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“Schools of their own”: the Ladies’ Medical College and London School of Medicine for Women

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In 1858, with a view to regulate more tightly the medical profession and discourage the unqualified and the inappropriately qualified from practising medicine, the British Parliament passed the first Medical Act.¹ So as to give the public some guarantee of the capabilities of practitioners, a Register of those fit for practice was established to which only those possessing a degree, diploma or licence from one of the nineteen examining bodies acknowledged by the Act could be admitted. Although there was nothing in its wording that excluded women from registration,² the Medical Act *effectively* prevented them from gaining access to the ranks of the medical profession as none of the university medical faculties, Royal Colleges of Physicians and Surgeons or teaching hospitals accepted them. It has, for this reason, traditionally been presented as signalling the birth of the modern medical profession in Britain and as a turning point in women’s fight for access to it (Jex-Blake, 1873; Bell, 1953; Blake, 1990). From that moment, while opponents and supporters of medical education for women engaged in a debate over the need for female doctors and the “morality” of such a profession for women, two main routes were pursued by aspiring women practitioners: a legalistic one, aiming at amending the 1858 Medical Act or securing a new Act that would give them access to the existing systems of medical education and examination,³ and what Anne Witz has termed a “credentialist” one (Witz, 1992: 88),⁴ aiming at providing women with a medical education, either within or outside the existing male institutions. For the next twenty years these efforts were themselves undertaken simultaneously along two lines, an egalitarian one and a separatist one. The arguments used to justify the claim for women’s access to medicine could, at times, be based on the equal rights claim of women having the right to study and practise medicine or, at other times –and more frequently, on a separatist claim based on the argument that women patients should have the

¹ Its exact title was: *An Act to Regulate the Qualifications of Practitioners in Medicine and Surgery*.

² As a matter of fact, two women were registered under the Act: Elizabeth Blackwell, who had obtained a foreign degree and was already in practice in England before 1858 (the Act provided that all persons possessing the degree of M.D. from any foreign or colonial University and already practising in Britain at the date of the passing of the Act should be entitled to be registered) and Elizabeth Garrett Anderson, who had been able to obtain an apothecary’s licence and, in virtue of it, to place her name on the Register (this access to the register and the medical profession, however, was immediately closed after her).

³ Women, because they were not accepted as students of Medicine by British Universities, had to study abroad, either in the United States or in European Universities such as Paris, Berne, Berlin, Vienna or Zurich.

⁴ Anne Witz explains: “Although legalistic tactics in the form of state-sponsored registration have been central to modern professional projects, including that of medicine, patriarchal closure has been primarily sustained through credentialist tactics by controlling access to education and accreditation”.

possibility to be attended by a doctor of their own sex if they chose. This argument was not a new one (Elizabeth Blackwell, among others, had declared in 1855 that female physicians would “save the feelings” of the women patients and would “avoid their being ever injured by the indiscriminate admission of a crowd of students”);⁵ yet, it was increasingly resorted to by supporters of women’s access to the medical profession in the 1860s and 1870s. Thus, in a paper read to the Social Science Congress in 1862, Emily Davies argued: “It is an unquestionable fact [...] that women of all ranks do earnestly desire the attendance of physicians of their own sex” (Davies, 6) and, ten years later, Sophia Jex-Blake, before the same public insisted again: “Few people are aware of the very widespread desire existing among women for the services of doctors of their own sex; and yet there are probably few present who have not known individual cases where severe suffering has been borne, and danger perhaps incurred, in consequence of the excessive reluctance felt by some young girl, or woman even of maturer years, to consult a doctor in certain circumstances” (Jex-Blake: 1873, 4). It was not only the modesty of women that would thus be safeguarded, but their health as well, as it was expected that knowledge about female diseases would progress faster if some doctors were women.⁶ The legal attempts reflected the same division about the expediency of adopting an equal rights approach –obtain from the legislation that it allowed women to incorporate the existing systems of medical education and examination which, in turn, would have granted them access to the medical register on the same terms as men⁷– as opposed to a separatist approach –obtain different conditions of access to the register for women.⁸ Finally, as far as the credentialist route was concerned, the equal rights strategy implied trying to gain access to existing, male medical schools, while the separatist

⁵ “I recognize most fully the honorable character of male physicians as a class, I give them unhesitatingly my utmost confidence and respect, but I assert most decidedly that it would be an unnatural and monstrous arrangement for women to have no resort but to men, in those diseases peculiar to themselves. The unmarried as well as the married, the young and the old, are all subject to these diseases. No woman of sensibility can enter on these investigations without great reluctance : to many, death would be preferable to the treatment to which they would be subjected”, Elizabeth Blackwell, *Address on the Medical Education of Women*, 27 December 1855, New York: Baker & Duyckinck, 1856 (8-9). Interesting in this respect is Blackwell’s comments on women as a group: “Women are all linked together, they form a collective whole — the good and bad, the frivolous and earnest, all share in each other’s vice and virtue, and it is not possible for the most intelligent or refined, to separate herself from the chain of circumstances which link her to the most depraved. Now, whatever tends to widen the thought and enlighten the judgment of any woman, aids also the progress of the whole sex” (6).

⁶ Sophia Jex-Blake, “Medicine as a Profession for Women”, 1869: “Nor can I leave the subject without expressing the hope that, when women are once practising medicine in large numbers, great gains may accrue to medical science from the observation and discoveries which their sex will give them double facilities of making among women. One of the most eminent of the so-called “ladies’ doctors” of the day writes : “the principal reason why the knowledge of diseases of women has so little advanced is the hitherto undisturbed belief that one sex only is qualified by education and powers of mind to investigate and to cure what the other sex alone has to suffer” (reproduced in *Medical women, two essays*, 1872, 49).

⁷ This was the aim of the Medical Act (Qualifications) Bill of 1876, introduced to Parliament by Russell Gurney. This bill, which was passed and became known as the Enabling Act, was meant to enable “*examining bodies to treat their charters and statutes as not being limited to one sex, but as applying to both*” (Hansard, CCXXX, 1876, col. 1003). It was only permissive however, not coercive.

