

THE PERSONALITIES OF TWO PIONEER
MEDICAL WOMEN:
ELIZABETH BLACKWELL AND
ELIZABETH GARRETT ANDERSON

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ELIZABETH BLACKWELL and Elizabeth Garrett Anderson were the first women physicians of the United States and England. Their careers are superlatively inspiring and according to all criteria they must be looked upon as heroines. There are some striking similarities between their developmental experiences, the vicissitudes of their lives, and their professional viewpoints and achievements. Their personalities are worth studying in order to reveal some of the features of the creation of pioneers. Mankind is always indebted to the original thinker who introduces constructive novelties. These two women are excellent examples of such contributors.

A short biographical sketch of each of our subjects will be required for our purpose. No exhaustive treatment of their histories can be given here. Unfortunately few of their biographers¹⁻⁹ were medically qualified.

I

Elizabeth Blackwell (1821-1910) was born in Bristol, England, the third of nine children. Her early home life was comfortable and jolly, and four maiden aunts who lived with the family added to the interest of the household. The parents seem to have been ideal in almost all respects. They were fully devoted to each other and to their children. The mother was very devout. The father, a dissenter from the Church of England, was enterprising, original, and imaginative. He was a successful sugar refiner and, during the early years of Elizabeth's life, provided the family with a comfortable and richly varied life. When riots broke out in Bristol because of prevailing straitened economic circumstances and his sugar refinery was burned down, he decided to

remove his family and his business to America. In 1832, when Elizabeth was 11 years of age, the group set sail across the Atlantic and took up residence in New York City. When business did not go well in New York, the father again moved his family, this time to Cincinnati. There he died when Elizabeth was 17 years old. He left his family penniless.

The loss of this dearly beloved father was a sad blow to the family, but the elder children promptly secured employment, supporting themselves, the mother, and the younger children. Elizabeth took to teaching but soon began to feel that she required a fuller life than was generally permitted to the women of that time. On visiting a woman friend who was dying of a malignant disease, she was advised to take up the study of medicine, the friend saying that much of her worst suffering would have been averted had attendance by a female physician been possible. It is difficult to appreciate today the shocking qualities of this suggestion. The restricted life of women 150 years ago made the notion of a career in medicine not only laughable but seemingly impossible. Moreover Elizabeth was disgusted by the thought of intimate knowledge of the human body. However, her father had accustomed her to the principle of equal education for females and males, and he had taught her by precept and example to work for valuable causes, no matter how unpopular. Soon she made up her mind to study medicine but she could hardly have foreseen the almost insurmountable difficulties that she would encounter. Her mother, shocked at her plan, was especially fearful that she would not lead a religious life, but Elizabeth was encouraged by her siblings, especially her brother Henry. Later her sister Emily also studied medicine.

At this point it is necessary to digress in order to illustrate how Elizabeth Blackwell's attitudes were shaped by those of her father. As already stated, he was a dissenter in religious matters. He entertained in his home, and exposed his children to, many thinkers who harbored controversial and unpopular views. He was an ardent abolitionist—and this increased neither his success nor acceptance on his arrival in the United States. He tried to introduce into this country the extraction of sugar from beets, because sugar cane was obtained through slave labor. His children did without sugar because of the use of slaves in its production. One of Elizabeth's brothers had a price of \$10,000 put on his head in the southern states because he had aided a female slave to escape. Reared in such an atmosphere, Elizabeth was not likely to be

daunted by an unusual course of action that met with disapproval.

