

Elizabeth Garrett Anderson and the Professionalism of Medical Publicity

In January 1871 the *Lancet* brought together two contemporary bugbears of the Victorian medical profession: women and advertising:

Lady Doctors

Under the above heading a gushing correspondence has been going on in the columns of the *Echo*; and one of the participators in it, who signs herself ‘Helen Field’, touchingly describes how, many years ago, an internal injury made her a miserable invalid, unable to move frequently, excepting from the bed to the sofa, and suffering indescribable agony. Doctor after doctor, most unwillingly on the patient’s part, prescribed for her; but she only became worse. At length Providence made her determine to go to a lady doctor. ‘Oh! how different the treatment – a few questions delicately put, a simple prescription duly explained, every day rules, and all made easy to a non-professional understanding’. Since then the writer has been a different woman; and, in exchange for the benefit received, and because she had considerable difficulty in finding a duly qualified lady, she offers to send to any reader of the *Echo*, the name and address of her benefactress. We should be very glad to see that the ‘duly qualified ladies’ would set their faces like flints against such stuff as this. [. . .] The ‘qualified lady’ who relieved her would probably be the last to claim for her sex any monopoly of penetration with regard to the diseases peculiar to women, or any monopoly of delicacy in putting questions about them. Lady doctors, for some years to come, will incur considerable risk of being dragged into undesirable notoriety by the questionable laudation of persons of the Helen Field type; and, in the interests of their eventual success, they should discountenance everything of this description as decidedly as it has for years past been discountenanced by the higher class of practitioners of the other sex. Ephemeral reputation would be dearly purchased at the cost of submission to degrading advertisements.

As evidence of its contradictory attitude to women doctors the *Lancet* here both attacks and defends “‘duly qualified ladies’” (I, 21 January 1871, 103).¹ Instinctively questioning their professionalism by placing them fastidiously within inverted commas, the *Lancet* also implicitly draws them into ‘the higher class of practitioners’, who, by virtue of their prized social position and qualifications, disdain the cheap promotional opportunities afforded by

advertisement. By discountenancing ‘degrading’ and ‘undesirable’ forms of publicity women doctors can build a reputation which lasts longer than the ephemeral puff from an absurdly grateful patient.

Medical women were, however, caught in a double bind. On the one hand, in their fight to qualify legally as doctors they required the support and good will of ‘the higher class of practitioners’, in order to convince potential colleagues that women were not only capable of carrying out the demands of medicine but actually needed by the public at large. On the other hand, in order to publicise their cause and attract widespread attention they had to consider carefully the difficulties inherent in trying to enter a profession which disdained self-advertisement for profit. These apparently mutually exclusive aims were also coupled with the novelty value of women entering an all-male bastion of employment. As the *Australian Medical Journal* noted gleefully in 1865, ‘Medical Women’ could be ranked alongside the wonderment and curiosity caused by ‘dancing dogs, fat boys, and bearded ladies’ (Bashford 1998, p.85). Or, as a correspondent to the *Lancet* noted, if female medical aspirants were not ‘immodest’, then it was still vital to be aware of ‘the peculiarities of the class of self-asserting women’ (I, 21 May 1870, 752). Medicine, as Joan Burstyn puts it, was ‘the first occupation to be assailed by women’ (Burstyn 1973, p.81), increasingly eager to assert themselves in meritocratic nineteenth-century Britain. A society where, wrote Harry Thompson in 1857, ‘the importance of the professions and the professional classes can hardly be overrated’: ‘they form the head of the great English middle class, maintain its tone of independence, keep up to the mark its standard of morality, and direct its intelligence’ (Perkin 2002, p.84). What would happen to professional exclusivity if women were allowed such important roles or, indeed, to women’s domestic duties? Even Frances Power Cobbe feared initially that the first woman doctor to qualify in Britain, Elizabeth Garrett Anderson, would be unable to combine her private female role as wife and mother with her very public responsibilities as a

professional doctor. In a poem entitled 'To Elizabeth Garrett Anderson' she lamented the inevitable transition between virgin and wife, a move which could only be to the detriment of the women's cause:

'Give up ambition! Be my bride'
- Alas! *no* clarion voice replied
Excelsior!

At end of day when all is done,
And women's battle fought and won,
Honour will aye be paid to one
Who erst called foremost in the van
Excelsior!

But not for her that crown so bright,
Which her's had been, of surest right,
Had she still cried, - serene and blest –
'The Virgin throned by the West'.

Excelsior! (Power Cobbe, 1894, II, pp.105-106)

Although Power Cobbe was proved wrong in her assessment, there was a real contemporary fear that professionalism would lead either to 'self-asserting', 'unsexed' termagants with far too much 'immoral' knowledge about physiological processes or equally unnatural women, who struggled with their occupations, both at home and in the surgery. The battle for women's right to occupy themselves in a public role in the second half of the nineteenth century saw some of its fiercest fights in the field of medicine.

How early women doctors negotiated the freakishness of their position while attempting to maintain their professional status will be the focus of this article. As a case study, I will concentrate particularly upon the career of Elizabeth Garrett Anderson, and compare her briefly with her younger colleague Sophia Jex-Blake, who fought the University of Edinburgh to allow women to graduate once it had allowed them to matriculate in 1869. Jex-Blake has always been seen by historians as an effective publicist for the medical women's cause, publishing a number of articles which culminated in a book entitled *Medical Women: A Thesis and A History* in 1886, which charted the struggle for female medical education.

