was unfair, saying that if the Hospital did not wish to appoint women, it should be open about it.\textsuperscript{8} The other female students learned from this, and in order not to be caught out again, several of them began to attend the Melbourne Hospital from their second year rather than only in their later years. They were making no secret of their intentions, and were soon seen

\textsuperscript{6} Argus, 4 May 1892, p.5.

\textsuperscript{7} Speculum, July 1892, p. 42.

\textsuperscript{8} Age, 11 April 1894, p.6; AMJ, April 1894, pp. 211-212; Melbourne Hospital committee minutes, 10 April 1894.
as serious contenders for the coveted residentships.⁹

Freda Gamble and Janet Lindsay Greig were ranked fourth and sixth in the 1896 honours examinations, with Janet's sister, Jean Stocks Greig, in seventh place. The committee would have to pass over all three if it wished to appoint six men, which some members were prepared to do. The Argus and the Age reported Gamble's and Greig's firm intention to fight for the positions they had won on their merits.

Both papers had supported the entry of women into the medical school in 1887, but this time their opinions were opposed. The Age observed that "the controversy seems to be one in which all the argument is on one side and all the prejudice on the other." For example, the objection that women did not have the physical endurance to cope with casualty room duty or major operations "not only lacks the support of experience, but what experience there is of woman's physical powers is decidedly against it."¹⁰

The Argus, in contrast, objected on the ground that if women were going to treat women they did not need to gain experience at the Melbourne Hospital where they would encounter cases and patients "which it would be undesirable for women to treat." They could hand such cases over to the male residents, but that would disrupt the Hospital. The paper was also concerned

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⁹Speculum, August 1894, p.3, August 1895, p.31; November 1895, p.100.

¹⁰Age, 21 April 1896, p.4.
about the clinical instruction residents gave to medical students. "For neither patient, students, nor teacher would the arrangement be a comfortable one, and in all probability a portion of the work would be either slurred over or conveniently left alone." The Argus objected, not because women could not undertake the duties of residents, but because they should not. It also published an article about a "small scare" among the patients who were well enough to understand that they might possibly be handed over to lady doctors for treatment. This "scare" was so small the paper could only quote three "whitefaced" and fearful patients.11

A conflict of opinions also existed within the Hospital committee, but not the Hospital, where the matron, nurses, and medical staff were described as "extremely doubtful as to the result of the experiment."12 At the request of the Medical Faculty13 the Committee asked it for advice about "the propriety or otherwise of appointing lady graduates to residentships", but the reply was unhelpful. Professor Allen conveyed his lack of enthusiasm without specifically advising against appointing women. The general competence of Gamble and Greig was demonstrated in their university results, he said, though he could hardly have said otherwise without casting doubts on the quality of degrees from his own Faculty, 14 and

11Argus, 21 April 1896, pp. 4 & 5.
12Age, 22 April 1896, pp. 4-5; Argus, 22 April 1896, p.5.
13Melbourne Hospital committee minutes, 7 April 1896.
14Champion, 25 April 1896, p. 159.
advised the committee to obtain the opinion of the medical and surgical staff.\textsuperscript{15} His major concern was that their appointment "would impair the efficiency of clinical teaching," an issue which also concerned the MSS.\textsuperscript{16}

The Hospital election committee, recommended that the top six graduates be appointed. Supporters argued, that whilst applications could be refused on "any other than professional grounds" those grounds could not legally be stretched to include that of sex—female or male. Only by appointing women could the question of their suitability be settled. Opponents argued that the confusion caused by the introduction of women would be to the detriment of the hospital and the patients. The Chairman of the Hospital committee, F.R. Godfrey, who had supported Whyte in 1892, declared his continued support of female applicants, though this had been modified somewhat after discussions with Professor Allen, the matron, the Medical Superintendent, and others who were doubtful about the "experiment".\textsuperscript{17} Godfrey, a former squatter and politician, was chairman of several large financial organizations, and had been a member of the Royal Commission on charitable institutions in 1890–1891. In later years his daughter sat on the committee of the Queen Victoria Hospital.

\textsuperscript{15}Medical Faculty, 9 & 16 1896; Melbourne Hospital, committee minutes, 21 April 1896. The hospital minutes make no comment about this solicited, but useless, advice.

\textsuperscript{16}Melbourne Hospital, committee minutes, 7 April 1896.

\textsuperscript{17}Age, 22 April, 1896, pp. 4-5; Argus, 22 April 1896, p.5.
The committee voted thirteen to six in favour of the "experiment" giving Gamble and Greig, as the Age remarked, an "easy victory", but one which was given cautiously. The "experiment" was not risky because, if the women should prove unsuccessful, there were four men residents to cover for them. The committee congratulated Gamble and Greig, and impressed upon them that the future appointment of women to the hospital, and the faith of their supporters depended upon their behaviour.

The male students were most displeased about their appointment.

It is too late in the day to affirm or deny the advisability of admitting women to the practice of medicine, but it is not too late to protest against their admission to places they cannot well fill.

This editorial again condemned competition with medical men, which had been raised when women entered the Hospital as students in 1890. The entry of women into medicine was still in its experimental phase, the editors maintained, and only time would tell if there was any demand for their services. In the meantime, the Melbourne Hospital "should have taken no part in this experiment." Freda Gamble observed that the opposition of the male students was based on jealousy. "We

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18 Age, 22 April 1896, pp. 4-5.

19 Argus, 22 April 1896, p.5.

have beaten the men and they do not like it."21

A year later, F.R. Godfrey commended Gamble and Greig, on behalf of the Melbourne Hospital, for the manner in which they had performed their duties. He had only recently been told that during their early months they had been subjected to "unfair, ungentlemanly, and almost brutal conduct on the part of those with whom they had been associated", and that they had successfully faced this opposition "boldly", and on their own. He deplored the passing of the age of chivalry, saying that when he had asked the staff to take from Greig, who was assigned to casualty duty, the more arduous cases, they had replied that "she would have to take the rough cases with the rest".22 The next day both the Argus and the Age combined Godfrey's two comments about the behaviour of the male doctors into one, and attacked him for casting aspersions on the medical profession. Chivalry, they said, was irrelevant in this situation. The women had entered the Hospital on the understanding that they would take their share of the work, and expect no exceptions.23

Their anger at Godfrey's patronizing, but well-intentioned, remarks meant that they avoided commenting on the "experiment" which had come to a successful conclusion. This is

21 Inglis, Hospital and community, 1958, p. 118. See also: White Ribbon Signal, May 1896, p. 389.

22 Age, 5 May 1897, p.6; Argus, 5 May 1897, p.5.

23 Age, 6 May 1897, p.4; Argus, 6 May 1897, p.4.
understandable on the part of the Argus which had not anticipated such an outcome. However, the support of the Age turned out to be limited. The editor praised the newly founded Queen Victoria Hospital, officered by medical women, because, even though women had shown themselves to be as competent as men, their work lay in treating only women. These editorials support Freda Gamble's comment that the men did not like being beaten by the women. They also demonstrate that, although medical women were accepted in principle, in practice they were expected to confine their work to the treatment of women and children. In spite of their good work, the appointment of Freda Gamble and Janet Lindsay Greig did not establish "an effective precedent". The Melbourne Hospital remained reluctant to appoint medical women to its staff, other than those eligible to become RMOs by virtue of their outstanding academic performance.

Medical societies, on the other hand, asserted their willingness to accept female members from the beginning of the 1890’s. The entry of women into academic institutions and hospitals was threatening, for they took places and work from men. The only threat women posed in medical societies was if they wished to hold office, and it was made clear that acceptance was limited to membership only. Melbourne's main medical societies were the Medical Society of Victoria (1855) (MSV) and its rival, the Victorian Branch of the British Medical Association (1879) (BMA-Vic). The Melbourne Medical

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Association, established by local graduates in 1891, and the Medical Defence Association (1895) had no female members in the 1890's. The medical women formed their own society, the Victorian Medical Women's Society (VMWS) in 1895.

Rivalry between the two oldest societies was strong, and several attempts to amalgamate them failed before they were united in 1911. Membership of the societies overlapped, but only ever represented a relatively small proportion of all qualified practitioners. The MSV represented the elite of the profession and its leading members were associated with the Melbourne Hospital and the University. The BMA-Vic, which defined itself more in political than scientific terms, represented younger doctors who were concerned to "defend the status and interests of the profession". The doctors with whom the medical women had most contact were at the University or on the Honorary staff of the Melbourne Hospital. These men, successful and well established, were unlikely to feel professionally threatened by the entry of women into medicine, so it is not surprising that the pioneers joined the MSV in 1896 about two years before they joined the BMA-Vic. The latter society, however, had discussed the membership of women early in the decade.

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25 Willis, Medical dominance, 1983, p. 57.


27 Willis, Medical dominance, 1983, p. 72.

28 Davison, Marvellous Melbourne, 1979, p.100.
One year after the registration of Constance Stone and six months before the graduation of Margaret Whyte and Clara Stone, Dr Louis Henry, one of the founders of the BMA-Vic, proposed that duly qualified medical women be eligible as members of the Association.\textsuperscript{29} Discussion of the motion was not recorded in the Association minutes, but was reported in detail in the medical press. The meeting, although it favoured the proposal, was concerned to act in accordance with British ruling on the question, so the motion was passed subject to the approval of the Home Council.\textsuperscript{30}

There was no explanation of why Dr Henry raised the admission of women to the Association, and he spoke very carefully in support of his motion, hoping "that the discussion would be confined to the sentiment conveyed in the resolution." He acknowledged continued opposition to women by the profession, but warned that this reflected badly on doctors.

We may assume, that the desire of woman to enter the ranks of the medical profession is for the means of obtaining her livelihood; although it has been declared to be for the horrible and vicious gratification of a prurient and mortid curiosity for prohibited information. It was the function of the profession to aid women, not to bar them, if it wanted to avoid charges of "trades-unionism", and that included admitting them as members of medical societies.

\textsuperscript{29} BMA-Vic., Minutes, 20 May 1891, AMA Archives, Melbourne.  
\textsuperscript{30} BMA-Vic., Minutes, 17 June 1891.
But, "members" was all they were to be. "If they exercise no influence in the Association, by insisting on any difference in the mode of conduct of the business of the Association, we cannot object to them." It was over thirty years before women held office in the BMA-Vic. Dr Neild, who, as a member of the Medical Faculty, had insisted that women attend classes together with the male students, seconded the motion. Privately he felt women should not practice medicine, he said, but if they graduated from the same course as men he would not oppose them. The membership of Elizabeth Garrett Anderson, in England, was discussed as a possible precedent.\textsuperscript{31} Her election, in 1873, and that of another woman the next year, led to threats of resignations from prominent members of the BMA. After a close scrutiny of the rules the Council was forced to ratify Anderson's membership, but other women were excluded until 1892.\textsuperscript{32}

Only Dr Cobb, who had graduated in England in 1862, spoke, and voted against the motion. He objected to "the general admission of lady doctors to all discussions indiscriminately" because it would limit freedom of discussion and spoil "our finer feelings and sense of chivalry", although he was in favour of women doctors who intended to treat women because that helped to preserve "feminine delicacy." The other doctors sympathized with his concern for propriety but were more


\textsuperscript{32}Little, History of the British Medical Association, pp. 91-94.
worried about the opinion of Home Council\textsuperscript{33} which replied promptly that it was "against the admission of duly qualified women as members".\textsuperscript{34} Despite its favourable attitude, the BMA-Vic was cautious, and probably welcomed this news.

When the BMA lifted its ban on women members a year later, the New South Wales Branch immediately elected a woman, and the South Australian Branch, although divided, voted to accept women.\textsuperscript{35} The Victorian Branch altered its by-laws which enabled women to become members\textsuperscript{36} but it was nearly five years before any sought to do so.