⁸ For example, as women could only obtain M. D. degrees from foreign universities, a bill was introduced on two occasions by William Cowper-Temple (in 1875 and 1876) proposing that foreign degrees be recognised if they were held by women. This bill, which would have given women a right denied to men was strongly opposed and rejected by Parliament (Witz, 94).

approach aimed at opening up separate, gender-specific routes of access to medical education, examination and registration. This paper will focus on this last point. Indeed, while the life of the pioneers (mainly Elizabeth Garrett Anderson and Elizabeth Blackwell) as well as the struggle led by Sophia Jex-Blake and a group of women between 1869 and 1873 to secure medical education and obtain medical degrees at the university of Edinburgh has been well documented (Jex-Blake, 1886; Thorne, 1915; Bell, 1953; Lutzker, 1974; Blake, 1990), less attention has been paid to the attempts made by campaigners for women's medical education to set up "schools of their own" (Jex-Blake: 1872, 68). Our aim here will be to clarify the foundation and development of the first two medical schools for women, the Ladies' Medical College and the The London School of Medicine for Women, paying particular attention to the reasons that led to their creation and to the choice of a separatist strategy as well as to how these schools were respectively perceived by the medical profession and campaigners.

The Ladies' Medical College: "sitting between two stools"

In 1862, four years after the vote of the Medical Act, a Female Medical Society was established in London at the initiative of a 32-year-old doctor, James Edmunds, for the purpose of promoting the employment of "superior women in the practice of midwifery and the treatment of the diseases of women and children."⁹ The Society, which was first presided by the 5th Marquess Townshend then by the Earl of Shaftesbury, counted among its patrons well-known figures such as the Earl of Dufferin (Viceroy of India), Archbishop Manning, the Duke and Duchess of Argyll, Baroness de Rothschild and Mrs Gladstone, the wife of the Prime Minister. Its educational committee was composed both of retired members of the profession and exercising physicians, among whom Charles R. Drysdale, (Metropolitan Free Hospital), James Edmunds (British Lying-in Hospital), John Elliott (Waterford Lying-in Hospital) and William Buchanan (former Master of the Society of Apothecaries) (FMS, 1870). While, as its name implied, the Society hoped ultimately to secure the admission of women to the medical profession, it chose to concentrate first on midwifery. At a time when no regulation of midwifery existed and anyone could undertake the duties of a midwife with no proper means of study and no public examination, the work was mainly performed by working-class women or, as had become increasingly common among the middle-classes since the mid-nineteenth century, by medical practitioners. The aim, as stated by the Society itself, was threefold: open up a "wide field of honourable and lucrative employment to educated women, and also a means of intellectual culture and social usefulness"; bring midwifery back into the hands of women so as to "prevent the necessity of an injurious ordeal to the feelings of sensitive persons in the treatment of many diseases peculiar to women"; save lives thanks to skilled midwives (FMS: 1870, 2). To a large extent, this meant doing for midwifery what Florence Nightingale had recently done for nursing: raise its status through proper training, state registration and the recruitment of respectable –i.e.

⁹ Report of the fourth annual meeting of the Female Medical Society, May 25 1867.

middle-class– women. In a context of concern for infant and mother mortality,¹⁰ the Female Medical Society underlined that the mortality among patients attended by skilled midwives was about one-third of that which occurred among patients attended by male medical practitioners (FMS: 1870, 2), pointing out that the high incidence of puerperal fever was connected with “doctors passing straight from the dissecting-room or post-mortem theatre to the lying-in room”.¹¹ James Edmunds,¹² its honorary secretary, thus argued that:

on the grounds of public safety, the practice of midwifery should be separated from attendance upon fever cases, surgical wounds, and the performance of post-mortem examinations, inasmuch as infection from such sources is peculiarly prone to communicate itself, through the medium of the medical attendant, to lying-in patients, and induce that fatal and most infectious disease called puerperal fever.¹³

In 1864, so as to supply a proper medical education to women, an auxiliary medical college was therefore established at Fitzroy Square where women might, for the first time in England, acquire a scientific knowledge of obstetrics and the accessory branches of medicine. The course offered by the Ladies’ Medical College (as it was purposely named) included two Winter lecture sessions on “midwifery, the disease of children, general medical science”,¹⁴ widened by 1870 to “midwifery, outlines of medical science, anatomy and physiology, hygiene and preventive medicine, elementary chemistry, materia medica, diseases peculiar to women, diseases of infants” (FMS: 1870, 2). Following these lectures, students were expected to gain clinical practice at a lying-in hospital or maternity charity with personal attendance upon at least twenty-five deliveries under the superintendence of an adequately qualified midwife or registered medical practitioner (FMS: 1870, 3). To this end, an alliance was effected between the Female Medical Society and the British Lying-in Hospital in 1867. The hospital enjoyed the advantage of the free services of the Society’s obstetrical students while the Society could complete the organisation of its Medical college in regard to obstetrical teaching and have access to clinical practice. The

¹⁰ Although the general death rate had been falling since 1800, the infant death rate remained steady at around 150 per live births in the second half of the 19th century. The maternal mortality rate did not change much either, with about 5 deaths for 1 000 deliveries throughout the century.

¹¹ *The Lancet* (1865) II, 435 (quoted in Delamont & Duffin, 1978: 35).

¹² The Royal Maternity Charity had impressed James Edmunds with its low maternal death rate compared with London as a whole, where attendance by men predominated. At a time when his work was still viewed with suspicion by many within the medical profession, Edmund was an early disciple of Semmelweis, a Hungarian physician who argued that cases of puerperal fever could be cut drastically if doctors washed their hands in a chlorine solution before gynaecological examinations (Donnison: 1977, 74).

¹³ James Edmunds, *The Introductory Address delivered for the Female Medical Society*, 1864. Statistics published by the *Times* and *Victoria Magazine* confirmed this and showed that even the present uneducated midwives met with fewer deaths in their practice than did educated medical men (*The Times*, 10 Oct. 1865; *Victoria Magazine*, November 1865). The Medical profession greeted such a suggestion with disbelief and the *Lancet* called the Society’s accusations “*all erroneous*” even though it had itself reported in 1862 that “*Hospital midwifery in London is nearly ten times more fatal than home midwifery*” (Delamont & Duffin: 1978, 35).

¹⁴ FMS, Winter Session, 1865–66. One course of lectures on Midwifery and the Diseases of Women and Children was delivered by Dr. Murphy and consisted of at least eighty lectures, taking about the same range as those courses which Dr. Murphy had given for many years at University College. A second supplementary course of general outlines of medical science, consisting of fifty lectures, was delivered by Dr. James Edmunds.

number of students enrolled at the college grew rapidly: from 14 in the first year to 69 in 1867. By 1870, 82 women had studied at the college,¹⁵ among whom Isabel Thorne and Matilda Chaplin, who joined Sophia Jex-Blake in 1869 in her fight to attend the University of Edinburgh, and future suffragist Florence Fenwick Miller. James Edmunds was able to report in the next couple of years that the “lady-midwives” who had completed the College’s course were being “greedily” welcomed by the public and counted a considerable number of “lady patients” in their practice (*Lancet*: vol. 88, 1 Dec. 1866, 613 ; vol. 88, 29 Dec. 1866, 721, quoted in Donnison, 77).