In order to secure money for a medical education, she continued to teach, living in the homes of two physicians who loaned her medical books and guided her study. She then went to Philadelphia, the center of medical education in the United States at that time, in the hope of gaining admission to a medical school. It is difficult to believe today the ridicule, discouragement, rudeness, and obstructionism that she encountered in this effort. Her application for admission was rejected by school after school. One of the recommendations given to her repeatedly was to dress as a man; if she were to perpetrate this fraud, she would find acceptance. But this was not in accord with the way of thinking of this determined woman. Finally, when all seemed lost, she was accepted at the small Geneva Medical College in upper New York State. There she went in late 1847, to complete the mere 32 weeks of schooling required; she gained the M.D. degree early in 1849. She comported herself with dignity and dealt with difficult and novel situations resourcefully. When asked to absent herself from certain lectures in anatomy dealing with subjects considered improper for female ears, she replied in so decent and disarming a manner that she was promptly admitted. During the summer vacation she spent some months working in the Blockley Almshouse of Philadelphia. Here she suffered miserable conditions but gained valuable medical experience and wrote a commendable thesis on typhus. She emerged from this education with a full recognition of its limitations and her own inadequacies, but resolved to rectify this state of affairs.

She went to Paris in the hope of gaining admission to a hospital. Again she met with rejection or the advice to dress as a man. Once more she took a difficult step. She enrolled as a student nurse in the large obstetrical hospital, La Maternité, in order to gain practical experience. After some months there, while treating infants with ophthalmia neonatorum, she herself acquired the infection and her right eye had to be enucleated. She believed that this loss closed to her the opportunity of doing surgery. After some further study at a London hospital she returned to New York to open her practice.

Her practice grew slowly and she had to lead a penurious life. However she was always capable of profiting from adversity. When applying for a position at a dispensary she was advised to open her own. She accepted this challenge. From her meager beginnings in a one-room

establishment, where she gave medical service gratis to poor people, there grew ultimately a hospital and medical school for women, which culminated in the present 265-bed New York Infirmary. In this enterprise she was aided by her sister Emily and other women who had become physicians by entering doors opened by Elizabeth Blackwell.

The medical school for women built by Dr. Blackwell and her colleagues was very interesting. It provided the education that women found so difficult to gain elsewhere. It was the first medical school in this country to require a four-year course. It had the first chair of hygiene, occupied by Dr. Blackwell¹⁰ herself. Its examinations were conducted by a board of prominent medical personages who were not members of the faculty. It graduated some very superior physicians, such as Dr. Elise S. L'Esperance and Dr. Annie Daniel. When the school burned down in the late 19th century it did not have to be rebuilt, since the Cornell Medical School then opened its doors to women on equal terms with men.

With the infirmary well established and capably directed by her sister Emily, Elizabeth returned to London in 1868, where she practiced for a few more years. In the last two decades of her life she was in retirement,¹¹ although she remained active as a speaker and writer. It was then that she wrote her *Counsel to Parents on the Moral Education of their Children*.¹² This book was rejected by the first 12 publishers to whom it was submitted because it dealt with sexual matters.

Dr. Blackwell never married. While practicing in New York she adopted an orphan girl of six, Katherine Barry. The two had an ideal relation and Kitty remained with her to the end of her days.

II

Elizabeth Garrett Anderson (1836-1917) was born in London. In her early childhood the family moved to Aldeburgh, on the east coast of England. Like Elizabeth Blackwell, Elizabeth Anderson was one of a large family, the second of 10 children. Again, the family was a happy and devoted one. The father was a successful business man in several fields of endeavor, able to provide comforts for his family and able to support his daughter when she encountered adversity in the pursuit of her career. He too was not afraid to entertain original ideas and to quarrel with authorities when they blocked his path. Even more than Elizabeth Blackwell's father, he was a pillar of strength for

his daughter. Likewise he believed in very adequate education for his daughters and saw that they received it. Elizabeth Anderson had an especially close attachment to her elder sister, Louisa; when the latter died suddenly of appendicitis in early adult life, it was a great loss for Elizabeth, who thereafter considered Louisa's children her own.