The Victorian Medical Women's Society was formed in 1895 at the East Melbourne home of Constance Stone. One of the earliest medical women's societies had been formed in America by a lecturer at the medical college Constance Stone had attended, who had recognised the need for a social and professional organization for female doctors.\textsuperscript{37} Nearly all of the graduates and students joined the local society, electing Constance Stone President and Lilian Alexander Honorary Secretary. Unfortunately no papers prior to 1912 have survived.

\begin{itemize}
\item \textsuperscript{33} AMJ, 15 July 1891, pp. 347-350.
\item \textsuperscript{34} BMA-Vic., Minutes, 14 October and 18 November, 1891.
\item \textsuperscript{35} Australasian Medical Gazette, December 1892, pp. 437-439.
\item \textsuperscript{36} BMA-Vic., Minutes, 16 August 1893.
\item \textsuperscript{37} Alsop, History of the Woman's Medical College, 1950, p. 119.
\end{itemize}
The objects of the Society were to promote the interests of medical women, and to forge closer links between graduates and students. A few years later membership was restricted to graduates, but special meetings were held to maintain contact with the students. The members of the Society were involved in the founding of the Queen Victoria Hospital, and membership of both organizations overlapped for decades until medical women began to be employed in a wider range of institutions. Meetings were held at the Hospital which further strengthened the links between the Hospital and the Society.

On the twenty-fifth anniversary of the Victorian Medical Women's Society, Alexander, in her Presidential speech, recalled those early meetings, and the development of the Society.

Clinical cases were discussed over morning tea at the Hospital with a freedom that would have taken away the appetite of a non-medical person. As our most important work was done there it was generally known to all and we often found that a general discussion preceded by several short papers on the same subject was the most helpful way of filling our monthly programme. As time went on papers on research and special work were dealt with at the meetings and our position as the Society of the Medical Women of Victoria was recognized by the profession and

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38 Victorian Medical Women's Society, MS 11710, La Trobe Library, Melbourne.
the public. She justified a special society for women on the grounds that it allowed women to "put forward clearly and distinctly their views on subjects where the trained woman's point of view is of great importance." Although there was "no sex in science", women and men viewed things differently so it was important to give the women's view in order to obtain a perspective with a "closer resemblance to reality".\textsuperscript{39} Established medical societies, dominated by men, gave women little opportunity to discuss matters of importance to them, and to formulate opinions and policies. In their own society women had the freedom to do this as well as to look after their own professional interests.

The pioneers who did not join the VMWS were also the ones who had the least involvement with the Queen Victoria Hospital. The O'Hara sisters devoted themselves to their practices, and the relationship of Margaret Whyte with the other doctors remains unclear. There may have been a certain coolness between them after she waived her right to become a Resident Medical Officer at the Melbourne Hospital. She was never a doctor at the Queen Victoria Hospital although she was briefly on the committee.

In August 1896, without prior discussion or comment, Gertrude Halley became the first woman elected to membership of the

\textsuperscript{39} VMWS, draft of the President's speech 1921, MS 11710, Box 1880/3.
Medical Society of Victoria\(^{40}\) and over the next two years most (60%) of the other pioneers also joined. Dr Bird, President of the MSV, and part of the University, Melbourne Hospital, Collins Street elite, supported medical women, and he may have been instrumental in encouraging them to join. He welcomed the women to the Society, and commended their work in the foundation of the Queen Victoria Hospital\(^{41}\) to which, three years later, he was appointed Honorary Consulting Surgeon. The pioneers were nominated by a small group of men well known to them. Gertrude Halley assisted Dr Kent Hughes, Dr Stawell had written in their favour in 1887, and Dr Syme was on the committee of the Victorian Women's Franchise League with Constance Stone and Helen Sexton.\(^{42}\) Medical women took a more active part in the MSV than in the BMA-Vic, the most active being Halley, who exhibited cases, and read a paper to the MSV on Beri Beri based on her overseas research.\(^{43}\) They also nominated each other for membership which they did not do at the BMA-Vic.

The first women joined the BMA-Vic in March 1898. In the preceding months the Association minutes made no reference to their appearance which is noteworthy only because the normally meticulous minutes suddenly become brief, irregular and

\(^{40}\) MSV, Minutes, 27 August 1896.


\(^{42}\) *White Ribbon Signal*, April 1894, p. 61.

\(^{43}\) MSV, Minutes, 26 April 1900.
interpersed with blank pages. Whether the Association was thrown into disarray over the admission of women, a negligence case against a doctor in which the Medical Defence Association was taking a landmark role, or the possible amalgamation with the Ballarat District Medical Society is not revealed. The appearance of Janet Lindsay Greig and Gertrude Halley passed without comment, and the female members were welcomed by the President in his retiring speech a year later.\textsuperscript{44} Again, it was Halley who took an active part by presenting a case for discussion at a meeting.\textsuperscript{45} In 1900 a dispute arose in the BMA-Vic over the ethics and treatment of one of the members and many members, including the women, resigned.\textsuperscript{46}

Thirty years later the female members of the BMA-Vic challenged Dr Henry's restriction that women in no way alter the "mode of conduct of the business of the Association" by packing a meeting called to nominate representatives to the Victorian Council. They had the numbers to replace one of the male representatives with a woman, and the Association, alarmed at this development, decided to co-opt a woman to Council rather than lose a place. Constance Ellis (1872-1942), one of the early graduates and a stalwart of the Queen Victoria Hospital, was the first woman to sit on Council. Nevertheless, a residue of resistance continued, and in 1961

\begin{itemize}
\item \textsuperscript{44} \textit{Intercolonial Medical Journal of Australasia}, 20 January 1899, pp. 28-29.
\item \textsuperscript{45} BMA-Vic., Minutes, 20 October 1898.
\item \textsuperscript{46} BMA-Vic., Minutes, 21 March; 11 and 20 April; 25 May 1900.
\end{itemize}
and 1983, moves were made to remove the female representation.\textsuperscript{47}

Cora Marrett,\textsuperscript{48} in a study of women's medical societies in America, found that they were formed in areas where the profession was highly organized, and where women shared institutional ties. They were modelled on the male societies, but did not develop out of opposition from the existing societies. Her findings are applicable in Melbourne. Most of the pioneers joined at least one of the established medical societies where some of them took an active part in presenting cases and talks at meetings. In Melbourne the institutional ties were especially strong. All, except Constance Stone, studied at the University of Melbourne, and later, nearly all worked at the Queen Victoria Hospital. The VMWS provided vital social contact, important professional and scientific discussion, and a base for action regarding the health of women. Detailed analysis of male membership of medical societies has still to be undertaken before firm conclusions can be drawn about the behaviour of the pioneers. In 1896 about three-quarters of them belonged to the VMWS, and to at least one of the established medical societies, which seems a high rate of participation. This high profile may have been a deliberate strategy to accustom male doctors to their presence in the profession.


CHAPTER FIVE: VICTORIAN WOMEN SUPPORT THE QUEEN VICTORIA HOSPITAL

The Queen Victoria Hospital began in 1896 as an outpatients' dispensary in a poor and densely settled part of Melbourne not far from the Victoria Markets. It immediately attracted large numbers of patients as well as the support of women's groups. Although the slogan "By women for women" was not adopted until the 1920's\(^1\) this had been the Hospital's purpose from the start. During its first years the Hospital was run exclusively by women. In 1899, when it officially opened, four men were included in a committee of fifteen, mainly because of their contacts in business and government, a male dispenser was appointed (briefly) because women were only just beginning to graduate as chemists, and the Honorary Consulting staff, who did no work in the hospital, was composed of men. As the founders resigned from the Hospital they began to be added to the Honorary Consulting Staff. But, no male doctors or male students worked in the Hospital until it amalgamated with Monash University in the 1960's and became a teaching hospital. The Queen Victoria Hospital, founded to benefit all women, put to the test a prediction, made in 1890, "that on the encouragement of their sex the success of medical women in Australia mainly depends."\(^2\) The success of the Hospital was due to just such encouragement.

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\(^1\)Annual report, Queen Victoria Hospital, 1924.

\(^2\)Centennial Magazine, June 1890, p. 876.
It began on 5 September 1896 at a meeting of the women doctors of Melbourne which agreed to support Dr Constance Stone's suggestion that they found a hospital for poor women and children to be officered only by female doctors. Six weeks later an outpatients' dispensary was opened in St David's Hall of the Welsh Church in LaTrobe Street, then a densely settled and poor part of Melbourne. Attendances grew quickly, and before Christmas a provisional committee was established, headed by suffrage leader Annette Bear Crawford, to administer the hospital and raise money for permanent premises with inpatient facilities. A Queen's Shilling Fund, to commemorate the Diamond Jubilee of Queen Victoria, raised sufficient funds from the women of Victoria for an eight bed hospital to be officially opened in July 1899. The Queen Victoria Hospital quickly became one of Melbourne's major hospitals, especially in its outpatient department, and by the second world war it was the largest hospital of its kind in the British Commonwealth, although after the war the first male patients and then doctors were introduced. Today the Queen Victoria Medical Centre continues to be one of Melbourne's leading hospitals.

A history of the first fifty years of the hospital by Gwendolen Swinburne describes the hard work and dedication of the founders. For three years the premises were inadequate and cramped, there was no running water, and, at first, the doctors washed their own medicine bottles and dispensed their
prescriptions themselves. Decades later "the women who remember(ed) the work and effort of those early days assert(ed) that the enthusiasm and excitement associated with their first success have never again been equalled."³

The pioneering spirit shown by the founders continued in their subsequent careers. Gertrude Halley established an Eye Clinic at the Hospital, and undertook medical research in China and Japan. In 1906 she left to establish school medical services, firstly in Tasmania, and later in South Australia. Jean Stocks Greig resigned in 1909 and helped to establish the Victorian School Medical Service. Both women completed distinguished careers in the Education Departments of those states. Helen Sexton was the first woman elected to an Honorary Medical Officer position (Women's Hospital 1899), and during the first world war she established a hospital for soldiers in France which earned her a decoration from the French Government. In 1921 Lilian Alexander became the first female member of the University of Melbourne Senate. Mary Page Stone (cousin of Constance Stone) was a founder member, and early honorary secretary, of the National Council of Women of Victoria. The founders were very aware of their roles as "Pioneers" and this is captured in Swinburne's account of the founding of the hospital. Rather than tell that story again, this, and the next chapter, will show that, despite some opposition, a

³Argus, 11 February 1931, p. 13. Also: letters by Helen Sexton to Gwendolen Swinburne, 1934, QVH Archives.
hospital for women officered by medical women was supported by women of all classes and political views, with women's suffrage organizations providing the backbone of that support.

The absence of a local equivalent to the English Poor Law meant that charitable institutions in Victoria grew out of individual philanthropy rather than a systematic attempt to assist the poor, handicapped and elderly. The colony's first major charity, the Melbourne Hospital, modelled on the English voluntary hospital system, was established in 1848 by concerned citizens after the government failed to provide a public hospital. By 1880 most of the approximately eighty major hospitals, refuges, and asylums in existence by the end of the century⁴ had been established, along with a network of Ladies' Benevolent Societies. The majority of these were run by philanthropic and religious individuals and organizations, although it became necessary for annual government grants to be introduced because the colony lacked sufficient financial resources to enable institutions to survive solely on private charity. In the last twenty years of the century only three more major charities were set up - the Austin Hospital for Incurables (1882), St Vincent's Hospital (1893) and the Queen Victoria Hospital (1896).

The prevailing attitude in the late nineteenth century was that poverty and distress were the result of individual

⁴Victorian yearbook, 1895 - 1898, p. 1107.
laziness, intemperance, or lack of thrift. Victorians, smug and confident in the decades after the gold rush, firmly believed that real poverty was minimal and that most applicants for charity were "fraudulent imposters". By blaming poverty on the personal failings of the poor no consideration of structural causes such as seasonal unemployment, economic fluctuations, and class, for example, was needed, and the extent of applications for charity could be dismissed as motivated by laziness or greed. The concept of the "deserving" and the "undeserving" poor was accepted in Victoria and the Charity Organization Society (1887), modelled on the English Society, vigorously attempted to rout out imposters. Its rigid and narrow definition of poverty, and its lack of understanding of the reality of the lives of the poor, made it as unpopular with the poor in Melbourne as it was in London. The "sick" were a different category from the "poor" but fears still existed that patients who could afford to pay for medical care were receiving free treatment. In 1899 the government set out to eliminate this form of abuse by introducing a new admission ticket which required patients to declare their ability or inability to pay for treatment. They then made a contribution to the hospital according to their means. The Inspector of Charities reported that the ticket seemed to have "materially checked" imposition on charities, and patients now appeared to be made up of those unable to pay
for medical advice. The prevalence of these attitudes among charity organizations made them totally unable to deal with the demand on their services during the depression of the 1890's.