While the press was rather supportive of the society,¹⁶ reactions within the medical profession were mixed. Unlike nursing, a reform of midwifery implied the establishment of a body of independent medical practitioners who would compete with doctors for part of their practice and, as such, could represent a threat both to them and for their sons as medicine was often a family thing. As a consequence, many of the attacks directed against the school concerned the issue of registration. While the need for more numerous and better trained midwives was generally acknowledged, these, it was argued, should remain subordinate to doctors (*BMJ*: 1 Feb. 1868, 109). The *Medical Times* thus dismissed the system of registration advocated by the Female Medical Society, arguing that midwives should only work under the close supervision of male doctors and calling the Society a bunch of “hopeless spinsters” and “sterile matrons.”¹⁷ Most of the criticisms that were regularly directed against the school by the profession, however, had to do with the ambitions that were contained both in its title and in its objects. The *British Medical Journal* thus protested in 1865 that to call a midwifery school a “Ladies’ Medical College” was like calling a school for cookery a “Ladies’ Gastronomical College” (*BMJ*: 28 Oct. 1865, 463)¹⁸ and denounced again in 1868 “an institution which takes the title of ‘Medical College’, while giving a kind and degree of instruction which we do not hesitate to characterise as dangerously insufficient for general medical purposes, and tending to create a half educated class of female practitioners in diseases of women and children” (*BMJ*: 8 Feb. 1868, 133). In

¹⁵ FMS, 1870, 2.

¹⁶ An article from *The Globe* on the opening of the new College thus concluded “this movement will doubtless be regarded with interest on several grounds, and there are probably few who will not wish to help it, and to bid it God speed” (12 Sept. 1865). As for *The Friend*, a Quaker publication, one of its articles, published two months later, explicitly encouraged support for the movement: “From the high standing of the medical lectures of J. Edmunds, M.D., and E. W. Murphy, M.D., Professor of Midwifery in University College, it may safely be inferred that the instruction given will be of the soundest scientific character. We are glad to observe that both lecturers speak in high terms of the attention and intelligence shown by their lady pupils during the last session; and we doubt not there will be a similar experience in that which commenced on the 2nd ult. In conclusion, we would commend to the encouraging patronage of those in circumstances to extend it, what we consider a good social movement” (November 1865).

¹⁷ *The Medical Times*, 1872, vol. 1, 687 (in Donnison, 78).

¹⁸ James Edmunds replied: “T. K. C. objects to the name “Ladies’ Medical College”. It is easy to object to any name; but will T. K. C. suggest one which is more accurate and less objectionable? The word medical might be displaced by midwifery; but that term is one which it is preferable not to use too obtrusively, and, moreover, it would not include all the subjects, as sanitary knowledge, etc., which we wish to impart. *Medical* is, on the contrary, not open to any objection for daily use in conversation; and it does not follow that we profess to deal exhaustively with all which may be comprised under the term; nor, indeed, is the use of the word generally held to imply any such profession. As to the word “school”, in place of “college”, I am not aware that the distinction suggested by your correspondent between the meaning of the two terms is borne out either by lexicographical authorities or by general usage” (*BMJ*: 11 Nov. 1865, 511).

March 1873, commenting on the subject of instruction, examination and registration of midwives in the *British Medical Journal*, Dr. J. H. Aveling recognized there was a need for suitably instructed midwives and that the only organised attempt to grapple with this undertaking was the Obstetrical College but lamented the fact that the College wanted to restrict itself to educated women and “aimed too high”:

it wishes to make medical women, not midwives [...] Its object, therefore, is not to instruct and license poor women in midwifery but [...] to raise up an illegitimate class of inferior, ill-instructed female medical practitioners of medicine who, with small pains and little expense would be in a fair position to compete with medical men who have, after long toil and great cost, fully qualified themselves for practice. The Obstetrical College is sitting between two stools, the midwife and the medical woman; and it would not have the proverb fulfilled, it must, to obtain a secure and lasting position, shift either one way or the other (*BMJ*: 22 March 1873, 308).

In feminist periodicals, the creation of the college was welcomed by the *Alexandra Magazine and Englishwoman's Journal* (“It is not [...] the mere menial work of the nurse, that this new medical society undertakes to reform, it is the higher branch, the application of scientific knowledge, which it is endeavouring to bring into operation in the right hands”, vol. 2, June 1865, 321-322) and by the *Victoria Magazine* as marking “a new era” in the history of the midwife (vol. 4 : 282, quoted in Donnison, 74): “This movement is not to be ranked with the ordinary eleemosynary charities,” a front page article ran, “it aims at making a now unoccupied, and consequently needy, class of gentlewomen valuable to society and useful to themselves, by opening up to women the fittest of the really professional avocations” (vol. 7, Sept. 1865). The *Englishwoman's Review* also approved of the fact that the College was opening up further employment opportunities for women and breaking the male monopoly in midwifery (*Englishwoman's Review*: July 1867, 255; Oct. 1867, 312). Such a position was not surprising coming from magazines which were to a large extent the voice of the Ladies of Langham Place, a group mostly concerned with improving the educational and employment opportunities of middle-class women. Supporters of medical education for women, however, were not all that enthusiastic and many had doubts in particular as to whether an exclusively female institution would ever be regarded as equalling the standards of the male schools and feared an inferior diploma as well as a ghettoisation of women within obstetrics. Against such criticisms or reservations, *The Alexandra Magazine and Englishwoman's Journal* felt it necessary to take the defence of the College in the year that followed its creation. The magazine thus wrote in June:

The Female Medical Society is not at this moment attempting to turn out a number of female “physicians”, in the English acceptance of that term. It is working out a practical scheme for establishing the same opportunities for obstetric and medical study as those which, *in this country*, have hitherto been monopolised by men, and it rests on the assurance that if a good and true basis be laid down, the requirements of society, and the natural developments of their plan, will raise up a suitable, valuable, and permanent superstructure (vol. 2, June 1865, 326).