Indeed, Kristine Swenson, in a recent book on *Medical Women and Victorian Fiction*, suggests that '[m]uch of the Victorian public derived its formative impressions of women doctors from the representations of Sophia Jex-Blake in the press' (2005, p.106). When a London School of Medicine for Women was mooted in the early 1870s to obviate the problems women faced trying to educate themselves, it became Jex-Blake's 'living child' (Todd 1918, p.445), while Garrett Anderson thought the existence of a woman-only college, with its suggestion of academic inferiority, problematic. Despite Jex-Blake's fundamental role in founding the School in 1874 in the managing committee chose not to accept her as Honorary Secretary nor later as the Dean, a post that went to 'reliable and successful' Garrett Anderson in 1883 (Todd 1918, 449); the latter less temperamentally difficult and clearly more appropriate as the acceptable public face of medical women. While Jex-Blake's very public fight with the University of Edinburgh made good fiction, it did not stand her in equally important stead with her (male and female) colleagues nor reflect well upon her professionalism, a key factor in the achievement of medical renown in a century which had seen desperate attempts to elevate the social standing of the doctor. As M. Anne Crowther and Marguerite Dupree argue in *Medical Lives in the Age of Surgical Revolution*, one of the most famed surgeons of the day, Joseph Lister, coupled scientific with moral reputation, as well as the devotion of former students, who helped to create and guard his reputation: 'Lister's career would always be more than the sum of his personal discoveries. He seemed to embody the rise of surgery from a craft to a science, and the rise of his whole profession to the pinnacle of social esteem' (Crowther and Dupree 2007, pp.98-99). I will contend in this article that it was Elizabeth Garrett Anderson who convinced both the medical profession and the public of the value of women doctors, benefiting both her cause and, importantly, her own private reputation, without risking her professional status.²

I. '[S]ome credit, an excellent advertisement, and a guinea' (Conan Doyle 1895, p.323)

The medical profession had been battling for centuries with self-representation. As Roy Porter puts it, 'quack' was

the ubiquitous swearword of an occupation many of whose terms were smeared with dubious connotations (consider the verb 'to doctor'). [. . .] [Quacks were] those who cried up their goods in the market, surrounded by zanies and monkeys, jokes and buffoonery, those who pasted bills upon walls, who puffed their wares in newspapers, who circuited the nation, who mass-marketed cure-alls and catholicons (2003, p.17).

The introduction of the *Medical Register* and the General Medical Council following the Medical Act of 1858 aimed to outlaw quackery, ban advertisement of services and promote professionalism by listing only those qualified at reputable institutions (Peterson 1978; Digby 1999 and 1994). But even regulation could not stop excoriating press accusations, as late as the 1880s, claiming that 'entry into the profession of medicine cannot be said [. . .] to make a man lose his vulgarity or his coarseness, if he be originally coarse or vulgar-minded' (Power Cobbe 1881, 300-301). Or niggling self-doubt expressed over the united 'status' of the medical practitioner.³ In spite of attempts at reform the profession was still uncomfortably tradesmanlike for some. If the numbers of attendant 'zanies and monkeys' had been conspicuously reduced, the penchant for puffing, marketing and circuited was still persistently clinging to the image of the doctor.⁴

Under a heading of 'Unprofessional Advertising' the *Lancet* despaired in February 1871 over the continuing obsession of its readers with allegedly unscrupulous members of the profession: 'From all parts of the country we receive newspapers and cuttings from newspapers, containing the advertisements, more or less unprofessional, of local practitioners' (I, 18 February 1871, 255). If as the *Lancet* suggests, there was such a thing as 'unprofessional' advertising, then the implication was that 'professional' advertising existed,

in spite of the GMC's regulations. Arthur Conan Doyle, qualified doctor and creator of Sherlock Holmes, explored humorously the distinction between the two forms in *The Stark Munro Letters* (1894). As a young practitioner, Stark Munro needs patients in order to form a successful practice and, of course, as a good doctor, he cannot advertise his services. His luck, when it comes, is in the form of what he labels 'accidental cases', of which he quickly takes advantage:

Two small accidents occurred near my door (it was a busy crossing), and though I got little enough from either of them, I ran down to the newspaper office on each occasion, and had the gratification of seeing in the evening edition that 'the driver, though much shaken, is pronounced by Dr. Stark Munro, of Oakley Villa, to have suffered no serious injury.' As Cullingworth used to say, it is hard enough for the young doctor to push his name into any publicity, and he must take what little chances he has. Perhaps the fathers of the profession would shake their heads over such a proceeding in a little provincial journal; but I was never able to see that any of them were very averse from seeing their own names appended to the bulletin of some sick statesman in *The Times* (Conan Doyle 1894, pp.321-322).

For Stark Munro, medical reputation is inextricably linked to publicity and payment: to 'credit, an excellent advertisement and a guinea' (p.323). The slightest scratch can be intensified to assume the proportions of a lifesaving heroic deed through a judicious choice of the most ambiguous phrases. Notice also the attack here upon censorious medical elders who, in spite of their disapproving shakes of the head, connive similarly in enhancing their own careers through the most respectable channels. Cunningly constructed self-representation thus formed an integral part of nineteenth-century 'doctoring', despite official distaste to the contrary.

II. '[T]hose who sit on pinnacles are seen from afar'

Potential women doctors, when trying to gain access to a bastion of male privilege, had an even finer line to tread between self-exposure and an acceptable public and professional

character. After Elizabeth Garrett Anderson's success in qualifying for the Medical Register as a member of the Society of Apothecaries in 1865, medical bodies, keen to reiterate their professionalism, had sought every means possible to bar women from entering their hallowed halls. As Sophia Jex-Blake put in a *Fortnightly Review* article of March 1875, a rule was 'invented' which forbade students 'to receive any part of their medical education "privately" [the only route open to women already forbidden to attend public lectures with men]; this course being publicly advertised by one of the medical journals as a safe way of avoiding their legal obligations [to anyone who had already passed the requisite preliminary arts' examination], and thus shutting out the one chance left to women' (Jex-Blake 1875, pp.396-397).⁵ Another route now needed to be found and the University of Edinburgh, dithering over whether or not to allow women students was chosen as a suitable target. Surprisingly allowed to matriculate in 1869, Sophia Jex-Blake, Edith Pechey and a number of other women (some committed, some offering strength in numbers) had been battling with the authorities, which, reneging upon their initial agreement to admit them, would not allow them proper access to necessary hospital resources, nor, eventually to graduate. Academic honours allowed to male students, such as winning prizes, which were rightfully theirs (in the case of Edith Pechey, for example), were also denied. Public opinion rallied round the plucky women who had been treated so poorly. They received support from some members of the medical profession, as well as considerable attention from the press, who ensured, as Jex-Blake put it in an 1871 letter to Lucy Sewall, that 'people are getting wild for women doctors here' (Todd 1918, p.327).