In the decades following the gold rush urban crowding and poverty in Melbourne developed to an extent which shocked newcomers and visitors. Some, like Dr Charles Strong and his wife who had worked in the Glasgow slums, set about alleviating conditions. They established the Melbourne District Nursing Society (1885) to provide nursing care for the sick in their own homes, and the Collingwood creche (1885) which offered day care to the children of working women. By the end of the century the District Nursing Society serviced the suburbs closest to the city, and cared mainly for the elderly and neglected rather than the sick as it had originally intended. Committee members, mostly women, were shocked by the conditions they witnessed on their home visits. Four of them became members of the first Committee of the Queen Victoria Hospital, and Lady O'Loghlen, a leading member of the Hospital's Queen's Shilling Fund Commemoration Council, was President of the Society during the worst years of the depression. Other organizations like the Young Women's Christian Association (1882) and the Woman's Christian

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6 Rosenthal, N., People not cases - the Royal District Nursing Service, Australia, 1974, pp. 8-25.
Temperance Union (1887) (WCTU) also aimed to counteract the evils of city life through reform and rescue work amongst the girls (and women) who lived in the city and worked in its factories. The WCTU quickly extended its programme of social reform to include womanhood suffrage as a means of improving the lives of women. Woman ran these organizations, but, even in male dominated charities it was the women who undertook most of the daily running of the institutions. These activities brought them into close contact with the needs and living conditions of the urban poor, and made them aware of the needs of women. This awareness was central to the Queen Victoria Hospital and its supporters. When Constance Stone died the Australian Woman's Sphere noted her leadership of "earnest workers in the interest of poor women in the city."  

Barbara Berg argues that American feminism developed out of the work undertaken by women's voluntary organizations in response to the personal needs and social demands which existed in the new and rapidly growing cities. The charity

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7White Ribbon Signal, June 1897, p. 541. Mrs. Pittman, who told the WCTU of the "great need" for the QVH, ran the Union's Rescue Home and the Girls' Home.


9Australian Woman's Sphere, January 1903, p. 245; Argus, 30 December 1902, p. 5.

work undertaken by women brought them into contact with other women entirely different from themselves, and exposed them to many facets of women's oppression. As they learned that the poverty of women was influenced by poor job opportunities and low pay they were able to challenge the notion of the lazy poor. The Queen Victoria Hospital was founded by women with years of experience in charitable work in the inner city and whose feminist ideals were expressed through membership of the suffrage organizations which developed in Melbourne during the depression. The hospital was deliberately located in a poor part of Melbourne where the easing of the depression was not felt for years (if ever) after other areas recovered.

Constance Stone began practising in Melbourne in 1890 at the beginning of the depression. Her aim of doing "useful work in the world"\textsuperscript{11} was implemented immediately through honorary service at the Girls' Home for the WCTU and Collingwood Free Medical Mission. The Mission was one of the many charities founded by Dr John Singleton (1808-1891) which included the Children's Hospital (1870) and refuges for the homeless. In the late 1880's he had supported Dr Laura Morgan's unsuccessful application for registration in Victoria. The Mission was opened in 1869 "for the relief of the necessitous sick poor" of the surrounding areas and was run as a temperance institution. Constance Stone conducted sessions on Tuesday mornings for the treatment of "women and children

\textsuperscript{11}Table Talk, 14 February 1890, pp. 4-5.
only". She was joined by her sister Clara and later by their cousin Mary.\textsuperscript{12} In the first half of the 1890's the Mission, like all other charities, was inundated with people seeking aid. During 1894 an average of 81 women (or 27 an hour) attended on Tuesday mornings, which was higher than the overall daily average attendance at the Mission.\textsuperscript{13} Sometimes 90, and even 100, women came to see them, and Constance Stone "determined that the time was come to start a women's hospital officered by women."\textsuperscript{14}

During the 1890's the Collingwood Free Medical Mission came under increasing criticism about the qualifications of some of the doctors who worked there, and also about its management.\textsuperscript{15} As a result of this criticism the committee of the Hospital Sunday Fund, which included Constance Stone's husband, allotted the Mission a very small portion of its collection. Singleton's son, who now ran the Mission, came before the committee to plead his case. He stated that Constance Stone, along with her sister, cousin, and a "gentleman friend" had planned to take over the Mission and when that failed the doctors resigned, ostensibly because unqualified practitioners

\textsuperscript{12}Annual Report, Collingwood Free Medical Mission, 1891; Age, 19 September, 1896, p.7.

\textsuperscript{13}Annual Report, Collingwood Free Medical Mission, 1893 & 1894.

\textsuperscript{14}Clara Stone to Gwendolen Swinburne, 6 May 1934, QVH Archives.

\textsuperscript{15}Annual Report, Collingwood Free Medical Mission, 1897.
worked there. These events coincide with the foundation of the Queen Victoria Hospital and support statements that Constance Stone was keen to open a dispensary of her own which would be the basis of a hospital. The Mission in Collingwood would have appealed to her because it was in a very poor area and was run on temperance lines. She was a member of the WCTU and her Congregational upbringing stressed the importance of helping those less fortunate than oneself. She had considered renting a cottage in LaTrobe Street to serve as a hospital and dispensary but that had proved to be impracticable. Her husband, a minister at the Welsh Church in LaTrobe Street, obtained the permission of the Church to use St David's Hall, behind the Church, as a dispensary. At the beginning of September Constance Stone resigned from the Collingwood Free Medical Mission, and called a meeting of all the women doctors in Melbourne.

Nearly all of them attended that meeting in her house on 5 September 1896. Grace Vale was in Ballarat and Margaret Whyte was probably not there. All but two, Drs Annie and Elizabeth O'Hara, agreed to assist in the foundation of what was originally called the Victoria Hospital for Women and Children. The purpose of the meeting was not to discuss

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16 Age, 19 September 1896, p. 7.

17 Dr David Egryn Jones to Miss Evans, 16 September 1926, MS 11362, LaTrobe Library, Melbourne.

18 Ibid.
whether to start a hospital, for Constance, Clara and Mary Page Stone were prepared to go ahead at St David’s Hall. The only clue to what occurred at that meeting was given by Dr David Egryn Jones (Constance Stone's husband) thirty years later.

The first question discussed was the advisability or otherwise of establishing a new hospital. Some of the Doctors were of the opinion that it would be more to the interest of the Women Doctor's movement to obtain positions on the staffs of existing hospitals rather than to start a hospital of their own. In the end it was resolved to start a new hospital of which the Dispensary at St David's Hall would be the nucleus.\(^{19}\)

The dispensary opened six weeks later though the Doctors Stone may have started seeing patients immediately\(^{20}\), while the other doctors rearranged their schedules. Amy Castilla, Jean Stocks Greig, Gertrude Halley, Bertha Main and Helen Sexton were involved from the beginning, and were joined early the next year by Freda Gamble and Janet Lindsay Greig after they completed their year at the Melbourne Hospital, and by Lilian Alexander when she left the Women's Hospital.

The new Hospital operated as an outpatients's dispensary on three mornings a week, and aimed to provide poor women with

\(^{19}\)Ibid.

the opportunity to be treated by qualified medical women without the ordeal of examination in front of male medical students. It was modelled on the hospitals opened by Elizabeth Blackwell in New York and Elizabeth Garrett Anderson in London, and its opening was justified by the fact that the Women's and Children's Hospitals had to turn patients away. At first the doctors undertook all the work and controlled the finances which consisted mainly of whatever the patients could afford to contribute towards the cost of their medicines. They intended, from the beginning, to appoint a committee as soon as the hospital was established to raise funds for inpatient facilities.\textsuperscript{21} What time span was originally envisaged is not known, but the doctors were surprised by the large numbers of women who immediately attended the dispensary.\textsuperscript{22} In the first two weeks 250 women attended (the number doubled from the first to the second week\textsuperscript{23}), and continued to be high. Unfortunately the early admission books have not survived, so all that is known about the patients is that they came from Melbourne, but on the days when the railways ran cheap excursion fares, they came from the country too. The annual report for 1910 includes the first breakdown of where patients came from. It confirms the statements of founders that patients came from all over Melbourne and from the country. As

\textsuperscript{21}Argus, 10 October 1896, p.7; Minutes of the committee of the Queen Victoria Hospital, 9 December 1896.

\textsuperscript{22}Gertrude Halley to Gwendolen Swinburne, 5 June 1934, QVH Archives.

\textsuperscript{23}White Ribbon Signal, November 1896, p. 462.
would be expected, most came from the inner suburbs.\textsuperscript{24}

Gertrude Halley, the first honorary secretary, reported in December 1896, that the doctors mainly treated gynaecological cases and a:

very large number of young unmarried girls who have neglected in many cases seeking advice as they object to going to a man, and they also [....objected] to men students. I just mention it to show that this is one reason for our starting a hospital officered only by women.\textsuperscript{25}

Early annual reports show that a large variety of medical and surgical work was undertaken, from gynaecological treatment to amputations. Many operations were performed in patients' homes because the other hospitals would not accept referrals unless they were emergency cases, which underlined the urgent need for inpatient facilities. Service at the Queen Victoria Hospital was honorary so, along with their private practices, the doctors were kept extremely busy. At the beginning of December, when there had been about 2000 attendances at the hospital, a provisional committee was set up to take responsibility for raising money, administering the hospital and interviewing patients.\textsuperscript{26} By 1899 demand on the Queen Victoria Hospital equalled that on the outpatient department

\textsuperscript{24} Annual Reports, QVH, 1899, p. 6 and 1910, pp. 19-20.

\textsuperscript{25} QVH, committee minutes, 9 December 1896.

\textsuperscript{26} QVH, committee minutes, 9 & 14 December 1896.
at the Alfred Hospital and was exceeded, only by the Melbourne and Homoeopathic (now Prince Henry's) Hospitals, and was about twice that at the Women's and Ballarat (the largest country hospital) Hospitals.\(^{27}\)

The arguments for establishing the Queen Victoria Hospital, as advanced in the 1870's and repeated in 1887 by the women medical students, revolved around the impropriety of women being treated by men. These arguments had been expressed in England and America decades earlier, but there continued to be growing concern among medical women about the treatment of poor women in hospitals.\(^{28}\) Early in 1896 the Bulletin published a letter signed GS (Dr Grace Stone?) which deplored the treatment of poor women suffering from women's complaints who were examined in the presence of male medical students. She knew of "several instances of sufferers preferring to continue sufferers rather than tender their bodies to be mauled by doctors for the edification and enlightenment of a regiment of sucking sawbones. The preliminary examination is usually enough and to spare." The writer described the female patients as "flayed dog(s) strapped to the operating table."\(^{29}\) Early publicity for the Queen Victoria Hospital was not this dramatic but it did point out how repellent examination by men


\(^{29}\)Bulletin, 4 April 1896, p. 7.
in front of male medical students was for poor women who often delayed treatment until it was too late for doctors to be able to help them.\textsuperscript{30}

When the large attendances at the Hospital established as fact that women wanted a hospital officered by qualified female practitioners, a provisional committee was established to realise this aim. The first members were appointed in December and the committee grew to include sixteen women, of whom at least half were active in suffrage organizations, several in an executive capacity. The others had wide experience in charity work, notably the Melbourne District Nursing Society and the Maternity Aid Society, both of which concentrated on the needs of poor women in the inner city.

Annette Bear Crawford (1853-1899), President of the Committee, was educated at Cheltenham Ladies' College (England), trained as a social worker and worked in the London slums and the New Hospital, where she may have met Constance Stone. She was on the first executive committee of the National Vigilance Association (1885), which raised the age of consent for girls and campaigned to eliminate child prostitution,\textsuperscript{31} and collaborated with suffrage leader Millicent Garrett Fawcett, sister of Elizabeth Garrett Anderson. In 1890 she returned to

\textsuperscript{30}Age, 19 February 1897, p. 5; Herald, 15 June 1897, p.3.