After finishing her preliminary schooling, Elizabeth Anderson, like Elizabeth Blackwell, felt that the ordinary life of a woman of her times was too stultifying, constricted, and frustrating. She began to associate with a group of women who were attempting to open careers for women in business and the professions. One of the most capable of these ladies, a lifelong supporter of Elizabeth Anderson, was Sarah Emily Davies (1830-1921), who helped to found Girton College (for women), at Cambridge University. Elizabeth Anderson was full of strength and vitality and was determined to find a useful place in life. Like Elizabeth Blackwell, she felt that more productive and varied roles for women were necessary. When Elizabeth Anderson heard that Dr. Blackwell was visiting England, she discussed the matter with her father, who frowned on the idea of a medical career for a woman. Nevertheless, through a business acquaintance, he arranged for her meeting with Dr. Blackwell, one of whose lectures she also attended. When talking to Dr. Blackwell, Elizabeth Anderson found that it was assumed that she was to study medicine. She felt herself being pushed into a career for which she had no inclination and for which she entertained a lively dislike. Nevertheless she soon decided that she would devote her life to medicine, since it would provide both the useful activity she desired and an impetus to the cause of women's rights.

Her subsequent career had many striking similarities to that of Elizabeth Blackwell. Her mother was shocked at the daughter's plan and became profoundly depressed because of it. Relatives and friends urged her to renounce her intention. However she won her father over, despite his original opposition; thereafter he became her vigorous supporter. Elizabeth found that the charters of all medical schools in England specifically forbade admittance of women. She used every possible trick to gain experience and instruction, and she felt that these wiles were justified. Her first major step, taken in 1860, was to enter Middlesex Hospital as a nurse for a period of six months, with the express purpose of ascertaining whether she could stand the life of a physician. She found the work very interesting and she was amused

that many persons considered her experiences terrible. She remained at the hospital for a year to gain further knowledge and training, while pursuing all leads to the coveted doctoral degree. One can hardly believe today the reason for which she had to leave the Middlesex Hospital. One day, in response to the question of an instructor, she gave a correct answer, which none of the male students could supply; the latter then told the faculty that her presence was no longer tolerable, and she was forced to leave.

Although Elizabeth Anderson found that the M.D. degree was not obtainable by a woman in England, she learned that there was another route to the privilege of practicing medicine. The charter of the Society of Apothecaries did not exclude women. She underwent the required five years of apprenticeship to a physician and took the necessary courses of study. She passed the examination and became a licentiate of the Society of Apothecaries in 1865. In 1866 her name was added to the Medical Register, Elizabeth Blackwell being the only other woman admitted to practice in England. In 1870 she gained the M.D. degree in Paris after six *viva voce* examinations in French.

Like Elizabeth Blackwell, Elizabeth Anderson was an excellent student; in addition, she knew the shortcomings of her education and experience and she strove constantly to improve them. Clinical facilities were her great need. Like Elizabeth Blackwell, she opened a dispensary, the St. Mary's Dispensary, where the needy poor could obtain treatment. It too grew into a hospital, the New Hospital for Women. Sophia Jex-Blake¹³ took the lead in founding the London School of Medicine for Women which, in 1874, finally gained clinical facilities at the Royal Free Hospital. Dr. Anderson always supported the school and became its dean in 1883. For 20 years she alone did all of the surgical work at the New Hospital. Late in life she confessed that she always felt some discomfiture in it. She said,¹⁴ "I want surgical knowledge constantly and must study it as best I may." Rejecting the suggestion that she go to America, she stated, "Believing as I do that women physicians would be a great boon to many suffering women, in order to have them, legal recognition must be given here. My work is plain, to go on acting as pioneer to this end, even though by doing so I spend the best years of my life in sowing that of which other students will reap the benefit."

In one important respect, Dr. Anderson's life was different from Dr. Blackwell's. She married, and the marriage was extremely happy.

She had three children, one of whom died in infancy. Her son, Alan, became chairman of the hospital committee at the New Hospital for Women. Her daughter, Louisa, a surgeon, was her biographer.¹⁵

For 19 years Dr. Anderson was the only woman member of the British Medical Association. She was elected to the London School Board by a monumental majority. After retirement from active practice, she became mayor of Aldeburgh, the first woman in England to occupy such an office. She was blessed with every good fortune and, despite her sobriety of judgment and generally thoughtful demeanor, her life was more rollicking and joyous than that of Dr. Blackwell.