Yet, even those who acknowledged the value of such efforts tended to express the hope that they would prove a stepping stone for a more ambitious scheme, as a letter from John Stuart Mill to James Edmunds two months later illustrates:¹⁹ “I had not the smallest intention of blaming the Society for not attempting more” Mill explained. “To place a scientific Medical Education within the reach of women, with however limited an object, is already a good beginning, but it is to be hoped that the beginning will not be the ending” (JSM to JE, 28 August 1865). As the years went by, and as little progress was made, the scope of the education offered by the Ladies’ Medical College proved unsatisfactory to many. Ray Strachey, in her famous account of the women’s movement in Great Britain, dismissed the College in one paragraph and explained: “a few of the supporters of the women doctors’ movement approved this plan, hoping to pass on from training in gynaecology to the full degree; but the majority of them greatly distrusted any half-way measure” (Strachey, 174). The *British Medical Journal* also wrote about the apparent lack of support among campaigners in 1871:

Many well-wishers of women have, in fact, not shown it any favour; and many sensible women desiring a complete medical education, such as Miss Garrett and the septem contra Edinam, have practically testified their opinion by keeping away from it. The main ground of disfavour is, we suppose, that it is not a medical college in the proper sense of the term. A medical college must fulfil certain conditions which all male medical colleges observe, and on which depends their recognition by the examining bodies, and their value as educational bodies (*BMJ*: 23 sept. 1871, 356).

Its ill-defined position –between midwifery and medical practice– and the fact that it appeared as too ambitious to some and not ambitious enough to others, seems to have been responsible to a large extent for the school’s short life and lack of support both among the medical profession and aspiring women doctors (Isabel Thorne, who, after attending the College, joined Sophia Jex-Blake in her attempt to gain access to Edinburgh University in 1869, later wrote she had found the teachings of the Medical College inadequate²⁰). The fact is that although it initially intended to educate and train women in the general medical sciences, the Society rapidly chose to confine itself to midwifery practice and, as Catriona Blake points out, even appeared by 1867 to have dissociated itself from the campaign for women doctors (Blake, 82). That year, on the occasion of the opening of the Third session of the Ladies’ Medical College, James Edmunds went so far as to declare that the Society was “not concerned with the advocacy of [...] female general practitioners, much less with the admission of ladies to medical classes which are attended by young men.”²¹ That the College would never train women doctors seemed

¹⁹ This letter probably followed a statement he had made elsewhere. I have not been able however to find either the statement or James Edmunds’ reaction to it.

²⁰ “My experience in connection with the Ladies Medical College caused me to realise very forcibly the risk of imperfectly trained persons being expected by the public to undertake the duties of fully qualified practitioners, and the danger of their being called into treat all the ills that flesh is heir to, because they were acquainted with the normal deeds of childbirth and could attend midwifery cases” (Thorne, 1905: 8).

²¹ The introductory address delivered by James Edmund on the opening of the Third session of the Ladies’ Medical College, May 1867.

to be made clear in 1872 when, “in order more precisely to define the scope of the Society’s teaching operations,”²² it was renamed The Obstetrical College for Women (the two terms that had been attacked by the medical press –“medical” and “ladies”– had therefore been removed). That year, the Female Medical Society also announced that it intended to apply to Parliament for an amendment of the Medical Act that would give women access to the Medical Register as “Licentiates in Midwifery” and would therefore confer upon properly educated midwives a defined professional status. Pending such legislation, the Society decided to issue certificates of proficiency in midwifery to the pupils who had fulfilled the prescribed curriculum of study and passed a satisfactory examination, a decision immediately decried by the *British Medical Journal*, which remarked that certificates “given by ‘a society’ to its own pupils are of very variable, and therefore of very dubious, value”(BMJ: 26 Oct. 1872, 473).

These shifts, however, should not necessarily be interpreted as a renouncement of medical education but, more probably, as an attempt to defuse opposition which, from the very beginning, was very strong. James Edmunds’s personal reluctance to support full medical education for women, while undeniable, should not be taken to represent the views of the whole staff and students either. Charles R. Drysdale, for one, was a staunch supporter of women’s access to the profession, which he made clear in *Medicine as a Profession for Women*, published in 1870. What is more, when in May 1870, following a scandal involving a member of the Obstetrical Society for malpractices, petitions calling for women doctors poured into the House of Lords, the Female Medical Society, on the occasion of its 6th annual meeting, did not hesitate to publicly take position and adopted a resolution that stated that “all medical degrees and licences to practise medicine should be open to candidates without distinction of sex” (*The Times*, 26 May 1870). The fact that the medical instruction provided to midwives by the College was such as to enable them to perform obstetric surgery was in itself significant. As for its initial aim –medical education for women–, the Society did try to extend the scope of its college (now operating in Great Portland Street) and turn it into a full Medical College but its appeal for funds in the Winter of 1872-73 met with insufficient support and the College disbanded a couple of months later, through lack of funds. The fact that many members of the FMS on that occasion transferred their support to the newly opened London School of Medicine for Women is yet another evidence of their positions (James Edmunds, who was not altogether favourable to carrying the medical education of women to the point of enabling them to become registered medical practitioners, however, kept away from it).

Ten years had elapsed between the creation of the Ladies’ Medical College and that of the London School of Medicine for Women. By this time, however, while some female doctors remained opposed to separate schools for women, many had changed their mind after the failed attempts at gaining access to existing colleges.

²² Report of the Ninth Annual session, 1872-73.

Rethinking the issue of segregated schooling

One of the reasons why the Ladies Medical College had been viewed with caution by many was that the value of diplomas and examinations was a major concern for aspiring women doctors who initially preferred to pursue an equal rights strategy concentrated on gaining access to university medical education and, following the 1858 Medical Act, to examination and registration, whether the fight was individual (as in the case of Elizabeth Garrett²³) or collective (Sophia Jex-Blake and the Edinburgh Seven in 1869). Their position concerning the advisability of mixed classes or segregated schooling, however, was neither clearcut nor unanimous. Supporters of medical education for women were divided over the issue, whether for reasons of morality, finance or expediency and, in some cases, a difference existed between what some campaigners privately wished and what they believed could reasonably be expected to be achieved in the short term. In some cases, separatism could therefore be advocated as a means to an end, a temporary measure until women were allowed full access to the male institutions (that is to a large extent what Emily and Elizabeth Blackwell believed when they set up the Women's Medical College of the New York Infirmary in 1868²⁴). Sophia Jex-Blake, however, saw things differently. In 1869, as she was about to travel to Edinburgh to seek entry to the university, Jex-Blake, drawing on her own experience in American and Swiss hospitals with students of both sexes, explained she supported the idea of common schools for male and female students (Jex-Blake: 1869, 61). "I believe that no serious difficulty need ever occur, except in cases of really exceptional coarseness of character on one side or the other," she wrote. "That such joint study will be for the first few days novel and embarrassing is of course natural; but I believe that, as the first novelty wears off, the embarrassment too will disappear in the interest of a common study" (54). Mixed education, however, seems to have applied in her mind to situations involving a small number of female students only and been mainly dictated by financial and organisational expediency. As time went on, and as the number of women attracted by the study of medicine increased, she believed it would probably be "both natural and convenient that they should have a Medical School of their own, in which every means of study should be specially provided for,

