

The Indomitable Lady Doctors

The Indomitable Lady Doctors. Carlotta Hacker. Toronto: Clarke, Irwin and Company Limited, 1974. Pp. 259.

The Indomitable Lady Doctors is the Golden Jubilee project of the Federation of Medical Women of Canada. It documents the involvement of women in medicine in Canada from the mid-1800s to the present. The story is a fascinating one. The first woman doctor to practise medicine in Canada was a "man," Dr. James Miranda Stuart Barry who, in 1857, was appointed Inspector-General of Hospitals for both Upper and Lower Canada. At the time of this appointment Dr. Barry had practised medicine for more than forty years, had established a reputation as a competent doctor and an outstanding surgeon--and had had to disguise herself as a man in order to do so. The story of Dr. Barry exemplifies in an extreme way the lengths to which a woman was forced to go in order to break through the barriers of prejudice and conventional morality barring her from what had become an exclusively male profession. None of the women who succeeded Dr. Barry had to resort to the ruse of disguising herself as male, but each had bitter battles to fight to gain admittance to medical school, to win acceptance by her fellow male students and colleagues, to be licensed by the appropriate licensing body and to earn the respect of her clientele.

Some, though not all, of these women were feminists as well as professional medical people. The first Canadian woman doctor, Dr. Emily Howard Jennings Stowe, is probably better known as a suffragette than as a pioneering

doctor. Both she and her daughter Augusta were dedicated to the cause of female suffrage and worked energetically to bring the vote to women. As an aspiring doctor, Emily Stowe found herself in an impossible situation. Since no Canadian university would accept her, she was forced to graduate in the United States (which she did in 1867); but she was therefore ineligible for licensing by the Council of the College of Physicians and Surgeons of Ontario which demanded that its licensees sit at least one session in a Canadian medical school. Undaunted, Dr. Stowe continued to practise illegally until she was finally licensed in 1880. The path was not quite so difficult for her daughter Augusta who was able to choose between Queen's College, Kingston, and Victoria College, Cobourg, as both had opened their doors to women. Augusta became the first Canadian woman to get a medical degree in Canada, graduating in 1883. The first woman to be licensed to practise in Canada was not Emily Stowe, but her friend and colleague, Jennie Kidd Trout, who was registered with the Council in 1875. Professional jealousy, it seems, caused a rift between these two women. One of the indirect outcomes of the break in their friendship was the establishment of two medical colleges especially for women--one endowed by Jennie Trout in Kingston, the other sponsored by Emily Stowe in Toronto, and both opening in October, 1883. These colleges continued independently until 1894-95 when they amalgamated to form

the Ontario Medical College for Women in Toronto. This was in turn absorbed into the University of Toronto Faculty of Medicine in 1906.

Not all of the pioneering women doctors were as political as Drs. Stowe and Trout. Some simply wanted to be doctors and did what they had to to overcome obstacles in their way without becoming more deeply involved in the feminist cause. Some were motivated by family circumstances to undertake a profession which would enable them to support themselves and a family. Others were missionaries or wives of missionaries sent to remote parts of the world where medical assistance was badly needed. Dr. Elizabeth Beatty set off for India in 1884 as the Presbyterian Church of Canada's first woman missionary doctor. She was so successful in administering to the sick and gaining the sympathy of the Indian people that the Maharani of Indore gave her land on which to build a special hospital for women. Such opportunities in the mission field offer an explanation as to why so many determined Canadian women joined the missionary cause.

By the early 1880s, women doctors were beginning to hang out their shingles all across Canada, and, by 1913, more than two hundred women had graduated in medicine in Canada. These women were making important contributions in the areas of mother and child welfare, mental retardation and public health.

Maude Abbott, who was not permitted to study medicine at McGill, became one of the most renowned members of the McGill medical faculty, and gained an international reputation as a pathologist for her work on congenital heart disease. It looked as though the major battles had been won. However, the medical profession was still in many ways closed to women. Women doctors who did not choose to be missionaries or pioneers were generally limited to caring for women and children. The First World War did much to change this situation and to open up more opportunities for women in such areas as surgery and radiology. Heroic on the battlefield and at home, their courage and ability could no longer be denied. One of the post-war consequences of the ever-increasing involvement of women in medicine was the formation of the Federation of Medical Women of Canada in 1924. This Federation was created not primarily to fight for women's rights within the profession but to act as guardian to those rights that had already been won. It acknowledged, rather than created, the role that women had made for themselves in the medical profession.

The Indomitable Lady Doctors is a well-researched book. It presents a thorough factual account of the history of women in medicine in Canada. Each chapter ends with lists of women graduates who have not been considered in greater detail; charts show the

number of female graduates of Canadian medical schools from 1883 to 1973; quotations and information are adequately footnoted for further reference; and a selected bibliography is included. On the whole, Ms. Hacker has chosen her examples well. The accounts of the lives of Dr. James Barry, suffragette Emily Stowe, missionary Susie Rijnhart, pathologist Maude Abbott and pioneer Mary Percy Jackson, to name only a few, suggest the variety of possible opportunities for women in medicine and the variety of temperaments of the women who chose this profession.

The raw material is potentially very exciting. Unfortunately Ms. Hacker has not been equal to the subject matter before her. The heroines of this work do not come alive; they remain at the level of statistic or caricature. Perhaps given the scope

of the work, it is asking too much that they should. Even more objectionable, however, is the tone of the book. Ms. Hacker writes in an overly colloquial and familiar manner. One of the results is that the significance of these women and what they have achieved is undercut and trivialized. The women do not come forward as the determined, powerful and complex people they must have been. The book contains altogether too much of husbands and clothing and anecdotes of supposedly humorous events. As a reader, I am less enthralled by this book than I might have been. My hope is that other writers will be motivated to write the serious and attentive study which these women and their work deserve.

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