III

Dr. Elizabeth Blackwell's medical writings^{12,16,17} were of high caliber and her erudition was impressive. She made penetrating observations and drew profound conclusions. As she herself said, she preferred general principles to individual cases, and some of her principles, e.g., the relation of facile motility to general health, would do credit to modern psychophysiology. She was particularly concerned with the foundations of good hygiene and social welfare. She wrote extensively on sexual matters at a time when the very topic was frowned upon, and persevered in this endeavor despite much opposition. To acquire such intimate knowledge of sexual matters she must have been able to enlist the complete trust and confidence of her patients. She displayed much wisdom in this area. Although most modern readers would undoubtedly consider her puritanical, she shut her eyes to nothing about sexuality and certainly did not recommend celibacy. She was aware of the necessity for a satisfactory sexual adjustment in the personality development of the individual and in the social life of the nation. She prescribed ideal ages for marriage and thought few individuals could have a healthy life without sexual gratification. She was vigorous in her efforts to stamp out prostitution and the double standard of morality for the two sexes. She advanced an explanation for sexual infidelity in marriage which modern psychoanalysts have not stated and which may have some merit; she felt that in an ideal marriage sexual relations should take place rather infrequently, and that overindulgence led to a state of satiation which provoked efforts at relief by a search for new partners. Her firmness about sexual matters is revealed in her designation of all masturbation as a "vice" and all extramarital intercourse as

“fornication.” It seems reasonable to state that she had a lively pre-occupation with sexual matters and that her concern with hygiene and public health was an outgrowth of this interest.

Can one find in her history and personality an explanation for the nature of her medical and sexual interests? She had certainly much early exposure to some of the facts of sexual physiology. Her mother bore 12 children, of whom three died in infancy. “Looking back to her English childhood, Elizabeth could scarcely remember a time when her mother was not expecting or nursing a baby. Her response to this, she wrote in later years, was a great reverence for maternity, and the subject of her first serious essay was ‘The Motherhood of the Race, or Spiritual Maternity.’ The fruitful family life also gave impetus to her lifelong interest in children, which found its outlet in her adopted daughter, in her writings on child hygiene, and in her pioneer work in preventive medicine.”¹⁸ Certainly her early family life was of such nature as to provoke her lively interest in the sexual problems with which children are confronted, and she herself, as though a forerunner of Freud, cautioned that it is necessary to be alert to the fact that sexual interests arise in early childhood. She did not pass through this area of personality development uninjured.

Dr. Blackwell made no secret of the fact that she had severe sexual conflicts and that her ultimate decision was to stamp out sexual activity in her own life so far as possible. This turning away from sexuality led to her early determination even in childhood to gain complete mastery over her body, although she was not consciously aware of the connection of this intent with sexuality. She trained herself to go for days without food and to sleep on hard floors; she was insistent that a high fever would not curtail her activities and so she tried to walk it off; when finally forced to her bed she was disgusted with herself. This fervid wish to have her mind control her body probably led to her later view that sexuality in the human being was much more a mental phenomenon than a bodily or instinctual one.

The struggle against sexual drives is recorded in her own words:¹⁹ “Other circumstances forced upon me the necessity of devoting myself to some absorbing occupation. I became impatient of the disturbing influence exerted by the other sex. I never remember the time, from my first adoration at seven years old, of a little boy with rosy cheeks and flaxen curls, when I had not suffered more or less from the com-