²³ Having been denied access to all the hospitals and schools she had applied to, Elizabeth Garrett Anderson discovered that she could practise medicine and be placed on the Register only through passing the Apothecaries' Examinations, which she did in 1865 (she then decided to secure a better degree abroad and sat for the Paris M. D. diploma). By 1867, however, this route of access to the Register was closed. After Garrett had qualified, the Society of Apothecaries passed a resolution stating that all candidates must have studied in a recognised medical school and these were all closed to women. Elizabeth Garrett does not seem to have been much interested in a collective struggle but preferred to build up her career and reputation step by step. As Catriona Blake points out, Garrett Anderson's approach implied that victory would come as "a favour" granted to some individual women rather than as "a right" to be won for a group of women (Blake, 201).

²⁴ Elizabeth Blackwell wrote in 1855: "I once hoped that the hospitals, as at present organized, would open their doors to female students. I had studied, myself, so satisfactorily in hospitals, with male students, that I knew sex would be forgotten in science. But I am now convinced, that though this may be true for individuals, it is not, at present, expedient to mix indiscriminate classes of young men and women in medical study. The sexes, I doubt not, will ultimately join in every study and human interest, with mutual advantage; but the commencement must be made in the school and university, and will be the work of a better age than ours" (Blackwell, 14). Emily Blackwell, her sister, later commented on this strategy: "We had held open the doors for women until broader gates had swung wide open for their admission" (quoted in Blake, 39).

and adapted to, their needs.” To avoid any danger of a second-rate education, such a school should not be founded until the number of students was sufficient to finance the hiring of “first-rate teachers and the ample provision of all needful facilities” (66-67). Besides, whether instruction was provided with men or apart from them, it was essential, both for women doctors and their patients that the standard for medical practitioners of both sexes should be identical: this meant that women should be admitted to the examinations already established for men and should receive their degree on the same terms. Jex-Blake thus opposed degrees that would be granted to women by a College of their own, or a special examination created for them: “Let British degrees continue to be of perfectly definite value; make the conditions as stringent as you please, but let them be such as are attainable by all students, and are clearly understood by the general public ; and then, for all that would worthily win and wear the desired honours, ‘a fair field and no favour’” (68).

Three years later, although Jex-Blake was still favourable to the idea of mixed education, she now appeared to have changed her mind and to now believe that such a system of education was not possible under present circumstances. As she wrote in *Medical Education for Women*:

I have very little doubt that this will ultimately be the usual arrangement as civilization advances. But I am equally certain that boys of a low social class, of small mental calibre, and no moral training, are utterly unfit to be admitted to a mixed class, and I confess that I was most painfully surprised in Edinburgh to find how large a number there are of medical students who come under this description. I had honestly supposed, as I wrote three years ago, that ladies need fear no discomfort in an ordinary medical class, as “the majority of the students would always be gentlemen” (*Medicine as a Profession*, p. 62). I regret that on this point I have been compelled somewhat to modify my opinion [...] at present, wherever professors and students think it necessary, women shall be taught medicine only in separate classes, though I hope, even in my life-time, to see the day when such regulations are no longer required (1872, 132-133).

As Sophia Jex-Blake explains here, what had recently happened in Edinburgh had no doubt contributed to her change of mind. In 1869, Jex-Blake and six other women²⁵ had been allowed to matriculate and pass the usual preliminary examination for registration by the University of Edinburgh. They were also allowed to attend medical classes and to receive certificates of attendance qualifying for examination, “*provided that classes [were] confined entirely to ladies*” (italics mine) (in Moberly Bell: 71).²⁶ However, while between October 1869 and March 1870 the seven students were able to attend medical classes, the fact that they did very well in the Winter session and that one of them, Edith Pechey came top in the chemistry examination, rapidly led to attempts to remove them from the university and prevent them from completing their medical education. Pressure was put on the medical lecturers who were providing separate classes; Edith Pechey was refused the Hope scholarship she should have been entitled to on the grounds that women, having been taught separately, could not rank as members of the class; and the faculty, for the same reason, refused to deliver certificates of attendance for the classes the

²⁵ Mary Anderson, Emily Bovell, Matilda Chaplin, Helen Evans, Edith Pechey and Isabel Thorne.

²⁶ These separate classes meant that Sophia Jex-Blake and her friends had to pay about double the ordinary fee.

seven women had completed and which were essential to enable them to take their professional examination²⁷. Supporters of women medical students among the professors raised the issue at a meeting of the General Council of the University and proposed a resolution to admit women to the ordinary University classes rather than provide them with a separate education but they were defeated. The result was therefore a “no-win” situation: women could not take their professional examination if they followed separate classes; yet, they would not be admitted to mixed classes. A solution was found for a while in the form of the Edinburgh Extra-mural School (where women were admitted to the existing classes for male students)²⁸ but a new obstacle arose when the seven students applied to the Royal Infirmary to secure clinical instruction. Despite support from some professors, women’s admission to the infirmary was rejected by a majority of the medical and surgical staff. Opposition then grew on the part of male medical students²⁹ until harrassment reached a peak in mid-November 1870 when a crowd of students gathered at Surgeons’ Hall to prevent the young women from entering an anatomy class examination.

In the Winter of 1871-1872, Sophia Jex-Blake and her friends made a number of unsuccessful attempts to obtain from the University the assurance that it would enable them to complete their studies and proceed to a medical degree (Jex-Blake: 1886, Notes section, DD, 81-4) then decided to raise a legal action against the Chancellor and Senate of the University to force the university to let them graduate. Lord Gifford, who presided over the case, supported their claim (although he could not force the university to let women into all classes and the women students had to depend on extra-mural classes and were still excluded from surgical operations at the infirmary). This victory, however, was short-lived as the Senate appealed against the ruling and, in July 1873, the Court of Session decided that the Scottish Universities were not entitled under their existing charters to examine and grant degrees to women and that the University of Edinburgh had acted illegally in doing so in 1869. The *status quo ante* being restored, Sophia Jex-Blake applied to all the London schools –in vain.