Yet for those women who desired to make a name for themselves in the medical profession, publicity of their actions could affect their cause adversely. Sophia Jex-Blake discovered this to her cost when she failed her examinations, a gift for those who believed women simply did not possess the intellectual powers to study medicine or possess the air of

professional behaviour. As the *Lancet* commented smugly in a paragraph entitled ‘The Cost of Notoriety’:

Poets have always sung the blessings of obscurity. If our lot is cast in quiet places we have the satisfaction of knowing that the world, if it takes small heed of our great deeds, is equally careless of our shortcomings; but those who sit on pinnacles are seen from afar, and no screen intervenes between them and curious eyes. Medical students who have lately endured the pangs of a plucking must rejoice that they are not so well known to the public as is the champion of women’s rights, Miss Jex Blake. It should have been a woman’s right to reject her examiners had occasion arisen and had she thought fit, but the tables have been turned, and an inexorable board of examiners have had the audacity to reject a fair examinee, who has found ‘too late that men betray’, and that scientific knowledge is not acquired in courts of law (II, 30 November 1872, 793-794).⁶

A prominent public position could be useful when trying to win allies, but living one’s daily life in the press, as Jex-Blake had done while battling the University, would ensure that every detail could become public knowledge. But this was not the end of the story. Jex-Blake’s lack of success resurfaced nearly two years later in *The Times* between June and July 1874. This was nearly a year after all hope of the women graduating at Edinburgh had been lost. Following a letter written by Isabel Thorne to defend Jex-Blake against an anonymous, though sufficiently ‘notorious’ enough mention of academic ‘non-success’ in a previous issue, Jex-Blake herself wrote to the *Times* to explain her failure.⁷ In this letter she denied that she had (‘alleged[ly]’) failed because of her ‘unselfish devotion to the interests of her fellow students’, as Thorne had suggested, and instead accused her examiners of what was tantamount to unprofessional conduct. Jex-Blake expressed displeasure that the subject had been brought, once again, to public knowledge by Thorne’s ‘entirely erroneous’ defence, but, by effectively branding her examiners prejudiced and blinkered towards her, enhanced the ‘failure’ once more and encouraged debate.⁹

Understandably, facing potentially slanderous ‘insinuations’, no fewer than six of the academics concerned (Wyville Thomson was defended by anonymous – ‘X.Y.Z.’ – and also

by illustrious – Thomas Henry Huxley - proxy) wrote to the *Times* to protect their impartiality. In a ‘defence, if defence it can be called where there was no offence’ the examiners poured scorn on Jex-Blake, not only confirming her failure but reiterating the impropriety of making an essentially private examining board publicise the account of her unsuccessful attempt. Such results should have remained between candidate and examiners; Jex-Blake herself, reminded the Edinburgh academics, had spoken publicly about her ‘plucking’, ‘making her failure widely known’, soon after the board had met.⁸ On 6 July, the *Times* published another letter.⁹ Jex-Blake felt ‘forced’ to respond again, denying vehemently having mentioned her failure in public and instead returning the accusation of unnecessary advertisement back upon the examiners, who, if they ‘had felt themselves to be altogether above suspicion would hardly have thought it necessary to defend themselves as they have just done in the *Times*’. All in all, according to Jex-Blake, this entire situation reflected only too forcefully the ‘bitter professional animosity’ towards herself and the medical women’s cause. The lengthy debate over Jex-Blake’s examination failure began and ended with comments about and from ‘one of the Ladies, who had rendered herself most conspicuous’¹⁰; female publicity and medical professionalism were locked into a fierce battle of oppositions. But, most fascinatingly here, it can also be argued that Jex-Blake’s main offence was unprofessionalism; her sex became secondary to the betrayal of her colleagues.

Sophia Jex-Blake undoubtedly blundered over this incident. Indeed, her friend and first biographer, Margaret Todd, shuddered textually when she thought of the debacle over forty years later: ‘the letter [from Isabel Thorne] came upon S. J-B [sic] like a thunderbolt, and she committed the great and crowning mistake of her life, - she wrote a letter to the *Times*’ (Todd 1918, p.417).¹¹ But Sophia Jex-Blake was also a skilful publicist of the battle at Edinburgh; one glance at the voluminous ‘Notes’ section of the second edition of *Medical Women: A Thesis and a History* (1886) provides an insight into how she gained the widespread support

of the press through the poor behaviour of several male students, as well as some of the medical faculty, at Edinburgh.¹² Her most recent biographer notes that Jex-Blake knew that publicity could be a ‘powerful weapon’, using the press, both through her own articles and on her behalf, ‘to win and hold the interests of the public’ (Roberts 1993, p.93; p.130). But the misguided *Times* letters laid her open to accusations of unprofessional conduct, of directly advertising and promoting herself in order to attack the male medical body. In so doing, she distanced and isolated herself from the very profession she was attempting to join. If women wanted to enter the world of medicine, they needed to ensure that they played the game. Over-zealous self-advertisement to the detriment of colleagues was frowned upon; medical fame achieved by professional promotion through subtle sleight-of-hand, like Stark Munro realised, was far more successful in gaining the respect of colleagues and patients alike. Advertising one’s professional successes had the dual effect of distancing oneself from the action and emphasising only the achievement, but also, by maintaining such an aura of professionalism, reflecting attention directly at the achiever.