mon malady, falling in love. But whenever I became sufficiently intimate with any individual, to be able to realize what a life association might mean, I shrank from the prospect, disappointed or repelled. . . . I felt more determined than ever to become a physician, and thus place a strong barrier between me and all ordinary marriage. I must have something to engross my thoughts. . . . But the struggle with natural repugnance to the medical line of life was so strong, that I hesitated to pass the Rubicon, and fought many a severe battle with myself on the subject." This is a clear statement that medicine signified a displacement of her sexual conflict. It offered her the means of escaping sexual experience and the opportunity of coming to close quarters with it and learning about it so thoroughly that she could master it—an opportunity of which she took the fullest advantage. In corroboration of this interpretation, she said further,²⁰ "The idea of winning a doctor's degree gradually assumed the aspect of a great moral struggle, and the moral fight possessed immense attraction for me." She attempted the healthiest form of resolution for the conflict that she could devise, and it is easy to concede that she won a large but not total victory, and that at the sacrifice of a large area of life experience, as she would probably have been the first to admit. The sacrifice was not easy. After she had become a medical student, she wrote to her mother,²¹ "I go in wholesouledly for the Divine marriage institution, and shall always support it by precept, and as soon as I get the chance by example too. . . ." But the conflict continues with the statement, "Do you think I care about medicine? Nay, verily, it's just to kill the devil, whom I hate so heartily—that's the fact, mother; and if that isn't forming Christ in one, the hope of Glory, why I don't know what is." There is not much doubt what constituted her devil. And so her mother received the message, so fearful at the time, that Elizabeth would never marry, and she constantly urged her daughter to make herself more attractive, to dress better, and so on. The efforts of some of Dr. Blackwell's biographers to describe her relation with Hippolyte Blot, the interne at La Maternité, as a romantic one and to embellish it with sentimental elements, seem to me to be contrived and inconsistent with her make-up. In any event, it came to nought, and her subsequent long life was devoid of interest in any individual man. Instead she devoted much of her life to stamping out vice, and one suspects that she may have included a little too much in this category. While still a medical student

she wrote,²² "I don't know if I've ever told you how deep this matter of licentiousness has gradually sunk into my soul, and that the determination to wage a war of extermination with it strengthens continually. . . . So help me God, I will not be blind, indifferent, or stupid in relation to this matter, as are most women. I feel specially called to act in this reform when I have gained wisdom for the task. . . ." How much happier she might have been could she have resolved her conflict in more complete measure. However, her achievements are in no way diminished by such reflections.

What evidence is there as to the reasons for Elizabeth Blackwell's flight from sexuality and marriage? Despite the fact that she was so much admired by her father and brothers, she had typically neurotic doubts as to her feminine attractiveness. "Physically she considered herself an insipid member of a handsome and vigorous family. Everything about her was pale and unremarkable—her hair, her skin, her eyes, her tiny frame. Her inclination was to shrink away in corners, too shy to speak to her parent's friends. . . ."²³ As a medical student she felt that, although she was an excellent writer, she had a "stammering, childish utterance,"²⁴ and this appraisal of her speech may be thought of as reflecting a neurotic inhibition (which she later overcame, feeling that "Speech seems essential to the reformer"). Like many girls who doubt their attractiveness, she apparently tried to compensate by developing what were considered to be masculine traits. It was known²⁵ "how much strength lay behind Elizabeth's meek exterior. Her tiny frame was capable of great endurance. She was thin and active as a monkey. . . . she could run faster and climb higher than any of the boys, and she could pick up and carry any one of them. Her hands had the grip of steel." When considering whether to study medicine, she was in the throes of another tormenting relation with a man, and felt, "I held my own personal or other attractions in very low esteem, or rather it never occurred to me to consider them, and I was extremely shy. . . . I finally made up my mind to devote myself to medical study, with the belief that I should thus place an insuperable barrier between myself and those disturbing influences, which I could not wisely yield to, but could not otherwise stifle."²⁶ In 1887, 42 years later, she wrote, "I look back now with real pity at the inexperience of that enthusiastic young girl, who thus hoped to stifle the master passion of human existence." So there is little doubt as to the neurotic nature of her sexual conflict.