It was these events –and the fact that they were still denied traditional, male-dominated routes of access to medical education– which convinced Sophia Jex-Blake of the necessity to

²⁷ The event brought the women’s cause much publicity as the decision was immediately decried in the press. “If the University intended to exclude ladies from the pecuniary advantages usually attached to successful study, the intention should have been clearly announced” an editorial of *The Times* ran (25 April 1870). As for the *Spectator*, it denounced the hypocrisy of the University: “to make women attend a separate class, for which they have to pay, we believe, much higher fees than usual, and then argue that they are out of the pale of competition because they do so is, indeed, too like the captious schoolmaster who first sent a boy into the corner then whipped him for not being in his seat” (9 April 1870). Even the *British Medical Journal*, on that occasion, sided with Edith Pechey: “The Senatus has, by a small majority, confirmed Professor Crum Brown’s decision with regard to Miss Pechey and the Hope Scholarship, on the grounds previously resumed by us. But these grounds, if so they may be called, are in our opinion insufficient to deprive Miss Pechey of the Scholarship. Whatever may be our views regarding the advisability of ladies studying medicine, the University of Edinburgh professed to open its gates to them on equal terms with the other students; and unless some better excuse be forthcoming in explanation of the decision of the Senatus, we cannot help thinking that the University has done no less an injustice to itself than to one of its most distinguished students (*BMJ*: 16 April 1870, 393).

²⁸ The school had existed since 1840 and consisted in classes taught by qualified and authorized lecturers other than University professors.

²⁹ A petition signed by 504 out of the 550 male medical students –and probably initiated by one of the professors– was presented to the Infirmary urging it not to admit women (Blake, 127).

create a separate medical school for women (Witz, 92). While bills continued to be presented to Parliament between 1874 and 1876, she resolved in the Summer of 1874 to make arrangements for a complete Medical School for women either separately or in connection with one of the existing hospital schools. The latter was first attempted as it would have involved less expense but the strong opposition of some of the lecturers made it impossible to carry it out.³⁰ It was then decided to start an entirely new school for women that would be officered by recognised lecturers already teaching in one or the other of the London Schools. Separatism, which had been avoided in the first instance, was therefore imposed by circumstances.

The London School of Medicine for Women

The events in Edinburgh had created much public interest in the issues involved and brought many influential supporters so that Sophia Jex-Blake was able to gather a group of sympathizers who offered their services as future lecturers: Dr. Arthur Norton, consultant at the New Hospital for Women, Dr. King Chambers, senior physician and lecturer at St Mary's Hospital and Dr. Francis Anstie, physician at the Westminster Hospital. It was at the house of the latter that a meeting was held on 22 August 1874 and a resolution passed unanimously "That in the opinion of the present meeting it is desirable that a school be founded in London with a view of educating women in medicine and enabling them to pass such examinations as would place their names on the medical register" (Moberly Bell, 93). A provisional committee of 21 registered medical practitioners was set up, among whom Elizabeth Blackwell and Elizabeth Garrett Anderson³¹ as well as –significantly– Dr. Ernest Hart, the editor of the *British Medical Journal* (Roberts, 146).³² Elizabeth Garrett, who had previously insisted that women wanted full access to the profession, not an inferior education and worthless diplomas,³³ was at first opposed to such a school whose graduates, she feared, "would at once be marked as a special class of practitioners, subordinate and inferior to the ordinary doctor" (Todd: 1918, 421). Yet, she agreed to serve on the Provisional Committee of the school after Sophia Jex-Blake had written to her in August 1874, informing her that, with or without her support, the school would open and pointing out that her absence from the committee of a school meant to promote female education would not pass unnoticed and might harm the cause. Large donations were received from friends of the movement, which enabled the Provisional Committee to lease premises in Henrietta Street, Brunswick Square and twelve qualified lecturer (including Elizabeth Blackwell in the Chair of Midwifery and diseases of women) were then appointed. All –with the exception of Elizabeth

³⁰ Report of the LSMW, Winter Session 1875-76, 4.

³¹ The other members were: Dr. Charlton Bastian, Dr. Billing, Dr. Broadbent, Dr. Thos. King Chamber, Dr. Cheadle, Mr George Cowell, Mr Critchett, Mr Ernest Hart, Mr Berkeley Hill, Professor Thomas Henry Huxley, Dr. Hughlings Jackson, Dr. Murie, Mr A.T. Norton, Dr. F. F. Payne, Dr. W.S. Playfair, Mr Rivington, Dr. Burdon Sanderson, Dr. P. H. Stokoe, Dr. Octavius Sturges. The committee did not include Sophia Jex-Blake, who was not yet on the register and took on the work of secretary.

³² Dr. Anstie was elected Dean but was to die the following month. He was then replaced by Dr. Norton.

³³ *The Times*, 26 April 1870 and 4 May 1870 (quoted in Blake, 117).

Garrett Anderson, who taught “Practice of Medicine”– were recognized by the Colleges of Physicians and Surgeons and teaching at one of the eleven prestigious medical schools.³⁴

The School opened on 12 October 1874 with fourteen students, twelve of whom had previously studied at Edinburgh.³⁵ A three-year curriculum of lectures was worked out on a basis of rotation of subjects. Classes were thus held in anatomy, practical anatomy, physiology, chemistry, botany, materia medica, practical chemistry, comparative anatomy, mental pathology, surgery, midwifery and diseases of women, forensic medicine, ophthalmic surgery, clinical medicine and clinical surgery (LSMW: Winter Session 1875-76, 18).³⁶ Although no collaboration had yet been agreed on, it was intended that the fourth year of study should be devoted to practical work in a hospital or dispensary (Ibid.).

Reactions

Three years before the creation of the London School of Medicine for Women, the *British Medical Journal* had explained in one of its attacks against the Ladies’ Medical College that it was not opposed to women having access to medical education (which the LMC, in its opinion, did not supply) but that they must set up their own colleges and hospitals rather than “take advantage” of existing ones.

The ladies have not yet even attempted the no doubt difficult but certainly not impossible enterprise of supplying themselves with anything resembling a medical college and clinical hospital. In London alone, the male part of the community have founded for themselves twelve. If the ladies who desire medical education were at all numerous or much in earnest, they could not have much difficulty in founding one. They prefer to batre en breche the possessions of the male, and to claim a seat by the side of the male students in the amphitheatre of surgery, in the deadhouse and the dissecting-room. The shortest route is not always that which is travelled most quickly; and, if the citadel of medicine is to be conquered by the fair aspirants, we doubt it must be taken in flank. The day that a Portia presents herself, pointing to an educated class of female students passing soberly through a complete and well ordered curriculum of medical study, such as is prescribed by the General Council of Medical Education and Registration, the battle will be more than half won, before medical opinion, so far as the conquest of the rights of the feminine sex is concerned (*BMJ*, 23 sept. 1871: 356).