\textsuperscript{31}Bristow, E.J., Vice and vigilance - purity movements in Britain since 1700, Dublin, 1977, especially pp. 234-235.
Victoria and became a leading force in the suffrage movement, establishing the Victorian Women's Franchise League (1894), in conjunction with the WCTU, and the United Council for Woman Suffrage (UCWS) (1894), an umbrella organization for the various suffrage societies in Victoria. Constance Stone joined her in this work as well as in the Victorian Vigilance Society (established with WCTU backing in 1892), which successfully raised the age of consent for girls to sixteen years. Crawford encouraged and enabled women to stand for election to various all-male Boards and committees. Clara Stone was one of the first women elected to a School Board of Advice (1896) and Constance Stone and Lilian Alexander were amongst the first women on the committee of the Melbourne Benevolent Asylum (1898).

Crawford had considered establishing a hospital like the New Hospital as a definite action in the suffrage movement but did not pursue the idea because she felt that association with specific political views might lessen the influence of the institution.\(^{32}\) Although Vida Goldstein, Crawford's co-worker on the UCWS, attributed the true inspiration of the hospital to Annette Bear Crawford,\(^{33}\) she and Constance Stone were not

\(^{32}\)Swinburne, G.H., *Queen Victoria Memorial Hospital - the first fifty years*, Melbourne, 1951, p. 12.

\(^{33}\)Vida Goldstein to Alice Henry, 3 June 1934, Australian National Library, MS 2004, Series 4. It is not surprising that fellow suffrage workers should credit Annette Bear Crawford with the foundation of the Queen Victoria Hospital whilst fellow doctors name Dr. Constance Stone as the founder. See, for example, Helen Sexton (1934) and Gertrude Halley (5 June
alone in their plans. Gertrude Halley reported that when they were students the medical pioneers had cherished the idea of starting a hospital on the lines of the precedent in New York.\textsuperscript{34}

Henry Hyde Champion, the English socialist who emigrated to Melbourne in 1894, also felt that the colony should have a hospital officered by women so poor women would not have to endure "such outrages on decency and modesty as are at present considered necessary for the poor in order that the youthful sawbones may learn his profession".\textsuperscript{35} He praised the foundation of the Queen Victoria Hospital which he believed would "grow into an undertaking of huge proportions", but pointed out that Melbourne was forty-three years behind New York and twenty-four years behind London in this development.\textsuperscript{36} In 1897 he vigorously supported the Queen Victoria Hospital in his weekly paper the Champion and published lists of Queen's Shilling Fund secretaries.

The women on the provisional committee were chosen for their abilities rather than for the position or status of their husbands and fathers. They were all feminists in the sense

\textsuperscript{34}QVH, Committee minutes, 9 December 1896.

\textsuperscript{35}Champion, 10 August 1895, p. 63; 18 April 1896, p. 147.

\textsuperscript{36}Ibid, 17 October 1896, p. 450.
that they were committed to improving the position of women, either through their political or philanthropic work. Isabella Goldstein, mother of Vida, had organized the "monster" suffrage petition of 1891, which gathered nearly 30,000 signatures. Annie Lister BA was secretary of the World's Council of Woman Suffrage, and active in other political societies. Other members belonged to various suffrage societies or the committees of the Melbourne District Nursing Society, the Australian Health Society, the Maternity Aid Society and the Neglected Children's Aid Society. In many of these organizations they came into contact with the pioneers. Constance Stone had been a committee member of the Australian Health Society which aimed to educate the community in public and personal hygiene. Her husband, sister, and cousin also contributed papers and talks to the Society. Miss Birchall, Honorary Treasurer of the Queen Victoria Hospital for twenty-two years, had previously filled that position at the Maternity Aid Society which ran a small hospital where Helen Sexton was Honorary Medical Officer. Margaret Whyte, who married Dr H.P. Martell in 1893, was a member of the committee in 1897 and helped search for suitable permanent accommodation. Although she did not work at the hospital as a doctor, she was clearly interested in the venture.

One of the first tasks of the provisional committee was to raise money for permanent premises with inpatient facilities. The credit for suggesting a Queen's Shilling Fund has been
attributed to Isabella Goldstein, Annette Bear Crawford and Henry Hyde Champion. Whoever suggested it, it was already a tried and successful method of raising funds. The Women's Hospital, for example, had used a shilling fund earlier in the decade.\footnote{Annual Report, Women's Hospital, 1892.} The Queen's Shilling Fund was launched in the middle of February under the leadership of Annette Bear Crawford who was largely responsible for its success. An impressive Commemoration Council of nearly eighty women was formed, headed by Lady Turner, wife of the Premier, and Lady Berry and Lady O'Loghlen, wives of former Premiers. It represented a broad range of women in order to attract supporters who might otherwise be alienated by the more political membership of the provisional committee. The Council included wives of politicians, mayoresses from Melbourne and country areas as far afield as Port Fairy, wives of prominent men, and women prominent in their own right, university women and leaders of such organizations as the Woman's Christian Temperance Union, the Young Women's Christian Association and the Salvation Army.

The Queen's Shilling Fund organizers appealed to the concern women felt for each other. Women were asked to contribute to the hospital "because it is a practical step towards the federation of all women in "the union of those who love, for the service of those who suffer"." Money would "go directly to the aid of suffering women and [would] not be expended in
costly buildings". This gave "poor women the opportunity of being treated by their own sex, and in the presence of women only" in a hospital which was "for the general treatment of women". The Queen Victoria Hospital was not founded as a maternity hospital, and for this reason alone, it did not directly compete with the Women's Hospital for patients. If anything, it would attract patients, and possibly donations, from the overcrowded Melbourne Hospital. A maternity wing was erected at the hospital twenty-five years later although antenatal advice was dispensed from the beginning.

The Queen Victoria Hospital relied upon, and received, the assistance of all classes of women. Letters of support immediately appeared in the press and the WCTU pledged itself to begin collecting straight away. Within six weeks one-quarter of the 718 Queen's Shilling Fund secretaries ultimately elected had begun collecting, fifty-two pounds had been sent from Brighton and collections in less affluent areas were well under way. In its testimonial to the Queen the committee justifiably asserted that the Queen Victoria Hospital was:

the largest combined effort yet made by Victorian women,

38 "Victorian Women's Testimonial to the Queen - Queen's Shilling," QVH Archives: summarized in Age, editorial, 16 March 1897, pp. 4-5.

39 Australasian, 18 March 1897.

40 "Report of the Executive Committee of the Commemoration Council of the Queen Victoria Hospital." 16 June 1897, QVH Archives.
those of all degrees, parties, and classes having united in a common effort to do honour to their Queen....[the money] has been raised in sums of one shilling from rich and poor alike and it will be seen that this represents a very large number of contributors in proportion to the population of the Colony.\textsuperscript{41}

About 66,000 shillings were contributed which represents a donation from about one-quarter of the adult women in the colony, which was a good result given the depression and the number of other charities seeking money. For example, the Bendigo WCTU reported it would have collected more but for a clash with a local Miner's Fund and the Castlemaine WCTU gave its collection to the local hospital.\textsuperscript{42} In all, nearly three and a half thousand pounds were collected.

Queen's Shilling Fund secretaries were elected all over Victoria, from Mildura through Horsham and Hamilton down to Portland along the south coast to Cann River and along most of the Murray River. The colony was thoroughly canvassed from larger towns like Bendigo, Warrnambool, Bairnsdale and Wodonga to smaller ones like Skipton, Coleraine, Tallangatta, Walhalla, Woodend and Numurkah. Some towns, like Swan Hill, Wangaratta and Omeo, did not take part but they were in the minority. It was the same in Melbourne. The inner, densely

\textsuperscript{41}"To her most gracious majesty the Queen." QVH Archives; Argus, 22 August 1897, p.6; Champion, 1 May 1897, p.5.

\textsuperscript{42}White Ribbon Signal, August 1897, p. 572.
populated suburbs of Richmond, Collingwood, Fitzroy and
Carlton were thoroughly covered as were the southern and
eastern suburbs like Malvern and Surrey Hills and out to
Vermont and Ringwood. Bayside suburbs from Brighton to
Mordialloc and down to Frankston as well as outlying northern
suburbs like Greensborough, Diamond Creek and Deer Park, and
western suburbs from Kensington to Essendon sent in
contributions. Among prominent contributors were Lady
Sargood, Lady Brassey and Professor Morris but such names did
not dominate the lists of donors published in the Age.
Contributions were mainly sent in by local secretaries or
women who collected small amounts from friends and neighbours.
Small amounts were also sent in from many country and suburban
schools, some by male teachers. The women of the Public
Service were also canvassed, and the contributions from the
schools were probably due to the efforts of Miss Weekes of the
Education Department.

The WCTU, the most powerful women's organization, which tended
not to collect for activities outside the Union, immediately
threw itself behind the Queen Victoria Hospital and collected
nearly two hundred and seventy pounds in thirty branches
throughout Victoria. Several of the doctors had provided

43 Age, 14, 19, 28 May, 5, 19 June 1897 for donations; Champion, April and May 1897 for secretaries.

honorary medical service to WCTU girls' clubs and homes, and Constance Stone was a member of the Central Union (ie: Melbourne). Annette Bear Crawford had close ties with the WCTU through their suffrage work. Information about all Queen's Shilling Fund secretaries is unavailable, but quite a few belonged to Women's Progressive Leagues, and Women's Franchise Leagues and some were delegates to the UCWS. Many also were members of the WCTU. They saw the Queen Victoria Hospital not only as a charity but as part of their programme for social reform. Collectors of twenty pounds or more were nominated Commemoration Members 1897 (ie: life governors) and their names appeared in subsequent annual reports. Suffrage supporters and the WCTU were well represented amongst Commemoration Members. Some of them collected over fifty pounds in areas ranging from Williamstown to Brunswick to Brighton.

By 1900 the close links between the suffrage movement and the Queen Victoria Hospital had lessened. This was partly deliberate in order to broaden the appeal of the hospital to as many subscribers as possible. The departure of the major suffrage figures further weakened the connection especially at a time when an anti-suffrage backlash developed in Melbourne. Annette Bear Crawford resigned from the committee towards the end of 1897 to concentrate on suffrage activities and died suddenly in 1899 three weeks before the hospital was officially opened. Constance Stone was on sick leave from the
middle of 1899 and died at the end of 1902. Isabella Goldstein was not elected to the committee at the first annual meeting of subscribers; shortly afterwards she became a Christian Scientist and had nothing further to do with "regular" medicine, and Annie Lister moved to Castlemaine.

In 1900 an anti-suffrage petition circulated in Melbourne and Ina Higgins, honorary secretary of the UCWS, sternly asked the hospital committee to publicly deny "rumours" that signatures had been canvassed on their premises.\textsuperscript{45} The committee stalled and the matter was dropped. Miss Higgins, an active committee member, had resigned one month before she raised this matter. As the hospital became less obviously connected with the suffrage movement it began to attract annual subscriptions from a wider range of people including politicians, like the Hon. W. J. Winter-Irving and Mr. Zox, who both opposed female suffrage. By 1900 it was clear the hospital was going to be a success, and in 1902 a new, much enlarged outpatients' department was opened. The women involved in the foundation of the Queen Victoria Hospital were thus able to turn their attention to other activities in the "woman movement" such as the appointment of police matrons, and, especially, the work conducted under the auspices of the National Council of Women.