III. Elizabeth Garrett Anderson and ‘the effects of butter’¹³

Sophia Jex-Blake’s approach to publicising the medical women’s cause was very different to that of the first woman to qualify as a doctor in Britain, Elizabeth Garrett Anderson. When historians write about the two women they oppose them in every respect. Garrett Anderson was ‘circumspect’, whereas Jex-Blake was ‘impetuous’; the former was ‘motherly’, while the latter was ‘maidenly’ (Crowther and Dupree 2007, p.153; p.165).¹⁴ Jex-Blake was a ‘fiery trail-blazer’, but the ‘self-effacing’ Garrett Anderson ‘hated to be the subject of personal curiosity and gossip’: ‘Sophia’s vivid, tempestuous personality was a gift to journalists and their readers. In the public eye she became, and remained, the pioneer woman doctor.

Elizabeth, fastidiously avoiding personal publicity herself, was content that it should be so' (Manton 1987, p.233; p.138; p.215; p.240). Their opposing values were all-too evident from the earliest meetings. When they enjoyed some rock climbing together in the Trossachs for Garrett Anderson's twenty-sixth birthday in June 1862, their approach was notable for its differences. As Manton puts it: '[they climbed] each in characteristic fashion, Sophia choosing always the steepest and most dangerous places, and Elizabeth, though determined not to show her fear before her bold companion, prudently choosing a route where trees and bushes gave a foothold' (1987, p.129). To continue this imagery, the bold, intrepid Jex-Blake is viewed by historians as having deliberately courted danger, finding her way to the summit in a precipitous manner, attempting the most ambitious and noteworthy route to the top; despite chronological inconsistency, Garrett Anderson, however, remained in the shadows of her courageous, battling colleague, clinging on, cautiously, to the standard route, rarely putting a foot wrong and never risking her position. Consequentially, Sophia Jex-Blake actively sought public recognition; Elizabeth Garrett Anderson shunned the limelight.

This reception of two different personalities has a long history. Some contemporaries perceived the case similarly; James Stansfeld, Liberal M.P. and social reformer, offers an ideal example of such an attitude in his article on 'Medical Women' for the *Nineteenth Century* in 1877:

[the movement] dates, practically speaking, from the month of March 1869, when Miss Jex-Blake first made application to the University of Edinburgh [. . .]

I have not dated the movement from Mrs Garrett Anderson's personally successful attempt, because its immediate consequence was the closing of the door through which she had forced her way [. . .] Her honourable place appears to me to be that of a forerunner of the movement, which she has, however, continuously aided, and now aids, by personal service and pecuniary help, and by the prestige of her own character and repute (1877, 888-890).

On the surface, Stansfeld awards distinction to Jex-Blake; for she it was who courageously fought so publicly for recognition. However, on closer examination, it is Garrett Anderson

who possesses ‘prestige’ of ‘character and repute’; it is Garrett Anderson who, through her own conduct, has attained both public confidence and professional respect.

Although maintaining an ambiguous attitude towards women doctors the *Lancet* quickly became starry-eyed by the academic prowess of Elizabeth Garrett Anderson. Determined to receive her M.D. when all objections in Britain had been placed in her way, she took her degree at the Université de Paris in 1870. The breathless *Lancet* correspondent wrote in ‘great haste’ about ‘the medical event of the day [. . .] which has just this instant taken place’:

I say it is an event, because it is, I believe, the first time that a lady has graduated at the Paris Faculty since its foundation; and Miss Garrett is justly proud that it has been given to an English lady to establish the precedent.

There certainly, notes the correspondent, was an ‘air of fête’ about the proceedings which encapsulated national – both British and French - pride about this impressive, highly skilled woman, who made a bravura public performance of her considerable professional talents. ‘[U]nder the influence’ of her success, the correspondent’s excited tone reflected the intoxication of that triumphant day (I, 18 June 1870, 891). Indeed, later that year, the *Lancet* lauded her as an exemplar, forgetting her sex and allowing her achievements to enhance the medical profession as a whole:

Miss Garrett’s abilities are so exceptionally great, when tested by the standard of either sex, that we may, in her case, at once put aside all controversy about women doctors, and say without reserve, that she is an ornament to the calling that she has embraced (II, 29 October 1870, 615).

Again, like the later reception of Jex-Blake in the *Times*, it is professionalism not sex which matters so much here. Is this because Elizabeth Garrett Anderson was so ‘outwardly conventional’, as Brian Harrison (1981) puts it?¹⁵ Or was Garrett Anderson more aware, than historians will usually allow, of her place as a contemporary icon? Was her reputation gained and then maintained by careful, considered manipulation of her public image in order to gain professional credit and public worth?

In similar fashion to the ‘higher class of practitioners’ quoted in the introduction to this article who knew exactly how to create a more than ‘ephemeral’ success, Elizabeth Garrett Anderson was aware, from the outset of her decision to study medicine, of the necessity of appearing to best professional advantage in public. Like the suffragettes nearly half a century later, Garrett Anderson knew the importance of a feminine appearance to counter accusations of the monstrous ‘peculiarities’ of women in public life. As such, she always dressed accordingly, having learnt very early on in her career the value of manipulating costume: ‘I feel confident now’, she informed Emily Davies in September 1860, ‘that one is helped rather than hindered by being as much like a lady as lies in one’s power’.¹⁶ But this is not to suggest that she cultivated conventionality, that she did not intervene in controversial social and medical issues of the day, nor engage fully in the campaign for female suffrage. In fact, as earlier as 1860, *pace* Manton, rather than being pained by public exposure, she expressed all the more determination that ‘[if] it [her decision to study medicine] becomes a matter of gossip, I shall never retreat’.¹⁷ Historians often draw attention to a letter written by Garrett Anderson to her sister, the prominent women’s suffrage campaigner Millicent Garrett Fawcett in June 1867:

Dearest Milly,

I shall be very glad to subscribe £1. 1 / a year to the Franchise Society but I would rather not have my name advertised on the Gen. [sic] Committee.

I think it wiser as a medical woman to keep somewhat in the background as regards other movements. I do not mind my name appearing in any list for private circulation but I particularly wish it not to appear in public advertisements. Will you please tell Mrs P.A. Taylor this, and beg her to put a mark against my name that the request may not by any inadvertence be forgotten.¹⁸

Here is a clear indication of Garrett Anderson’s desire to avoid publicity. Or is it? What is apparent in this letter is actually her belief in avoiding a certain sort of publicity, one associated, in the eyes of the medical profession, with quackery: advertising. If her name

appeared in ‘private circulation’, then she maintained social and professional status, while, potentially, gaining patients with the same political ideas as herself. Either way, Garrett Anderson won.