³⁴ Report of the LSMW, Winter Session 1875-76, 12-16.

³⁵ The fourteen students were: Isabel Thorne, Sophia Jex-Blake, Edith Pechey, Mrs Marshall, Miss Ker, Miss Annie E. Clark, Mrs Foggo, Miss Vinson, Miss Rorison, Miss Shove, Elizabeth Walker, Agnes Mc Lren, Miss Waterston, Fanny Butler (Thorne: 1905, 19). During the first session, nine additional students enrolled, bringing its number to 23. The minimum age required to join the school was 18 and the new students had to sign a declaration stating their intention to go through the whole course of study and to pass the examinations necessary for registration. The aim of this measure was to prevent the entrance of students who, after taking “a few classes,” might consider themselves competent to practise as medical missionaries or otherwise and whose incompetency would have “brought disaster to their patients and discredit on the School and the movement at large” (Jex-Blake: 1886, 212-213).

³⁶ 1874-75 : Winter session : anatomy, practical anatomy, physiology, chemistry ; Summer session : botany, materia medica, practical chemistry, comparative anatomy, mental pathology / 1875-76: Winter session: anatomy, practical anatomy, physiology, surgery, practice of medicine ; summer session : midwifery, forensic medicine, ophthalmic surgery/ 1876-77 : Winter session : practice of medicine, clinical medicine, clinical surgery, pathology.

At the same period, the argument that women should stop asking for access to existing medical schools and go off and set up their own schools and hospitals also became recurrent in the pages of the *Lancet*.

Although the issue of economic competition and authority undeniably played a part in the opposition of the medical profession to women's access to medicine, it is essential at this point, as Anne Crowther (2002) insists, "to give proper priority to the arguments that were actually put forward most forcefully at the time against women joining the medical profession", that is to say morality and decency. When, following the Riots at Surgeons' Hall, a great number of letters reacting to the event were published in the press, the arguments that were used against the idea of medical education for women were often that mixed classes were a violation of the relations between the sexes and a threat to the whole social system. Sir Joseph Lister, who taught at Edinburgh, abhorred the idea of female practitioners and, to the end of his life, resisted the "unseemliness and impropriety of having medical topics discussed without restriction in a mixed company of men and women" (*BMJ*: 9 Feb 1878, 213, quoted in Crowther, 8). Lister did not reject the idea of women doctors *per se* but wanted a total segregation between the two sexes as students and practitioners and, by implication, the exclusion of women from the elite of the profession. Similarly, when, in 1874, a number of ladies pressed for permission to enrol as students in the Madras Medical College, Dr. Smith, the Principal of the College, wrote to the Director of Public Instruction that he had no objection to the proposal, but believed that "female students of medicine should prosecute their professional studies at medical schools and at hospital wards other than those attended by students of the male sex". "I maintain," Dr. Smith added, "that the laws of purity and modesty imperatively demand that in their strictly professional instruction and practical training the sexes should be separated, mixed classes being, from my point of view, an outrage upon common decency" (*BMJ*: 3 Oct. 1874, 443). The segregated schooling established by the creation of the London School of Medicine for Women could therefore be expected to defuse opposition due to such arguments while, at the same time, the care taken by Sophia Jex-Blake to provide first quality teaching made it difficult to attack on this ground.

Catriona Blake wrote in 1990 that "the newly opened school was met with hostility and ridicule from the opposition" (Blake, 168). Yet, even though *The Lancet* referred on one occasion to the school as a "dead letter" and to its lecturers as second rate (17 Oct. 1874, 561 quoted in Blake, 168), few hostile reactions to the new school could in fact be observed in the press and medical journals. The *British Medical Journal*, which had shown a strong hostility to the Ladies' Medical College, even proved very supportive on the opening of the school³⁷ and, in the

³⁷ The *BMJ* wrote about the creation of the school: "The event of the week is the announced opening of a School of Medicine for Women, in London, under the management of a Council which includes the names of Mr. Critchett, Dr. Billing, Dr. Burdon Sanderson, Dr. T. K. Chambers, Professor Huxley, Dr. Cheadle, Dr. Charlton Bastian, Dr. Sturges, Mr. Ernest Hart, Mr. Berkeley Hill, Dr. Murie, Mrs. Garrett Anderson, M. D., and Mrs. E. Blackwell, M. D. All of these are registered practitioners, and all are persons who have had much official connection with medical schools. The names of the Council will be accepted as a guarantee that the school will be carefully and prudently conducted.[...] The constitution of this school will raise the broad question. Will the examining bodies admit to examination, and give diplomas to women who come to them fully educated by teachers of recognised fitness, at an

following months, referred to it in the same way as to the other medical colleges, giving regular accounts of its lectures, examinations and meetings (see among others “Regulations of the General Medical Council and Medical Licensing Bodies”, published every September). As for the general press, which had recently condemned events surrounding the Surgeons’ Hall’s riots, it did not pay much attention to the school in the months that followed in its creation but then was quite encouraging and regularly published inaugural addresses, reports of meetings or events such as prize-giving (which were also covered in the column “records of events” of the *Englishwoman’s Review*). The LSMW also enjoyed the support of reknown figures such as Charles Darwin, Professor Henry Fawcett and future suffrage leader Millicent Garrett Fawcett, who were members of the governing body.

Such support, however, does not mean that female students of the LSMW were immediately accepted and given equal opportunities by the profession. Two difficulties, in particular, still remained to be cleared. The first one was the necessity of finding an examining body that would agree to allow the women to take their examinations. As soon as the school had opened, the nineteen London examining bodies had been contacted to ask that the school be placed on their list of accredited and recognized medical schools. All, however, refused, which meant that after completing their course, the students of the LSMW would still be unable to have their name put on the register (hence the necessity to continue in parallel the fight in Parliament). The second obstacle concerned clinical instruction: the regulations of the examining bodies required that students must attend, for at least two or three years at a hospital which, if in London, must contain at least a hundred beds and be a “general hospital.”³⁸ There were only thirteen such hospitals in London and nearly all of them were already monopolized for the tuition of male students and reluctant to admit women.³⁹ The issue of clinical instruction, which had been at the origin of the Riots of Surgeons’ Hall in Edinburgh four years before, remained the main bone of contention concerning female medical training. In June 1876, an attempt was made to obtain for the students of the LSMW part of the practice of Whitechapel’s London Hospital, which contained nearly 800 beds, the idea being that, without in any way encroaching on the practice of the male students, 150 beds occupied by women and children might be set aside for the use of female students. Yet, while the proposal was favourably received by the House Committee, it was rejected by the medical and surgical staff.⁴⁰ Other attempts met with similar rebuffs. The New Hospital for Women, that had opened in February 1872 in Seymour Place in order to help the movement for the admission of women to the medical profession was of course ready to cooperate but did not have enough beds (26 in 1876) and was not a general hospital.⁴¹

institution duly established and fitted, and after fulfilling the regular curriculum of medical study, or will they deny them examination and the right to practise, by reason of their sex ?” (*BMJ*: 10 Oct. 1874, 469)

³⁸ Report of the LSMW, Winter Session, 1875-76, 6.