During 1897 and 1898 the committee and doctors searched for

\textsuperscript{45} QVH, committee minutes, 14 August 1900; correspondence 19 August 1900.
suitable premises, mainly in the area nearby the existing dispensary. A deputation to the government regarding a disused school in LaTrobe Street argued that a hospital there would be a "great convenience" because it was close to a poor part of town which had no hospital. 46 Finally the ailing Governesses' Institute was acquired and renovated to accommodate (at first) eight patients. 47 Repeated deputations to the government resulted in a grant towards the building of nurses' and servants' quarters, 48 and warnings not to expect money from the government "as, if you did get any it would have to be taken away from the others and there would be at once a great outcry." 49 The Hospital did receive a share of the government maintenance grant from 1898 which compared well, proportionally, with the Women's Hospital grant in terms of the number of inpatients treated, but was very inadequate for the Hospital's large outpatient department. 50

On 6 July 1899 the Queen Victoria Hospital was officially opened. The committee and staff were very proud of it,

46 "Report of deputation to the Acting Premier", 9 June 1897, VPRS 1207, Unit 1793, Item 1731, Victorian Public Record Office, Laverton

47 This number increased to 14 beds in 1900 and 20 beds in 1905.

48 QVH, committee minutes, 29 March 1899.

49 "Report of deputation to the Acting Premier", 9 June 1897, VPRS 1207, Unit 1793, Item 1731, Victorian Public Record Office, Laverton

50 QVH, committee minutes, 17 May 1898, "Report of Inspector of Charities", VPP, 1900-1901.
especially of the operating theatre which was one of the most modern and well-equipped in Victoria. Surgery was just beginning its rapid transformation from being unreliable and dangerous into the highest ranking speciality in medicine\textsuperscript{51} so it was still considered unsuitable work for medical women. The pioneers met this prejudice head-on and detailed descriptions of the operating theatre appeared in the press.\textsuperscript{52}

The opening was well attended and it appears that the Queen Victoria Hospital was becoming an established and accepted charity. The Leader noted the gulf between those at the opening and those for whom the hospital was intended.\textsuperscript{53} Medical men were also present and this, along with their inclusion as honorary consultants, was regarded as an indication that medical women were now accepted as equals in the medical profession.\textsuperscript{54} History was to prove this optimism extremely premature.


\textsuperscript{52} Argus, 1 July 1899, p.11; Herald, 1 July 1899, p.2; Age, 6 July 1899, p.6.

\textsuperscript{53} Leader, 15 July 1899, pp. 33-34; Age, 6 July 1899, p.6.

\textsuperscript{54} Ibid.
CHAPTER SIX: THE QUEEN VICTORIA HOSPITAL IS HERE TO STAY

Although the pioneers faced a lot of opposition it was not as uncompromising as that encountered by American and British medical women. The appointments of Freda Gamble and Janet Lindsay Greig to the Melbourne Hospital, and that of early graduates to the Women's Hospital, gave the pioneers cause for optimism about their future acceptance into the medical profession. The Queen Victoria Hospital offered them a respite from opposition, and the opportunity to practise a wide range of medical work. It also enabled them to concentrate their efforts to help sick women into one institution. By 1896 when the Hospital was founded fifteen women were registered with the Medical Board, of whom half had two to six years' experience, three had secured hospital appointments, and two had recently succeeded in becoming Resident Medical Officers at the Melbourne Hospital, whilst two had failed to join hospital staffs. The rest had opened private practices, and it is not known how interested they were in taking up work in Melbourne's hospitals. At that stage students did not have to undertake hospital work as part of their training, so not all graduates, male or female, sought hospital places.

The rejections which had occurred to that date cannot all be attributed to prejudice against medical women. In 1894 Mary Page Stone applied to the Children's Hospital as assistant Resident Medical Officer, but the Hospital appointed a man
they already knew and who was more highly qualified.¹ On the other hand, when the Women's Hospital appointed a less experienced man in preference to Lilian Alexander, Table Talk concluded she had lost because she was a woman.² There was a general shortage of hospital places so male graduates also experienced difficulties in securing appointments and some, like the women, made several applications for positions. For example, the man the Children's Hospital preferred to Mary Page Stone had previously failed in an application to the Melbourne Hospital.³ The rejections men graduates received, however, were a result of keen competition for a limited number of places.

Women graduates, on the other hand, sometimes faced rejection simply because they were women. In October 1894 when Amy Castilla applied to the Women's Hospital as assistant Resident Medical Officer, the Medical Students' Society wrote to the committee asking it to defer the appointment until after their examinations so that a "position will be open for competition to a number of newly qualified men who are at present debarred from applying." But the committee decided that the vacancy needed to be filled quickly, so appointed Castilla.⁴ Nevertheless, it became anxious about the number of medical women in the Hospital. A year later when Gertrude Halley

¹Children's Hospital, committee minutes, 11 April 1894.
²Table Talk, 5 April 1895, p.2.
³Melbourne Hospital, committee minutes, 16 January 1894.
⁴Women's Hospital, committee minutes, 24 October 1894.
applied to become assistant Resident Medical Officer in the Midwifery Department, the lowest rung in the medical hierarchy at the Hospital, the committee ruled that:

In view of there being at present two Lady Resident Surgeons [that is, Amy Castilla and Lilian Alexander] in the Hospital, it was decided not to appoint any more Lady Doctors to the Hospital at present.  

The position was re-advertised in Sydney and Adelaide and filled a month later.

Appointment to the higher status positions as Honorary Medical Officers at Melbourne’s hospitals was a privilege keenly sought after. Candidates for such positions were required to have been in practice for at least five years, so the female graduates were not eligible until later in the 1890’s and it is not known how many of the pioneers then applied.

Helen Sexton was the first to succeed when she was elected Honorary Outdoor (that is, outpatient) Surgeon to the Women’s Hospital in 1899 in a ballot attended by a large number of female subscribers. In 1895 the Women’s Hospital revised the arrangement of its departments which increased the number of honorary positions available. Two applications were ruled ineligible. One, a male, had not been in practice for the required time. The other, Constance Stone, was rejected after the Hospital had made enquiries to the University and decided

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6 *Argus*, 9 September 1899, p.13.
her qualifications from Toronto were not "of the standard required" by the Hospital.\textsuperscript{7} Stone graduated from the Canadian university with first class honours in surgery and medicine. Its degrees were recognized in Britain and Australia and her response to this snub can easily be imagined.

The pioneers had expected discrimination; they probably also expected it to decrease as more women entered the profession. This was not the case, and over the following years and decades medical women continued to face opposition. Nine months after the Queen Victoria Hospital began, Freda Gamble, on the completion of her residency at the Melbourne Hospital, was rejected by the Women's Hospital in favour of a less qualified and less experienced fellow student. Her rejection was criticized in the press,\textsuperscript{8} leading the committee to deny that there was a conspiracy against medical women by the female members of the committee, several of whom hastened to point out that they had voted for her appointment.\textsuperscript{9} At this time there was bad feeling between the Women's and the Queen Victoria Hospitals over fund-raising and this may have operated against Gamble.

Over the next three decades it was clear that hospitals were unwilling to appoint women except during the war when medical

\textsuperscript{7}Women's Hospital, committee minutes, 20 September 1895.

\textsuperscript{8}Champion, 15 May 1897, p.8.

\textsuperscript{9}Women's Hospital, committee minutes, 18 June 1897.
men were unavailable. After the war the battle to enter the hospitals had almost to be fought anew. In 1923 the Children's Hospital was pressured into withdrawing its argument that lack of toilet facilities prevented the appointment of women.\textsuperscript{10} The Melbourne Hospital considered limiting the number of female RMOs in 1921\textsuperscript{11} and the next year, the Medical Superintendent decided that casualty duty was unsuitable for women (work successfully undertaken by Dr Greig in 1896), and the Hospital refused to intervene in his decision.\textsuperscript{12} In the 1930s the Alfred Hospital began passing over eligible female graduates when appointing RMOs.\textsuperscript{13} Later generations of medical women found they had to renew the fight to enter the profession at almost every turn. Graduates in the 1920s were as conscious as Gamble and Greig had been in 1896, that the future appointment of women to hospitals depended on their conduct.\textsuperscript{14} Given what happened later, the foundation of the Queen Victoria Hospital

\textsuperscript{10} Grimshaw, P. & Strahan, L. (eds). The half-open door, Sydney, 1982, pp. 164-165. Sir John MacFarland was a supporter of medical women, and a member of the University Council in 1887. He wrote to Gwendolen Swinburne that he would not go so far as to say the QVH was founded because of opposition to medical women, but hospitals were reluctant to spend money to provide the necessary facilities for their presence. 5 June 1934, QVH archives.

\textsuperscript{11} Women Medical Students' Society, Minutes, 28 April 1921; Correspondence 21 May 1921; Annual reports 1922, 1923, Melbourne University Archives.

\textsuperscript{12} Victorian Medical Women's Society, Minutes 8 May 1922, 12 June 1922, 10 July 1922, MS 11710, LaTrobe Library, Melbourne.

\textsuperscript{13} VMWS, Minutes 31 March 1933, Correspondence 1 July 1933. Also: WMSS, Minutes 28 June 1933, 25 July 1933; Annual reports 1933-34; Correspondence, draft letter, no date, 10 July 1935.

\textsuperscript{14} WMSS, Correspondence, 6 May 1924.
may have made things harder for subsequent graduates because it could always be argued that they had their own hospital to go to, and should not take places from men at other hospitals. The anger of later graduates at continued opposition, though, should not be confused with the responses of the pioneers to the initial, and expected, opposition they encountered.

Some of the opposition to the Queen Victoria Hospital arose out of competition for charitable funds. The 1890's were years of severe depression which stretched the charity "network" beyond its limits, and placed great pressure on the citizens of Victoria to subscribe to charities. By the end of the century the government had become the largest single contributor to most hospitals, but they were still heavily dependent on private giving. During the Depression the amount individuals were able to donate declined whilst the demand on charities, and hence, their need for money, increased. Rivalry between institutions for donations and government grants, therefore, was fierce. The Queen Victoria Hospital justified its existence on the inability of the Women's Hospital to cope with the demand, but it had to demonstrate that it had the support of the public before it could expect a share of the government grant (which it received from 1898). It ran a vigorous and successful fundraising campaign in 1897 despite competition from a larger appeal for an Infectious Diseases Hospital, and public arguments with the Women's Hospital over whether money intended for it was going to the Queen Victoria Hospital.
There had long been talk that Melbourne urgently needed an Infectious Diseases (or Fever) Hospital, but the government had taken no action. Immediately after the Queen's Shilling Fund was launched the Board of Health announced a major collection for a Queen's Memorial Infectious Diseases Hospital (now Fairfield Hospital). Supporters of that fund, concerned about competition from the Queen Victoria Hospital, argued that Victorians should be united behind the Fever Hospital appeal. The Queen Victoria Hospital promoters countered that theirs was a small appeal which was directed at women, and so would not attract funds from the bigger appeal. Lists of contributors to the Fever and Queen Victoria Hospitals were published in the press, and examination of these shows that, as predicted, some husbands gave large amounts to the Fever Hospital whilst their wives contributed smaller sums to the Queen Victoria Hospital or acted as Queen's Shilling Fund secretaries.¹⁵

Fear of competition between the two funds was frequently mentioned in letters to the press by supporters of the Queen Victoria Hospital who felt that both institutions could succeed. It is possible that much of the correspondence was written by women close to the Hospital in order to prevent talk of rivalry damaging their appeal.¹⁶ In a clever move to

¹⁵Argus, 14 April 1897, p. 5; 21 April 1897, p. 5; Age, 28 May 1897, p. 7; 19 June 1897, p. 14.

¹⁶Age, 22 February 1897, p. 5; 5 March 1897, p. 6; 19 March 1897, p. 5; 25 March 1897, p. 5; 26 March 1897, p. 7.
deflect some of the potential competition between the institutions, the Queen Victoria Hospital secured the membership of Mrs Gresswell, wife of the President of the Board of Health, on the Commemoration Council. The quick success of the Queen's Shilling Fund, and the extent of the support from the women of Victoria, showed up the years of talk, and lack of activity, surrounding the Fever Hospital.¹⁷ The Argus ran emotional articles about sick children who were turned away from hospitals with the words, "no room", and exhorted the wealthy to donate large sums to the Fever Hospital.¹⁸ The campaign by the Queen Victoria Hospital, which valued small donations, and the lack of ostentation, was in clever contrast to these tactics.

Opposition from the Women's Hospital was also based on fear of competition for donations. The committee there realised early that the public could become confused about the names of the two institutions, and wrote to the Queen Victoria Hospital asking it to adopt a name that was distinct from theirs.¹⁹ Their allegations that money intended for them was going to the new "Women's" hospital appeared in the press,²⁰ and drew an immediate and bristling response. The ensuing correspondence, mainly from the Queen Victoria Hospital


¹⁸ Argus, 14 April, 1897, p.5; 21 April 1897, p.5.