Indeed, it is vital not to forget that in 1866, she had signed and was one of the initiators of the petition for the enfranchisement of women householders, which she and Emily Davies presented personally to John Stuart Mill. She also continued speaking on behalf of the women’s cause in the 1870s.¹⁹ On 17 June 1884, Garrett Anderson was the chair of a large suffrage meeting in St James’ Hall and five years later she became a member of the Central Committee of the National Society for Women’s Suffrage. She even supported the suffragettes and militancy for a few years between 1908 and 1911, when she joined and actively participated in the Women’s Social and Political Union, as well as becoming the first female mayor from 1908, in the town of Aldeburgh, where she had grown up.²⁰ And, of course, when the London School Board was formed after the Education Act in 1870, Elizabeth Garrett Anderson was elected to Marylebone with 47,858 votes, over her next rival, Thomas Henry Huxley, who achieved only 13,494; she also achieved more votes than any other candidate in London. Not only was the Board ‘the most prestigious and important of all late-nineteenth-century local government bodies’, but Garrett Anderson’s success stemmed from her ‘determination to stake out women’s claims to public life from the first’, rather than any devotion to elementary education (Hollis 1987, p.39). In a letter to her future husband, she wrote: ‘I am very glad and happy, both for the victory itself and also for its having been given to me to have a share in it. I am sure it will do the women’s cause great good’.²¹ While the ‘women’s cause’ was uppermost in Garrett Anderson’s mind here, the *Lancet* noted only the pride of the medical profession at her success:

Her physiological knowledge will supply a valuable element, that does not usually enter into school boards; and her sex, if it influences her at all, will do so by giving her a warmer sympathy with everything that can help to elevate the child (II, 29 October 1870, 615).

By advocating the ‘great benefits’ brought to the administrative services of the capital by this ‘valuable woman’, the *Lancet* forgot its usual concerns about self-promoting females. If Garrett Anderson cannily decided to avoid advertising herself in some ways, her victory here, as she admitted in the letter to James Anderson, was both personally important and a very public, if not openly acknowledged in the case of the seduced *Lancet*, support for female publicity.

Far from shunning the public gaze or becoming a passive ‘object of intense curiosity’, Elizabeth Garrett Anderson was viewed by her friend Emily Davies as a triumphant and active courter of the great and the good.²² While Davies worried about the cost of a new hat, required for attendance at public gatherings, her friend’s case was ‘different’ ‘because successful physicians always consort with the aristocracy, and she of course wants to make her way in the world’ (Stephen 1927, pp.110-111). Garrett Anderson’s profitable forwardness became eventually for Davies a little too daring and they lost the closeness achieved in the former’s student days.²³ If Emily Davies commented on her friend’s obvious desire to ‘make her way in the world’, Elizabeth Garrett Anderson too realised her burning ambition to succeed in her chosen field, achieving dignity and greatness in the eyes of others. Her letters to James Anderson offer a fascinating glimpse into the thrilling intoxication of the prospect of a famous name. One very frank letter in particular stands out in which she revels in the fact that ‘[i]t is a great thing to be alive just now’:

For the moment I cannot afford to waste time and strength in being kind to the miserable people at the Hospital. Unless they help me on my road some one else must be kind to them. It almost breaks one’s heart to realize what their lives are; what they must be whatever one gave up to in order to help them, but this is no reason for allowing them to interfere with more important objects.

Mr Heckford thinks this sort of thing is mere selfishness. He is wrong, tho’ no doubt an eagerness for success is very apt to be selfish or to become so, but even if he were right I almost think I wd go on and sell my soul for the cause I care most to help. It is my business to become a great physician,

nothing else I could do would help women so much as this, therefore, if the hospital helps it is welcome, if it hinders away with it!²⁴

This is a startling letter, which dispels any sense that Elizabeth Garrett Anderson cowered away from personal publicity or ambition. Indeed, she saw herself as the embodiment of the campaign for women doctors; a figurehead whose actions and behaviour affected the perception of her profession. If, for respectable Victorians, 'work was the chief sphere in which moral worth was developed and displayed' (Collini 1991, p.106), Garrett Anderson here complicates matters by removing the morality from the equation to leave only profit, while still, outwardly, working benevolently for a good cause. Her altruistic tendencies are in fact contingent upon 'the pursuit of strictly individual satisfactions' (Collini 1991, pp.60-90), while always, apparently, asserting herself for her sex. Notice that nothing is to divert attention away from 'my road' to success. When James Anderson proposed in December 1870, Elizabeth Garrett's thoughts turned easily from happiness to consciousness of her 'too exclusive interest in the public side of life'; the two, she assured her fiancé, would fight for control over her unless they met less often before their marriage.²⁵ Indeed, she was more than aware of her interest in what Anderson had euphemistically labelled 'the effects of butter', or, her susceptibility to compliments. Yet, she reassured him, 'so long as it was not swallowed or absorbed it could not do much harm'.²⁶ Her desire to consume praise is indicated by the fact that the negative was only added as an afterthought.

Garrett Anderson did work hard, however, to counteract her buttery tendencies. She was certainly self-censorious, engaging once, just before her marriage when she was most concerned with her public position, in a 'starving process' which was 'good for working on': 'I have done more today than in any four days before'.²⁷ When writing about her participation in the medical movement, Garrett Anderson also carefully crafted her public image. In a draft of a piece about her career for the *Hampstead and Highgate Express* (1870), she removed 'rapidly' from the following sentence and replaced it with 'steadily',

indicating a general accumulation of interest in her work rather than the meteoric and potentially ephemeral original sense: ‘her public and private practice as a physician for women and children has steadily increased’. This collection of notes ends with a fascinating postscript: ‘P.S. Spite of all this absurd bunkum EG does not when she free to be candid [sic] think much of herself’.²⁸ The role of the female professional pioneer was a complex, continually self-reflexive one,²⁹ which required navigating the very fine line between self-promotion and ‘absurd bunkum’. Sometimes a surfeit of butter could make even Garrett Anderson balk at her own swallowing and absorption of this delicious commodity.