³⁹ LSMW Winter Session 1875-76, 6.

⁴⁰ Fifth Annual Report, New Hospital for Women, January 1877, 15. In February of that same year, contacts made with Queen’s Hospital in Birmingham had resulted in the same situation: the proposal of connecting the Hospital with the LSMW had been accepted by the Board of Governors but rejected by the medical staff.

⁴¹ *Idem*, 6. “As this Hospital is available for purposes of study, the Committee will be glad to see it used by the students of the London School of Medicine for Women. Even when the school had obtained for its students access to

The matter was all the more urgent as, in January 1876, the executive of the LSMW reported that several students had left the school due to its inability to afford them qualifying hospital practice (Bell, 101).

By 1877, the 34 students at the School had finished their three-year programme and now needed clinical instruction as well as an examining body willing to examine them. Both were made possible the same year. Following the 1876 Enabling Act which granted universities the possibility to examine women candidates (but did not make it compulsory), the LSWM appealed to the King and Queen's College of Physicians in Dublin to approve its qualifications as a teaching body and admit its students for examination. Early in 1877, the school was inspected and recognized by the College so that its students were now able to present themselves for examination at Dublin. At the same time, an equally important advance was made with regard to hospital instruction as the Governing body of the Royal Free Hospital, which was situated near the school and had no students, agreed –against the advice of the medical staff– to open its doors to the students of the LSMW from October 1st 1877 for an experimental period of five years. In exchange, the School was required to pay the sum of £400 a year to the medical staff for clinical instruction and a subsidy of £325 per annum to the hospital in case the admission of women students should cause a fall in the annual income from subscribers.⁴² Although this was no small sum, the total amount was still less than what would have been necessary if the alternative plan of starting a large new general hospital had been adopted. In 1882, the agreement with the Royal Free Hospital was renewed and, as the experience had proved satisfactory to both sides, the annual £315 were no longer paid. By that date, 23 students of the School were now registered practitioners (Thorne, 24).

The Female Medical Society and Ladies' Medical College have never aroused much interest.⁴³ Dismissed by some as a conservative organization that did not live up to its original aims (cf Strachey), the society's caution in supporting women's access to the medical profession probably made it look hardly revolutionary and, as a consequence, little worth mentioning. Yet, despite the evident caution in its aims that became more obvious with time and might be put down to existing opposition, the Society, by striving to secure the autonomy of midwives from medical men, contested the limited sphere of competence so far ascribed to women and was, in that sense, quite radical for its time. As James Edmunds was to testify in 1892: "the idea that we

a large general hospital, it cannot but be useful that they should have in addition an opportunity of studying the special diseases of women, under the guidance of physicians of their own sex".

⁴² It was estimated that a sum of £ 5,000 would be needed during the next five years. A meeting in support of the LSMW was therefore held under the chairmanship of Lord Shaftesbury and carried a motion supporting the proposal to raise of special fund of not less than £5,000 "to complete its success" (*The Times*, 26 June 1877, 10).

⁴³ The Society and the College have both received very little attention in accounts of women's access to medicine in the 19th century. E. Moberly Bell in *Storming the Citadel*, written in 1953, made absolutely no mention of them and, to the exception of Catriona's Blake's *The Charge of the Parasols* and Jean Donnison's *Midwives and Medical Men* (dedicated to midwifery and not the medical profession) the two institutions were hardly mentioned in subsequent studies (only Anne Witz dedicate a few pages to it).

had in view was not to make midwives merely the servants of medical men, but rather to put them in the same position as a dentist who does not send for a doctor to draw out a tooth..." (HMSO: 1892, 107, quoted in Witz, 119). Besides, although it failed in its object of providing the country with a supply of highly trained midwives and securing their state registration (which was only to be obtained in 1902), the Society did a lot to rehabilitate midwifery as a respectable occupation and thus opened a new avenue for the employment of middle-class women. Its shortcomings, therefore, should not obscure the role it played in the movement for the medical education of women and the extent to which it contributed to paving the way for women's entry into the medical profession. The London School of Medicine for Women, however, certainly proved much more of a success and meant that the work of its predecessor was soon forgotten. From the very beginning, thanks to Sophia Jex-Blake's obstinacy and the quality of its teaching, the LSMW commanded much more respect than the Ladies' Medical College and attracted greater numbers of students. The comments it generated in the *BMJ*, show in this respect that while works published on the issue of women's attempts to access the profession have tended to insist on the hostility met by the women pioneers on the part of the medical profession –and, as an illustration, to quote exclusively hostile comments– the pattern was much more complex and nuanced. Although the 1880s saw a growing acceptance of female general practitioners both in Parliament and among the profession, women nevertheless continued to be denied access to many hospitals, institutions and medical societies far into the 20th century.⁴⁴ Thus, until 1886, the LSMW was the only school in Great-Britain to provide medical education for women⁴⁵ and, even after that date, as few universities admitted women to their examinations, the number of its students continued to grow.⁴⁶ The fact that, even when women had obtained the required undergraduate training, very few hospitals accepted them for post-graduate experience also meant that the newly qualified doctors often had to turn to hospitals run by women for women. Separatism, as a consequence, whether chosen or imposed, continued to prevail.

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⁴⁴ The Royal College of Physicians in London did not open its doors to women until 1925.

⁴⁵ By 1895 out of the 200 women on the registers, 150 had studied at the LSMW. In 1887, Sophia Jex-Blake created a new medical school for women in Edinburgh which had to close in 1898 because of low enrolment. Within three years of the foundation of Jex-Blake's Edinburgh School of Medicine for Women, two other schools were opened in Scotland: The Medical College for Women, also in Edinburgh, and St Margaret's Medical School for Women in Glasgow.

⁴⁶ From 77 in 1887 to 91 in 1889, 133 in 1892, 159 in 1896 and 318 in 1903 (Moberly Bell, 128). In 1900, as a result of a merger with the Royal Free Hospital, the school's name was changed to the London (Royal Free Hospital) School of Medicine for Women

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