¹⁹ Women's Hospital, committee minutes, 5 February 1897; QVH, committee minutes, 10 and 19 February 1897.

²⁰ Argus, 29 May 1897, p. 9.
demanding that the accusations be substantiated or withdrawn, was published in full.\textsuperscript{21} The Women's Hospital, overwhelmed by the vehemence of the reaction, refused to supply the names of their sources, and the matter was eventually dropped, rather than cleared up, with the Queen Victoria Hospital claiming a moral victory.

The male dominated medical profession did not approve of the hospital\textsuperscript{22} mainly, it seems, because they were excluded. The Australasian Medical Gazette marked the commencement of the Hospital in a paragraph only long enough to note that the "peculiarity of the institution is that only qualified female practitioners can become members of staff."\textsuperscript{23} Thereafter it virtually ignored the Hospital to the extent of omitting any mention of it in obituaries for Constance Stone.\textsuperscript{24} Acknowledgement of the Hospital from the Victorian Branch of the British Medical Association was ambiguous. The President commended the ladies who had "achieved such success in obtaining funds for the erection of the "Queen Victoria Women's Ward",\textsuperscript{25} presumably a reference to the Queen Victoria Hospital. However, some of Melbourne's most eminent medical

\begin{footnotes}
\item[21] Herald, 7, 12, 14, 15 June 1897; Age, 7, 12, 19 June 1897; Argus, 8, 16, 19 June 1897.
\item[22] Helen Sexton to Gwendolen Swinburne, (no date) 1934(?), QVH Archives; Age, 6 May 1897, p. 5; Champion, 10 April 1897, p.5.
\item[23] Australasian Medical Gazette, November 1896, p. 497.
\item[25] AMG, 20 February 1900, p. 53.
\end{footnotes}
figures did not share this indifference. Dr P.D. Bird, in his Presidential address to the Melbourne Medical Society in 1897, praised the "prevision" and "zeal" of the doctors and believed that the Hospital would have a "large sphere of usefulness before it in the immediate future."\textsuperscript{26} Dr Bird and Sir Thomas Fitzgerald\textsuperscript{27} were only two of the distinguished doctors who accepted positions as Honorary Consultants at the Hospital when it officially opened in 1899. Their support testified to the quality of the doctors, the high standard of medicine they practised, and added to the prestige of the Queen Victoria Hospital.

Press coverage on the progress, and outcome of the Queen's Shilling Fund varied. The \textit{Age} published editorials and articles supporting the Hospital as a worthy charity, and noted the enthusiastic response of women to the Hospital. Reports in the \textit{Argus}, on the other hand, were overshadowed by articles favouring the Fever Hospital.\textsuperscript{28} Its attitude was a result of its support for the Fever Hospital rather than any particular opposition to the Queen Victoria Hospital, but its presentation of the two charities only served to encourage the idea that they were competing for public favour.

\textsuperscript{26} \textit{IMJA}, 20 January 1897, p.1.

\textsuperscript{27} See the \textit{Australian Dictionary of Biography} for details about these two doctors and Dr. Rothwell Adam, Vols. 4 & 7. Refer to Appendix VII for a list of the Honorary Consulting Staff. For further details of Dr. Syme see, \textit{MJA}, 13 February 1932, pp. 215-225; Dr Hamilton Russell, \textit{MJA}, 17 June 1933, pp. 752-754; Dr. Stawell, \textit{MJA}, 18 May 1935, pp. 633-636.

\textsuperscript{28} \textit{Argus}, 6 May 1897, p. 6; 18 June 1897, p.3; compared with, \textit{Age}, 6 May 1897, p. 5; 17 June 1897, p. 7.
It seems that the sorts of attitudes displayed by the medical press and the Argus, and continued comments about competition between the Queen Victoria Hospital and other hospitals, lay behind the strength and the belligerence of the response the new hospital made to accusations by the Women's Hospital that money meant for them was going to the Queen Victoria Hospital. It is difficult not to agree with Mrs Duffy, of the Women's Hospital committee, when she closed the correspondence by advising that in future the Queen Victoria Hospital "entrust their correspondence to more courteous hands."

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Drachman's evaluation of the New England Hospital for Women in Boston (founded 1862), shows that, in structure, and the type of medical care offered, it largely conformed with male run hospitals, which is hardly surprising for medical women would not gain professional acceptance by challenging "regular" medical practice. Expectations that a hospital officered by women would be different rest on the assumption that women will bring different qualities to health care which will, in turn, influence their medical practice. Whether this would be the case has still to be established. In Melbourne only the committee minutes have survived from the early decades of the Queen Victoria Hospital and they contain no discussion of

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29 Herald, 16 June 1897, p.2.

30 Drachman, Hospital with a heart, pp. 44-46.
patient treatment and hospital structure.

There is no reason to suspect that medical practice at the Hospital varied significantly from that at other hospitals in Melbourne. The founders were women of the highest calibre. They had obtained excellent results at university, and it seems reasonable to assume that standards at the Hospital would reflect their ability. They aimed to enter the profession not to antagonize it. Debate about whether women were capable of practising medicine had been extensive, and doubts that they could run a hospital without male assistance can only have put them on their mettle, and increased their determination to show what they could do. The Queen Victoria Hospital was established to provide medical treatment for women by duly qualified female practitioners, not to challenge medical practice, except in so far as a major concern was to provide medical care sensitive to the needs of women, free from the humiliation of public examination before groups of male medical students. Its popularity with female patients demonstrates both the need for such an institution, and the success of medical women in fulfilling this aim. Within nine months of opening 7066 women, or, an average of nearly 70 a morning, had attended, and the numbers were increasing steadily.\(^{31}\)

The founding doctors gave a large part of their careers to the

\(^{31}\)Violet Chomley (acting secretary, QVH) to Hon. G.D. Carter, 20 July 1897, VPRS 1207, Unit 1793, Item 1731, Victorian Public Record Office, Laverton.
Hospital. Janet Lindsay Greig, the longest serving founder, devoted fifty-two years to the institution. Constance Stone's term was brief only because she was sick from the time the Hospital officially opened in 1899. After two years of sick leave she resigned, and died of tuberculosis in 1902. Freda Gamble also left after a few years when she married and began to have children. She faced the dilemma medical women still face, the conflicting demands of a career and motherhood. When the other pioneers left, after average terms of fourteen years, it was mainly because they were about to retire from medical practice. Two outstanding exceptions were Jean Stocks Greig and Gertrude Halley who resigned to set up and run school medical services in Victoria, Tasmania, and South Australia. Both retired after decades of distinguished service which took them to the top of government service.

The Queen Victoria Hospital began as an outpatients' dispensary in 1896, and grew rapidly. Within forty years it became the largest hospital officered by women for women in the British Commonwealth, and included a Midwifery Wing, a Children's Ward, a Psychiatric Clinic and an X-ray Department. Female patients clearly valued it as a hospital where they were assured of excellent doctors, sympathetic treatment, and lack of condescension for their "female" complaints.\(^{32}\) Above
all, they valued it because they were treated by female doctors. After the second world war male patients were admitted, and, in the 1960's, the first male doctors were appointed when it amalgamated with Monash University. Clara Stone, alone of the founders, lived to see the first of these changes. It continues today as the Queen Victoria Medical Centre with an international reputation for research into invitro fertilization techniques. The Victorian Medical Women's Society, founded in 1895, to meet the needs of medical women, has also survived. As the numbers of female medical graduates increased, branches were established throughout Australia as well as a Federated Society.\textsuperscript{33}

Not only did the Hospital grow in size, it also diversified by adding special clinics to its services. The first of these, an Eye and Ear Department, was begun in 1902 by Gertrude Halley. A later one, a Veneral Diseases Clinic, was set up by the Board of Health, thus providing official recognition of the work of the Hospital. These special departments operated only when women were available to run them. For example, Victoria's first female dentist (Ethel Godfrey) was appointed at the turn of the century, but when she left the dental services lapsed until she was replaced by another female dentist. The original nursing staff was of an extremely high calibre, and soon went on to more prestigious appointments. The matron left to become matron at the Women's Hospital, and the nurses were among

\textsuperscript{33}Morgan, E.S. A short history of medical women in Australia, 1970, pp. 52-54.
those chosen to join the medical corps stationed in South Africa during the Boer War. The next decade saw a large turnover of nursing staff which did not settle down until the first world war. Nursing training began in 1902, and although regarded as important by the Hospital, it added to the already heavy workload of the doctors. Resident Medical officers were appointed from 1905 to ease their burden.

During the first world war all Melbourne's hospitals faced a shortage of medical staff when large numbers of men joined the armed forces. The younger medical women filled their places and the Queen Victoria Hospital was frequently without a Resident Medical Officer. Drachman described a similar trend at the New England Hospital: when male run hospitals were prepared to accept women the younger graduates tended to prefer them to female institutions.

The new graduates in Melbourne probably chose other hospitals for what they had to offer rather than because there was a stigma attached to the Queen Victoria Hospital. The range and scope of experience there was limited to the general treatment of women, and whatever specialities were offered. It was not a teaching hospital, and whilst there is no reason to suppose that practical training was not of an excellent standard, new graduates did not receive the amount and variety of instruction that was specifically offered at the larger hospitals. Furthermore, appointment to the other hospitals

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34 Queen Victoria Hospital, Annual Reports, 1916, 1917, 1918.
also offered the hope that, finally, women were "breaking into" the profession. The Queen Victoria Hospital was popular with patients, and provided medical women with challenging, rewarding work at all levels of the hospital hierarchy as well as the opportunity to establish and run clinics in their areas of particular interest and expertise. This was excellent for experienced doctors, but not for new graduates. In the 1920's, the question of utilizing the resources of the Hospital more fully, by turning it into a post-graduate clinical school for male and female students, was raised in the Victorian Medical Women's Society. Discussion revealed a division between younger medical women, who supported the idea, and the pioneers. Doctors who had been at the Hospital from its early years stressed that "(t)he one thing we stood for was the treatment of women by women." The introduction of male students and patients, argued Clara Stone and Jean Stocks Greig, would break faith with the founders, subscribers, and patients.\textsuperscript{35} The principles of the founders were not compromised at that stage, and the Queen Victoria Hospital did not enhance its status by becoming a teaching hospital until forty years later.

In 1946 the Queen Victoria Hospital moved to the site vacated by the Royal Melbourne Hospital on the corner of Swanston and Lonsdale Streets in the city, and in 1987 it moved out of the inner city to Clayton, near Monash University. Those women who

\textsuperscript{35} Victorian Medical Women's Society, Minutes, 9 November 1925, MS 11710, Box 1879/4a.
worked at the Hospital before men were admitted remain fiercely loyal to it. The older ones feel that the move in 1946 did not help medical women because the new premises were so large there were not enough qualified women available to work there so that the introduction of men became inevitable.

The entry of women into the medical profession in Victoria involved their acceptance into the Melbourne Medical School, hospitals, and medical societies, as well as their acceptance by patients. The struggle to enter the profession began overseas, decades earlier than in Melbourne, and the local pioneers benefitted from the gains made, but they still faced many similar battles. The major difference was that here women were accepted into the medical school, so they did not need to establish one of their own. This difference was mainly the result of the liberal attitudes towards the higher education of women, as indicated by Zainu'ddin and Hone. Applications to enter the Melbourne Medical School were granted quickly but appointments to hospital staffs, especially the Melbourne Hospital, took longer and did not follow a pattern of gradually increasing acceptance over the next decades.

In America and England hospitals for women officered by women were founded to afford poor women the opportunity to be treated by female practitioners free from the ordeal of examination in front of male medical students, and to provide

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"Zainu'ddin, "The admission of women," IN: Melbourne studies in education, Ch. 3; Hone, "The movement for the higher education of women in Victoria."
medical women with hospital work which was denied them elsewhere. In Melbourne, several of the pioneers secured hospital appointments, so that the reluctance, as distinct from refusal, of hospitals to appoint women enabled local pioneers to concentrate more on the needs of female patients than overseas pioneers, who could only widen their medical experience by establishing their own hospitals.