Yet Garrett Anderson’s sense of her individual responsibility for medical women in Britain is only too apparent in her correspondence and is frequently indicated through slips of the pen. Most intriguing is her announcement to her sister Millicent Garrett Fawcett of her engagement to James Anderson. In a letter written on Christmas Day 1870 she seeks Garrett Fawcett’s approval by justifying her decision to accept the proposal and reassuring her that she has ‘not deserted her post’:

I think it need not prove to be so and I believe that he would regret it as much as you or I would. I am sure that the women question will never be solved in any complete way so long as marriage is thought to be incompatible with freedom and with an independent career and I do think that there is a very good chance that we may be able to do something to discourage the notion.³⁰

While this might appear as a joint effort to ‘discourage’ fears about the incompatibility of married women and a professional career, the original phrasing adds a different reading. Before she wrote ‘we may be able to do something’, she had to cross out her initial focus, which had been herself; changing the first to the first person plural. Neither Frances Power Cobbe, whose poem ‘To Elizabeth Garrett Anderson’ feared her loss of individuality, nor the *Lancet* need have worried that her interests and existence would be absorbed into that of her husband. In a feature entitled ‘Minerva Medica Nupta’, the latter wondered ‘[i]f she succeeds in combining the two functions of mistress of a household and medical practitioner, she will

have performed a feat unprecedented in professional history, and added another notable incident to this *annus mirabilis*' (I, 7 January 1871, 22). Garrett Anderson's sense of her own unique role was compounded by the *Lancet* here: she was not only notable, but setting a precedent where others may follow. In commenting upon the importance of such a 'feat' to the medical profession itself, as well as the possibility of the married woman maintaining a career, the *Lancet* revealed Elizabeth Garrett Anderson's vital contribution to contemporary society. Indeed, her ability to maintain parity between her private and her professional life, her refusal to appear 'unable to discharge many accustomed medical functions', as the *Lancet* feared, dispelled many myths about the incompatibility of marriage with a well-defined public role (I, 28 January 1871, 127).

If Garrett Anderson showed the world that professional women could marry, she also continually drew the attention of others, both in her private correspondence and in her public appearances in journals and newspapers, to the professionalism of the woman doctor. This was a veritable obsession with Garrett Anderson and she never failed to remind female medical students of the necessity of maintaining high professional standards above all else. In a contribution to Charles Bell Keetley's *The Student's and Junior Practitioner's Guide to the Medical Profession* (1885) Garrett Anderson stressed 'the value of self-guidance and government' (Keetley 1885, p.91) for women students who, by very nature of their novelty, would be scrutinised far more closely not only by male colleagues but also by the public. Dress must be 'inconspicuous' and equanimity was essential (pp.92-93):

[I]t may not be useless to remind female medical students of the immense value of good temper. The power to meet disapproval and even hostility good-humouredly, of being able to ignore and to go on one's way cheerfully and calmly in spite of it, is a precious weapon to those who are working for a cause still regarded by many with prejudiced disapproval (p.95).

This paragraph could almost be aimed directly at Sophia Jex-Blake; not allowing others who may harass or mock to have any visible effect upon oneself can only lead to a sense of self-worth and a duly deserved reputation for professional behaviour.

When called upon to give evidence to parliamentary committees as the first woman doctor to qualify in Britain and as an acceptable representative of medical women, Elizabeth Garrett Anderson continually stressed the vital role of the female doctor. Her responses, while careful and cultivated, do show the professional dedication of women to be more apparent than that of men. In March 1891, Garrett Anderson was called to give evidence to the Select Committee of the House of Lords on Metropolitan Hospitals, Provident and other Public Dispensaries, and Charitable Institutions for Sick Poor. When the Earl of Arran asked Garrett Anderson whether medicine was a ‘lucrative profession for women to take to’, she replied cannily: ‘Yes; I think that as women go it is a very good profession for them. Perhaps we are not so ambitious as men are of making very large fortunes, but I think we have every reason to be satisfied’.³¹ Here, not only does she stress women’s professional aptitude but also directs female success in medicine away from the pursuit of financial gain; male ‘ambition’ is correspondingly centred on the unprofessional desire for profit. When the questioning moved on to surgical procedures Garrett Anderson responded simply ‘Yes’ to an incredulous question from Earl Cathcart as to whether ‘women had strength enough of wrist to do such things?’ and instead turned doubts about physical prowess back upon male members of her profession. Instead of maintaining composure during surgery or dissection, what the Earl of Arran labels exposure to ‘the terrible sights and scenes in the operating theatre’, Garrett Anderson suggests that she has ‘heard of men fainting occasionally’, yet she does ‘not know that I have ever heard of any of our women fainting’.³² Women, assured Garrett Anderson, had far more than simply strong wrists; constitutionally they were thoroughly sound, unlike some of their more precious male colleagues. But she is careful not

to alienate her audience and adds, craftily, ‘but I daresay it takes both of them a little time to get used to it’, which, of course, although not removing the previous comment tempers it without losing the impact of her implication.³³

A willingness to attempt risky operations also gave Elizabeth Garrett Anderson opportunity to promote her surgical skill. When giving evidence to the Select Committee of 1891, she noted that she performed ovariectomy and similar gynaecological operations. Ovariectomy was an enormously controversial new procedure in the second half of the nineteenth century, involving the removal of cystic ovaries. The operation infuriated many campaigners for women’s rights, who feared that it was tantamount to mutilation of the female body which very frequently ended in death (Moscucci 1990),³⁴ but Garrett Anderson, as the first woman doctor to perform the procedure, was keen to stress her contribution to such radical professional developments. Women could not only operate, they could do so skilfully and without loss of life, aiding the development of abdominal surgery in the late nineteenth century (Moscucci 1990, p.134). Indeed, Garrett Anderson actively sought to promote such dedication to innovative surgery. In a letter of October 1890 to her sister Millicent Garrett Fawcett, she explained that