Psychoanalysis teaches that when a neurotic conflict is displaced into another area, the sublimation will be disturbed and permeated by the conflict. It is necessary to consider whether this happened in the case of Elizabeth Blackwell; there is evidence of this disturbance in her medical work. She held two views for which her confreres must forgive her. She was as vigorous, almost ferocious, in her denunciation of vivisection as in her condemnation of vice, so that a connection between the two must be suspected. She wrote,²⁷ as late as 1898, "Observation and rational experiment, solely for the benefit of one species of animals, may *individually* lead to the benefit of other races of animals. But direct experimentation on one type for the *supposed* benefit of another kind is unscientific. It is this error that vitiates the famous *postulates* of Professor Koch, through the system of 'controls,' the latest exemplification of this fallacy being the attempt to prove the existence of cholera in man by cultivating the bacilli in animals. The same error also produces the failure of Pasteur to prevent hydrophobia in man. It is thus seen that methods of biological research which involve cruel or destructive experimentation are both ethically unjustifiable and intellectually fallacious. . . . The practice of experimentation on animals is a great temptation to teachers of somewhat shallow intellect." Concerning the physiological laboratory she said,²⁸ "to use it for cutting up animals dying under anaesthetics is stupidity; and to convert it into a torture chamber of the lower animals, is an intellectual error, and a moral crime." She even ventured to express these views in person to the great experimental physiologist, Claude Bernard. Since this poor man was already bedeviled by a wife who was an ardent antivivisectionist, and from whom he was driven, at the age of 56, to obtain a divorce for this reason,²⁹ it may be imagined that he felt he could do without Elizabeth Blackwell's advice, but he remained polite to her. Her views on vivisection may be considered an extension and perpetuation of her original dislike of the study of the human body and her disgust with the field of medicine. Vivisection must have meant to her unconsciously the gratification of her voyeurism, the peering into bodily matters out of sexual curiosity. She displayed toward it the same moral condemnation that she exhibited toward sexual vice.

The other medical peculiarity in which she stood apart from her colleagues was her disapprobation of vaccination. She believed that one of her young patients died from the effects of her vaccinating him, and

said,³⁰ "Although I have always continued to vaccinate when desired, I am strongly opposed to every form of inoculation of attenuated virus, as an unfortunate though well-meaning fallacy of medical prejudice." Here again her vigorous opposition to a valuable procedure sounds like a displacement of her attack on sexual vice, and one is drawn to conclude that vaccination had for her a symbolic sexual significance, perhaps that of venereal infection or impregnation.

Elizabeth Garrett Anderson had no such intense inner conflicts. She approached marriage with a happy certainty of its success and ensured that excellent result. She withstood the blows of life, such as the death of one of her children, with resolute stability. She made her momentous decisions after careful deliberation, did not hesitate to make difficult choices, and carried them out unwaveringly. Thus she resisted the blandishments of the United States, where she could have received the surgical training which she so ardently desired, in order to continue the course she had charted in England. Her steady cheerfulness, steadfastness, and efficiency were widely admired.^{31, 33} If there is such a person as one devoid of serious conflict over long periods of time, she was such an individual. There were no rifts in her ego, and her medical writings^{34, 35} reveal the healthy state of her personality.

These two illustrious figures in medical history achieved very similar results in opening the medical profession to women, in building hospitals and medical schools, in the high caliber of their work, and in other innovations. Undoubtedly Elizabeth Anderson reached her heights with less wear and tear, and had a fuller life than Elizabeth Blackwell. The effort to determine how neurosis helped to shape the life of one and not of the other is intended only in the spirit of scientific inquiry. Nothing can diminish the glory of their achievements. Perhaps Dr. Blackwell is all the more to be admired because of the greater inner and outer obstacles that she had to face. Moreover she was much more the forerunner and pioneer.

One of the happy results of their labors is that women doctors are no longer looked on as useful chiefly to women and children,^{36, 37} and the New York Infirmary is now a vigorous institution in which male and female physicians work side by side with patients of both sexes. Together these two women added a bright chapter to the history of medicine.

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