The aim to provide medical treatment for women by women was as powerful a motive behind the Queen Victoria Hospital as the discrimination the pioneers encountered. The need for such an institution was demonstrated by the support it received from women throughout Victoria, and especially from the women's movement. The Queen Victoria Hospital and the Victorian Medical Women's Society were established for the positive benefits of such organizations as well as because the medical profession opposed the entry of women. In Sydney, by comparison, medical women faced continued exclusion, and, in 1922, they founded the Rachel Forster Hospital for Women modelled on the Queen Victoria Hospital.37

Unfortunately the absence of memoirs and reminiscences from the pioneers means that individual motives have to be assumed. Close analysis of the career of Constance Stone leads me to believe that she would have started a hospital, probably with her sister and cousin, whether the other pioneers joined her

or not. There is no evidence at the University that she applied to the Medical Faculty or made any attempts to enter medical training in Australia. It is likely that she wanted to go overseas to meet and study with other medical women, and to see what they were doing. In England she worked at Elizabeth Garrett Anderson's hospital, which, according to Janet Lindsay Greig, fired her enthusiasm to start a similar hospital in Melbourne.\textsuperscript{36} Shortly after her return she started treating poor women at Dr Singleton's Medical Mission in Collingwood, and unsuccessfully attempted to take it over just before the Queen Victoria Hospital opened. The only evidence that she was interested in working in another hospital was her unsuccessful application, in 1895, as an Honorary Medical Officer at the Women's Hospital. Elizabeth Blackwell and Elizabeth Garrett Anderson had begun their hospitals almost single-handed so Constance Stone did not need the assistance of the other doctors, although, with their help, the scope and scale of the hospital was greater. In the case of Constance Stone the evidence indicates that she founded the Queen Victoria Hospital out of a desire to provide medical care for women in a female environment. Her cousin, Mary Page Stone, on the other hand, was refused by the Melbourne, Children's and Women's Hospitals so her motivation was likely to be influenced, to quite a large extent by the exclusion she had encountered. Nevertheless, her subsequent career, especially her close involvement with the National Council of Women, suggests she was also strongly committed to helping women.

\textsuperscript{36}Neve, "This mad folly!" 1980, pp. 37-38.
On 5 September 1896 when the doctors met to found the Hospital they discussed the " advisability" of starting a new hospital because some of them felt it "would be more to the interest of the Women Doctor's movement to obtain positions on the staffs of existing hospitals".39 The doctors involved were not named though it is likely that they included Lilian Alexander and Helen Sexton. These two had fought for the admission of women to the Medical School, Alexander had been appointed to the Resident Staff of the Women's Hospital, and Sexton became a member of the Honorary Staff there in 1899. She resigned from the Queen Victoria Hospital in 1908 when regulations at the Women's Hospital prohibited the Honorary staff from working at other hospitals. Although she chose to stay at the Women's Hospital she had worked at the Queen Victoria Hospital for twelve years. Like Sophia Jex-Blake before them they appear to have had a strong commitment to opening male dominated institutions to women at the same time as they supported the establishment of female institutions.

The movement of women into the medical profession has been slow. This year, 1987, marks the one-hundredth anniversary of the admission of women into the Melbourne Medical School. In the intervening years they averaged between six and fifteen percent of the graduates in any decade, and have only begun to approach fifty percent of the student intake in the last ten years.

39Dr David Egryn Jones to Miss Evans, 16 September 1926, MS 11362, LaTrobe Library, Melbourne.
years. In the profession they tend to work in general practice or at the lower levels of hospital hierarchies, and their numbers are particularly limited in the higher status specialities of surgery and obstetrics and gynaecology. Aside from isolated exceptions they have yet to move into the upper echelons of the profession.
APPENDIX I

CONSTANCE STONE M.D.

In loving memory of Emma Constance Stone M.D., C.M., L.S.A.
   The pioneer woman doctor of Australasia
   Born at Hobart 4th December 1856 died 29th December 1902
   Gentle wife and mother and beloved physician
   The duty of God done well.

(Inscription on the grave of Constance Stone at Boroondara
General Cemetary, Kew, Melbourne.)

Despite Constance Stone's status as Australia's first medical
woman details about her life and career are limited. I have
attempted to rectify this. It has been a time consuming,
although interesting, and at times, exciting, task for she
left no personal papers, and family sources are restricted
because she died in 1902 long before her parents and brothers
and sisters. Most of the material gathered was not directly
relevant to this thesis so I have included a summary here
because she was a central and popular figure amongst
Melbourne's medical pioneers.

1856: Born: 4 December at Hobart, Tasmania, the oldest
Parents: William and Betsey (nee Haydon) emigrated
Mother: governess, died 1910 at 86 years
Father: organ builder, interested in botany and
astronomy, member of Victorian Field
Naturalists' Club, died 1908 at 78 years
Religion: Congregationalist
Sister: Clara, third child, also became a doctor
Cousin: Mary, oldest child of John Stone, William's
brother who emigrated to Tasmania with him,
but who left for Victoria soon afterwards.

Parents supported the aims of Constance and
Clara to become doctors.

1875 (approximately): The family moved to St Kilda, Melbourne.

1879-1884: Miss Stone ran a small school in St Kilda,
probably in the family home.

Constance and Clara were talented artists and sold
paintings to help pay for their medical education.
1884: Left Melbourne to attend the Woman's Medical College in Philadelphia, Pennsylvania.

1887: Graduated M.D. from the Woman's Medical College and spent six months as Resident Physician in a New York Women's Hospital.

1888: Attended a Women's College at Toronto University and graduated M.D., Ch.M. with first class honours.

1889: Assisted Dr Mary Scharlieb at the New Hospital for Women in London, founded by Dr Elizabeth Garrett Anderson. Obtained the Licentiate of the Society of Apothecaries (L.S.A.).

1890: Registered with the Medical Board of Victoria on 7 February and commenced practice in St Kilda and Collins Street.

Woman's Christian Temperance Union gave a reception for Stone on her return to Melbourne, she acted as Honorary Medical Officer at their Girls' Home and was a member of the Melbourne Union.

1890-1892 Commenced work at the Free Medical Mission Dispensary, Collingwood, founded by Dr. Singleton. Attended sessions on Tuesdays between 10.00am and 1.00pm "for Women and Children only". Resigned in 1896 after an unsuccessful attempt to take over the Mission.

1891-1892 A member of the committee of the Australian Health Society.

1892: Engaged to Reverend David Egryn Jones, M.D.

1893: Marriage.

David Egryn Jones (1852?-1935) emigrated to Melbourne in 1881 from North Wales and worked at the Welsh Church. In 1884 he (too) left Melbourne to attend the Jefferson Medical College, Philadelphia and graduated M.D. from Toronto in 1888 before going to England. He registered with the Medical Board of Victoria in 1892, commenced practice in East Melbourne, and later joined Constance Stone in Collins Street. He was associated with the Australian Health Society and the National Vigilance Society whose other members included his wife and Annette Bear Crawford. Bronwen Jones (1898/1899?-1963), their daughter, graduated from the Melbourne Medical School in 1923, worked at the Queen Victoria Hospital, and left for England after her father's death.
1894: The Victorian Women's Franchise League was formed by the WCTU and Annette Bear Crawford. Constance Stone refused to stand as President, and was elected Vice-President.
Gave an address at the Annual Conference of the WCTU entitled: "The Beauty and Sacredness of Health".

1895: 22 March - the Victorian Medical Women's Society was established at Constance Stone's East Melbourne home. She was elected the first President.
Lectured on health at the Young Women's Christian Association.
Was scheduled to give a talk on the "Provision of sitting accommodation for girls in shops," as part of a lecture series for the United Council of Women's Suffrage (founded by Annette Bear Crawford in 1894) but the lectures were cancelled.

September - applied to the Women's Hospital for election as a member of the Honorary Medical Staff. The Hospital ruled her application ineligible, after consulting the Medical Faculty, University of Melbourne, on the grounds that her medical and surgical qualifications from Toronto University were not "of the standard required" by the Hospital.

1896: 5 September - called a meeting of the women doctors of Melbourne to discuss founding a hospital for women officered by women. It opened in October at St David's Hall, Welsh Church, LaTrobe Street as the Victoria Hospital and operated on three mornings a week. Constance Stone was the first President and was closely involved in all the early plans and the formulation of the rules. She also donated a lot of money to the Hospital.

November - elected to the Medical Society of Victoria, with Clara Stone.

1898: 9 August - elected as one of the first female members of the committee of the Melbourne Benevolent Asylum which cared for the elderly poor. She was second on the poll after John Barwise, equal with Mrs. Louisa Bevan, and ahead of Dr Lilian Alexander.
Described by Beatrice Webb, who met her during a visit to Melbourne, as "ultra conservative in her views and thoroughly cautious and sensible as a counsellor." (In: Austin, A.G. (ed), The Webb's Australian diary 1898, Melbourne, 1965, pp.75-76.)

1899: End of June - began sick leave from the Queen Victoria Hospital.
1901: October - resigned.

1901: 29 December - died of tuberculosis, aged 46 years. Described in the Annual Report of the Queen Victoria Hospital, 1903, as "practically (the) founder" of the Hospital. An obituary in the Argus, probably written by her family, described her as "deeply interested in suffrage" and concerned about the "interests of poor women in the city" (30 December 1902, p.5).

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APPENDIX II

FEMALE GRADUATES FROM THE MELBOURNE MEDICAL SCHOOL TO 1896.

Grace Clara Stone: M.B., B.S. 1891
Margaret Whyte: M.B. 1891

Elizabeth Alice Maud O'Hara: M.B., B.S. 1892
Helen Sexton: M.B., B.S. 1892

Lilian Helen Alexander: M.A. 1888, M.B. 1893, B.S. 1901
Marie Elizabeth Amy Castilla: M.B., B.S. 1893
Emily Mary Page Stone: M.B. 1893, B.S. 1901

Grace Vale: M.B. 1894
Annie Genevieve O'Hara: M.B. 1894

Aelfreda Hilda Gamble: M.B. 1895, B.S. 1896
Janet Lindsay Greig: M.B. 1895, B.S. 1896
Jean Stocks Greig: M.B. 1895, B.S. 1896, Diploma of Public Health, 1910
Ida Gertrude Margaret Halley: M.B. 1895, B.S. 1896
Emily Bertha Main: M.B. 1895, B.S. 1896
APPENDIX III

ORIGINAL HONORARY MEDICAL STAFF OF THE QUEEN VICTORIA HOSPITAL.

LILLIAN ALEXANDER (1861 - 1934), resigned in 1917 and was appointed Honorary Consulting Gynaecologist in 1919.

AMY CASTILLA (1868 - 1898), died whilst on the honorary medical staff.

FREDA GAMBLE (1871 - 1947), resigned in 1901.

JANET LINDSAY GREIG (1874 - 1950), retired in 1948.

JEAN STOCKS GREIG (1872 - 1939), resigned in 1909.

GERTRUDE HALLEY (1867 - 1939), was on leave from 1906 and resigned in 1909.

BERTHA MAIN (1873 - 1957), resigned in 1906.

HELEN SEXTON (1862 - 1950), resigned in 1908 and was appointed Honorary Consulting Gynaecologist.

CLARA STONE (1860 - 1957), resigned in 1919 and was appointed Honorary Consulting Gynaecologist.

CONSTANCE STONE (1856 - 1902), resigned in 1901 because of illness and died the next year.

MARY PAGE STONE (1865 - 1910), died in a road accident while on the honorary medical staff.
APPENDIX IV

BRIEF SUMMARY OF THE CAREERS OF FEMALE GRADUATES OF THE MELBOURNE MEDICAL SCHOOL TO 1896.

LILIAN ALEXANDER (1861 - 1934).

1895: October, appointed Assistant Resident Surgeon to the Women's Hospital, then, Public Vaccinator (November) and in charge of Midwifery Department.

1896: Appointed Resident Surgeon, Infirmary Department, Women's Hospital.

1897: Resigned from Women's Hospital (April) to go into private practice and join the Honorary Medical Staff of the Queen Victoria Hospital.

1898: Elected to committee of Melbourne Benevolent Asylum (August).

1902 and 1912 - overseas.

1912: Resigned as Honorary Physician to Girls' Club, Hawksburn, and Victorian Neglected Children's Homes.

1915: Resigned from Outpatients' Department, QVH.