I had a very big operation at the New yesterday and so far all promises well with the patient. It is one which has only been done a few times in England – not at all often anywhere, and the mortality has been very high. In Thornton’s case four cases only one recovery, in Wells’s four two recoveries – so if mine recovers it will be quoted for a long time. – I fancy too that the tumour in my case was larger than any yet. It was a much overgrown spleen. I tell you this for the sake of the cause.³⁵

In another of her intriguing alterations to her correspondence, Elizabeth Garrett Anderson had originally written ‘mine’ instead of ‘the tumour’. Four years earlier, she had donated a tumour excised during another dangerous operation, ‘a very uncommon case’, and sent it to the Museum of the Royal College of Surgeons, where they only had one similar specimen (Garrett Anderson 1886 cited in Manton 1987, p.281). Claiming ownership of someone

else's physical mass in the name of surgical skill, as Garrett Anderson had done in the letter to her sister, allowed her to be inextricably invested in late Victorian professional advances.

IV. 'Success breeds success'

Unlike Sophia Jex-Blake, whose enthusiasm for the cause and spontaneity of reaction sometimes caused her 'notoriety' and whose academic failures were only too well publicised, Elizabeth Garrett Anderson knew precisely how to advertise herself in a professional manner and win contemporary medical fame, 'money and influence'.³⁶ When entering a newly refined middle-class profession still keen to distance itself from the showmanship of lower-class quackery, temperament was all-important in maintaining public respect and professional status. In similar fashion to Conan Doyle's 'fathers of the profession' who cunningly puffed themselves in the pages of the *Times*, Garrett Anderson ensured that the medical women's movement could be promoted in the way that would not leave them open to charges of 'laps[ing] into the ranks of the advertising procurers of abortion' (*Lancet* I, 28 January 1871, 127).³⁷ By playing the medical profession at their own game, she achieved respect and applause both personally and through her own achievements for 'the cause'. She certainly realised, at the time, that the campaign for women doctors would eventually assume 'a central [role in] the changing expectations of women in British society' (Crowther and Dupree 2007, pp.153-154). In her final inaugural address before her death to the students of the London (Royal Free Hospital) School of Medicine for Women in October 1917 Elizabeth Garrett Anderson spoke about 'ambition'. The *Times* reported her advice:

They were exchanging, she said, the domestic life for the life of the community. The professional woman came in for hard work, and plenty of it. It was good to be clever, but it was not essential; it was useful to have heaps of money for extra coaching and instruments, but it was not essential; it was useful to have influential friends, but it was far more useful to learn to be self-reliant. They would have to deal with all sorts of people, with the sick and

those that thought they were sick. They should cultivate a pleasing personality. It was not easy to go on healing if one was repugnant to one's patient. Suitable manners and suitable dress were essential. Medical women were called more and more to take part in public life, and they should learn committee work and the art of public speaking. Medicine was not only the finest profession open to women, but it was the best preparation for public life. When an opportunity arose to do some service for their country they should not shirk it.³⁸

In this speech, Elizabeth Garrett Anderson divulged some of the secrets for a successful professional life which had driven her own career and advocated the cultivation of publicity. On the surface, Garrett Anderson appeared to subvert her sex beneath her profession, but in so doing she emphasised simultaneously the right of women to a professional occupation. As Garrett Anderson proved, medical fame could be achieved through this sleight-of-hand effect. As another woman doctor and student of Garrett Anderson, Louisa Martindale, put it so succinctly: 'She understood her world, demanded much from it and obtained much' (Martindale 1922, pp.60-61). By carefully negotiating the complex world of nineteenth-century medicine, Elizabeth Garrett Anderson skilfully built a distinguished professional reputation for herself and public credit through her own dignified name for her cause.

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¹ For further analysis of the *Lancet's* complex attitude to women doctors in this period, see Brock 2007.

² See Crawford 2002, where she offers this shrewd assessment of Elizabeth Garrett Anderson and her friends: 'although intent on raising the status of women's employment in general, were also interested in benefiting themselves in their own lifetimes', p.47.

³ See the letter from William Moorman ostensibly concerned with 'The Medical Profession and the Women's Rights' in *Lancet* 1862, II, 269.

⁴ See Richards 1991, pp.168-204, for an account of 'The Patent Medicine System' and the similarities between the practices of doctors and quacks. And, although concerned with an earlier period, Porter 2003, pp.23-25.

⁵ For the most recent and most detailed account of the women's battle at Edinburgh, see Crowther and Dupree 2007, especially chapters 1 and 5. Also, Blake 1990. For Jex-Blake, see Todd 1918 and, more recently, Roberts 1993.

⁶ The inserted quotation is from Oliver Goldsmith's novel *The Vicar of Wakefield* (1766).

⁷ Isabel Thorne's letter of 15 June was published in the *Times* on 18 June 1874; Jex-Blake responded on 18 June and her letter was published two days later. Thorne, a former medical student at Edinburgh with Sophia Jex-Blake, would give up attempts to qualify as a doctor by becoming the first official Honorary Secretary to the London Medical School for Women, which she helped Jex-Blake to found. Her appointment was supported to avoid Jex-Blake taking charge of this position; Jex-Blake herself, though hurt at the decision, recorded in her diary that Thorne had a 'perfect temper and excellent sense. So much better than I'; quoted in Todd 1918, p.448.

⁸ Two letters appeared in the *Times* on 29 June; one was signed by Alexander Crum Brown, W. Dumbreck, Benjamin Bell, William Robertson, and J.H. Balfour; the other by 'X.Y.Z.'. T.H. Huxley's letter, written a week later, was printed on 8 July.

⁹ This letter from Sophia Jex-Blake, dated 4 July, was published in the *Times* on 6 July.

¹⁰ *Times*, 13 June 1874; the paper found Jex-Blake's failure 'a little amusing' precisely because of her 'conspicuousness'.