1917: Resigned from Inpatients' Department, QVH.

1919: Appointed Honorary Consulting Gynaecologist, QVH.

1921: President, Victorian Medical Women's Society, and first woman elected to Senate of University of Melbourne.

AMY CASTILLA (1868 - 1898).

1894: Appointed Resident Medical Officer to St. Vincent's Hospital, the first woman appointed to a general hospital in Victoria. Appointed Assistant Medical Officer in Midwifery Department, Women's Hospital.

1895: Appointed Public Vaccinator, Women's Hospital and Senior House Surgeon in Midwifery and Infirmary Departments.

1896: Resigned from the Women's Hospital to undertake private practice and join the Honorary Medical Staff of the QVH.
FREDA GAMBLE (1871 - 1947).

1896: Appointed Resident Medical Officer, Melbourne Hospital.

1897: Joined Honorary Medical Staff of the QVH, and married Dr Buchanan.

1898: Opened private practice in Collins Street with her husband.

1901: Resigned from QVH.

JANET LINDSAY GREIG (1874 - 1950).

1896: Appointed Resident Medical Officer, Melbourne Hospital.

1897: Opened private practice in Fitzroy and joined the Honorary Medical staff of the QVH.

1900: Appointed Honorary Anaesthetist, Women's Hospital (resigned 1917).

1903: Appointed Honorary Anaesthetist, Melbourne Hospital (resigned 1917).

1909: On study leave in America and Europe.

1912: Resigned as Medical Inspector of Children in Fitzroy and as Medical Officer to boarded out children. Opened private practice in Collins Street, foundation member of the Lyceum Club.

1913: President, Victorian Medical Women's Society.

1940: Member - Royal Australasian College of Physicians.

1948: Retired from QVH.
JEAN STOCKS GREIG (1872 - 1939).

1896:  Opened practice in Brighton and joined Honorary Medical Staff of the QVH.

1899:  Honorary medical service to Frances Willard (Girls') Club of Woman's Christian Temperance Union.

1904:  Acting Honorary Secretary of National Council of Women of Victoria.

1907:  Opened practice in Collins Street.

1909:  Appointed Medical Officer and Medical Inspector, Education Department, Victoria, and resigned from QVH.

1917:  President, Victorian Medical Women's Society.

1924:  Appointed to first Royal Commission on Health.

1937:  Retired from Education Department.

GERTRUDE HALLEY (1867 - 1939)

1896:  Honorary Secretary of the QVH, honorary medical service to Frances Willard (Girls') Club of Woman's Christian Temperance Union.

1897:  Private practice in Richmond.

1899:  Opened private practice in Collins St., visited China and Japan.

1902:  Established Eye and Ear Clinic at QVH.

1906:  Appointed Medical Inspector to Education Department, Tasmania.

1909:  Resigned from QVH.

1910:  State Medical Lecturer, Hygiene, Education Department, New South Wales.

1913:  Appointed Medical Officer to Education Department, South Australia.

1920:  Founding member of National Council of Women of South Australia and on committee until 1930.
BERTHA MAIN (1873 - 1957)

1896: Practised in Richmond and joined Honorary Medical Staff of the QVH.

1898: Married Walter Leitch.

1906: Resigned from QVH, and went to Sydney.

1957: Left money for scholarships for female tertiary education.

ANNIE O'HARA (1864 - 1897)

1895: Opened practice in Albert Park.

ELIZABETH O'HARA (1866 - ?).

1893: Opened practice in Albert Park.

HELEN SEXTON (1862 - 1950)

1892: Graduated from the medical school.

1894: Co-founder of the Women's Social and Political Reform League (with Violet Chomley, later a committee member at QVH). Also on the first committee of the Victorian Women's Franchise League.

1896: Joined Honorary Medical Staff of the QVH, and Honorary Medical Officer at Maternity Aid Society Hospital.

1899: Elected Honorary Outdoor Surgeon at the Women's Hospital.

1908: Honorary Consultant Gynaecologist, QVH.

1912: Honorary Treasurer of Talbot Milk Committee and member of Central Council of Free Kindergartens.

1915: Assisted in "The Australian Hospital" near Paris, a branch of one of the French military hospitals, made a Major in French Army for her work.
CLARA STONE (1860 - 1957)

1892: Opened practice in St Kilda (and later in Collins Street), and joined her sister (Constance Stone) at the Collingwood Free Medical Mission.


1896: Honorary Treasurer, QVH, and elected to the Prahran School of Advice.

1912: President, Victorian Medical Women's Society.

1919: Resigned from the QVH and was appointed Honorary Consulting Gynaecologist.

1926: Retired from medical practise.

MARY PAGE STONE (1865 - 1910)

1894: Opened practice in Windsor, later in Auburn.

1896: Joined Honorary Medical Staff of the QVH, and gave a course of lectures for the Australian Health Society.

1904: Honorary Secretary, National Council of Women of Victoria, began work which led to foundation of Talbot Epileptic Home (1909).

1911: NCW-Vic. organised the opening of a Memorial Operating Theatre at QVH in her honour.

GRACE VALE (no details).

1895: Practised in Collins Street.

1896: Opened practice in Ballarat.

1915: Medical Officer, Education Department, New South Wales.
MARGARET WHYTE (1868 - 1946/8).

1892:  Appointed Resident Medical Officer, Midwifery Department, Women's Hospital and Public Vaccinator.

1893:  Resigned as Resident Surgeon from Women's Hospital to open private practice in Collins Street.

1895:  Married Dr H.P. Martell.

1902:  At Midwifery Department of Women's Hospital and private practice in Moonee Ponds.

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The above material has been collated from a wide range of sources, mainly medical journals, the archives and committee minutes of the Queen Victoria Hospital and the papers of the Victorian Medical Women's Society, MS 11710, LaTrobe Library, Melbourne.
APPENDIX V

FEMALE MEMBERSHIP OF MEDICAL SOCIETIES.

A. VICTORIAN MEDICAL WOMEN'S SOCIETY 1895.

Note: The VMWS accepted under-graduates as members until 1898.

Constance Stone, President.
Lilian Alexander, Honorary Secretary.
Amy Castilla.
Helen Sexton.
Clara Stone.
Mary Page Stone.
Grace Vale.

Freda Gamble.
Janet Lindsay Greig.
Jean Stocks Greig.
Gertrude Halley.
Bertha Main.

Ethel Cowan.
Constance Ellis.
Mary Fletcher.
Lily Rose (did not graduate).

REFERENCE: Victorian Medical Women's Society, MS 11710, LaTrobe Library, Melbourne.

B. MEDICAL SOCIETY OF VICTORIA.

1896:

August Gertrude Halley

October Jean Stocks Greig
Mary Page Stone

November Constance Stone
Clara Stone

1897:

April Janet Lindsay Greig
Freda Gamble

July Mary Fletcher

1898:

April Helen Sexton

June Bertha Main

September Ethel Cowan
Professional Participation By Female Members:

Gertrude Halley:  1898 - two cases exhibited
                 1890 - talk - "Notes on Beri Beri"
                    - one case exhibited
Bertha Main:     1900 - one case exhibited
Helen Sexton:    1900 - one case exhibited.

REFERENCE: Minutes of the committee of the Medical Society of
            Victoria, Australian Medical Association Archives,
            Melbourne.

C. VICTORIAN BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

1898:  March    Janet Lindsay Greig, attended eleven
        meetings
        Gertrude Halley, attended nine meetings
April   Lilian Alexander, attended six meetings
        Helen Sexton, attended six meetings
October Jean Stocks Greig, attended one meeting.

In 1900 many BMA-Vic. members resigned, over an internal
matter, including all the female members.

REFERENCE: Minutes of the Victorian Branch of the British
            Medical Association, Australian Medical Association Archives,
            Melbourne.
APPENDIX VI

EARLY COMMITTEE MEMBERS OF THE QUEEN VICTORIA HOSPITAL

A. PROVISIONAL COMMITTEE December 1896 - August 1897.

ANNETTE BEAR CRAWFORD, (1853 - 1899), President, suffrage leader in Melbourne, resigned in October 1897, and died suddenly June 1899 a month before the official opening of the Hospital.

ISABELLA GOLDSTEIN, (b. c1850), active in the suffrage movement, mother of Vida Goldstein, retired from committee August 1897.

MRS D.J. HAMER, on Council of Australian Health Society, a V.P. of Maternity Aid Society Hospital, on committee of Melbourne District Nursing Society, retired from committee August 1887.

MRS KENT-HUGHES, wife of Dr W. Kent-Hughes, on committee of Melbourne District Nursing Society, resigned from Hospital committee February 1899.

ELEANOR BIRCHALL, Honorary Treasurer to 1919, formerly Honorary Treasurer to Maternity Aid Society.

MAUD THATCHER, Honorary Secretary to 1905 when she resigned to go interstate, member of Prahran Women's Progressive League.

ANNIE LISTER B.A., active in the suffrage movement, resigned May 1898 to go to Castlemaine where she continued her suffrage activities, later acting secretary to the National Council of Women of Victoria. In 1897 Secretary of World's Council for Women's Suffrage.

MISS KERNOT, resigned July 1897.

MRS HOLLAND, resigned February 1897.

ISABEL WALKER, on committee of Melbourne District Nursing Society, and later NCW-Vic., retired in 1902.

MRS DON, resigned February 1897 (? Honorary Treasurer, Women's Hospital).

INA HIGGINS, Honorary Secretary of United Council for Woman Suffrage founded by Annette Bear Crawford, resigned July 1900.

MRS MARTELL, Dr Margaret Whyte, on committee February 1897 to April 1898.

CLARA ROSENHAIN M.A., she (or her sister Flora), was on the first committee of the Victorian Women's Franchise League, retired August 1897.
VIOLET CHOMLEY M.A., teacher, co-founder, with Helen Sexton, of Women's Social and Political Reform League, active in the suffrage movement, resigned 1904.

ELISA HARLIN, her husband, Thomas Harlin, was on the committee of the Melbourne District Nursing Society and the Austin Hospital for Incurables, retired 1908.

MRS GEORGE MAXWELL, her husband was President of the Prahran Women's Franchise League, resigned June 1897.

G. JUDD, active in the suffrage movement, member of Kew Women's Progressive League and UCWS delegate. Honorary Treasurer, United Council of Woman Suffrage, retired August 1897.

B. COMMITTEE ELECTED AT FIRST ANNUAL MEETING OF SUBSCRIBERS
23 August, 1897.

ANNETTE BEAR CRAWFORD, President, resigned October 1897. Replaced by Mrs. James MURPHY.

ELEANOR BIRCHALL, Honorary Treasurer to 1919.

MAUD THATCHER, Honorary Secretary to 1905.

VIOLET CHOMLEY M.A., resigned 1904.

ELISA HARLIN, retired 1908.

INA HIGGINS, resigned 1900.

MRS I.A. ISAACS, resigned 1898.

MRS KENT-HUGHES, resigned 1899.

ANNIE LISTER B.A., resigned 1898.

MRS MARTELL M.B., (Margaret Whyte), resigned 1898.

ISABEL WALKER, retired 1902.

MR CAREY, resigned October 1897, replaced by MALCOLM BRODIE, who retired 1903.

GENERAL M.F. DOWNES, resigned 1899.

LAWRENCE ELLSON, resigned 1900.

JOHN EMMANUEL MACKEY, appointed Vice President in 1915.
APPENDIX VII

HONORARY CONSULTING STAFF OF THE QUEEN VICTORIA HOSPITAL 1899.

SIR THOMAS FITZGERALD, Surgeon, qualified in Ireland 1857.

MR GEORGE ADLINGTON SYME, Surgeon, qualified in Melbourne 1881.

MR FRED BIRD, Surgeon, qualified in Melbourne 1882.

DR M.U. O'SULLIVAN, Gynaecologist, qualified in Edinburgh 1877.

DR ROTHWELL ADAM, Gynaecologist, qualified in Edinburgh 1878.

DR JOHN WILLIAMS, Physician, qualified in England 1862.

DR DAVID GRANT, Physician, qualified in Edinburgh 1886.

DR RICHARD ROWDEN STAWELL, Physician for Children, qualified in Melbourne 1887.

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