¹¹ In defending her subject, Todd notes generously that Jex-Blake was 'overworked and overstrained'.

¹² The 'Notes' section runs from pp.49-99 of the Appendix to this volume and contains many newspaper and periodical responses to medical women in the 1870s.

¹³ Elizabeth Garrett to James Anderson, 13 November 1870, Elizabeth Garrett Anderson Letters, 9/10/075 (Autograph Letter Collection/2965).

¹⁴ Elizabeth Garrett became Elizabeth Garrett Anderson in 1871, but she will be referred to as the latter throughout to avoid confusion.

¹⁵ There are two mentions of Garrett Anderson's conventional behaviour on p.56 and p.57; the former reference does contain, however, the following qualification: 'if only because she believed that this would increase her influence'. Harrison does not elaborate further on this issue though.

¹⁶ Letter from Elizabeth Garrett to Emily Davies, 5 September 1860, Elizabeth Garrett Anderson Letters, 9/10/014 (Autograph Letter Collection/2904). For suffragette manipulation of their public image see, for example, Tickner 1998.

¹⁷ Letter from Elizabeth Garrett to Emily Davies, [n.d.; 1860 written later on letter], Elizabeth Garrett Anderson Letters, 9/10/005 (Autograph Letter Collection/2895).

¹⁸ Letter from Elizabeth Garrett to Millicent Garrett Fawcett, June 1867, Elizabeth Garrett Anderson Letters, 9/10/061 (Autograph Letter Collection/2951).

¹⁹ See 'Chapter 6: Citizenship' of Crawford 2002 for further details of Garrett Anderson's public contribution to the cause of women's suffrage.

²⁰ Detailed information about Elizabeth Garrett Anderson's support for women's suffrage can be found in Crawford 1999, pp.11-13. The meeting of 1884 was, however, not so far '[o]ut of the public gaze as Crawford suggests on p.12; *The Graphic* of 28 June that year had an engraved image entitled 'Character Sketches at the Women's Suffrage Meeting at St James's Hall'. This image is reproduced as figure 5.28 in Cherry 2000, p.214.

²¹ Elizabeth Garrett to James Anderson, 30 November 1870, Elizabeth Garrett Anderson Letters, 9/10/080 (Autograph Letter Collection/2970). The results of the election are contained on a postcard written to her future husband in the Women's Library collection and also quoted in Manton 1987, p.207.

²² The phrase 'object of intense curiosity' is Manton's 1987, p.168.

²³ For the differences between Garrett Anderson and Davies about public behaviour, see Caine 1992, p.73 and Hollis 1987, p.80.

²⁴ Letter from Elizabeth Garrett to James Anderson, 20 August 1870, Elizabeth Garrett Anderson Letters, 9/10/065 (Autograph Letter Collection/2955). Nathaniel Heckford and his wife Sarah started the East London Hospital in the late 1860s and Garrett Anderson was appointed in March 1870 as visiting Medical Officer. James Anderson was the Vice Chairman. See Manton 1987, especially pp.193-202 for more detail.

²⁵ Elizabeth Garrett to James Anderson, 2 January 1871, Elizabeth Garrett Anderson Letters, 9/10/092 (Autograph Letter Collection/2982).

²⁶ Elizabeth Garrett to James Anderson, 13 November 1870, Elizabeth Garrett Anderson Letters, 9/10/075 (Autograph Letter Collection/2965).

²⁷ Elizabeth Garrett to James Anderson, 3 January 1871, Elizabeth Garrett Anderson Letters, 9/10/093 (Autograph Letter Collection/2983).

²⁸ Autobiographical notes for the *Hampstead and Highgate Express*, 29 October 1870, Elizabeth Garrett Anderson Letters, 9/10/071 (Autograph Letter Collection/2961).

²⁹ Brian Harrison 1981 makes an interesting analogy between the awareness of Garrett Anderson and other early women doctors of the perception of their image and the public and private difficulties faced by those other late nineteenth and early twentieth-century pioneering women, female factory inspectors, in 'Women's Health and the Women's Movement', p.56.

³⁰ Elizabeth Garrett to Millicent Garrett Fawcett, 25 December 1870, Elizabeth Garrett Anderson Letters, 9/10/086 (Autograph Letter Collection/2976).

³¹ Evidence of Mrs Elizabeth Garrett Anderson, M.D., 5, March 1891, 16452-16531: *Select Committee of House of Lords on Metropolitan Hospitals, Provident and other Public Dispensaries, and Charitable Institutions for Sick Poor: Second Report*, Earl of Arran, 16490, p.298.

³² Female strength in not fainting when faced with more gruesome medical procedures became a leitmotif of a plethora of interviews held with the growing number of women doctors and medical students in the 1890s. See the first two files of 'Women in Medicine Press Cuttings' at the Royal Free Hospital Archives in Hampstead, London.

³³ Evidence of Elizabeth Garrett Anderson, *Select Committee on Metropolitan Hospitals*: Earl Cathcart, 16500, p.299; Earl of Arran, 16531, p.300.

³⁴ Garrett Anderson's colleague Frances Hoggan resigned over the former's performance of this operation at the New Hospital for Women. Hoggan was an anti-vivisection campaigner and viewed the procedure in these terms. See Blake 1990, p.150; Moscucci 1990, p.127.

³⁵ Elizabeth Garrett Anderson to Millicent Garrett Fawcett, 22 October 1890, Elizabeth Garrett Anderson Letters, 9/10/111 (Autograph Letter Collection/3001); underlining in the original.

³⁶ See Scharlieb's 1924 *Reminiscences* especially Chapter IV on the 'Position of Women's Medical Education in England in 1878 - Fellow-Students and Teachers', where Scharlieb offers an occasionally terrifying portrait of the indomitability and drive of Elizabeth Garrett Anderson.

³⁷ The reference to abortionists concerns the medical women movement in the United States.

³⁸ 'Medical Women in the Making: Dr Garrett Anderson on Public Service', *Times*, 3 October 1917.