



The contribution of Elizabeth Blackwell to sex education,  
1849-1910

Thesis submitted for the degree of  
Doctor of Philosophy  
at the University of Leicester

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2017

## Abstract

This study examines the contribution of Elizabeth Blackwell to sex education between 1849 and 1910. In doing so it addresses a new aspect of a long neglected topic in the history of medicine and the history of women in medicine but is not a biography of Blackwell. This thesis engages with recent scholarship in the fields of the history of medicine, gender and sexuality. The first chapter situates the secondary literature on a range of subjects that will be addressed in this research. Chapter 2 examines a range of new primary sources including exam papers and medical textbooks from the time Blackwell was studying to become a doctor in order to determine the scope of her medical education, particularly in relation to reproductive health. The chapter contends that there was a tendency within the male-dominated profession to focus on the health issues of men, especially in relation to their sexual well-being. Chapter 3 highlights the publications of Blackwell as a means of determining her contribution to sex education. The reviews of her works will also be considered as a means of establishing the audience she wrote for throughout her career. Chapter 4 demonstrates that female medical networks were influential in shaping Blackwell's path in medicine. Her relationship with medical women such as Florence Nightingale and Elizabeth Garrett Anderson will be examined here. Chapter 5 considers the organisations Blackwell was affiliated with, including the Anti-Contagious Diseases Act Movement, the National Health Society and the London School of Medicine for Women as a means of highlighting her work for sex education outside of her written works. This thesis concludes that Blackwell contributed greatly to sex education over the course of her medical career both in terms of her publications on the topic as well as her work with social and moral campaigns.

## Acknowledgements

I wish to thank a number of people without whom this thesis would not have been possible. First, my supervisory team, which has changed over the years including Dr Jane Pilcher, Dr Katherine Foxhall, Dr Claire Brock and Professor Steve King. I would also like to acknowledge the sound advice Professor Clare Anderson has offered to me throughout my thesis. Secondly, I am grateful to Dr Emily Whewell, Dr Joe Harley, Aisling Twomey, Katy Roscoe and Aaron Andrews who read previous drafts of this thesis and offered helpful comments. My family has been a constant support throughout this process. I could not have done this without them, especially my sister, Eva, Toby the dog and Jess the cat. Without the funding of several bodies, some of the research for this thesis would not have been possible. The Richard Stapley Educational Trust, The Foundation for the Scientific Study of Sexuality, the Royal Historical Society and the Guthrie Trust have all generously provided funds for research trips crucial to this work. Finally I would like to thank my partner, Dan, who didn't realise what he was signing up to, but has proven himself to be the best there is.

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## Introduction

The aim of this thesis is to investigate the contribution of Elizabeth Blackwell to the development of sex education between 1849 and 1910. Despite being active in the medical profession and various women's movements during this sixty year period, Blackwell has been largely overlooked by academics researching the history of medicine and there is no indication as to why. Blackwell was the first woman to graduate with a medical degree, which she obtained from Geneva College, New York in 1849<sup>1</sup> and was the first woman to be recorded on the UK Medical Register, in 1858.<sup>2</sup> With these achievements in mind, it is difficult to comprehend that Blackwell has been, in many cases, consigned to a footnote in history. There are some who have tried to bring attention to her pioneering spirit through anecdotal biographies like Dorothy Wilson's *Lone Woman* and Ishbel Ross' *Child of Destiny*.<sup>3</sup> In spite of this, Blackwell is usually associated with her British counterpart and mentee Elizabeth Garrett Anderson.<sup>4</sup> Garrett Anderson was a well-known figure in Britain during Blackwell's lifetime due to her status as the first female doctor to graduate in England in 1865. It is the partnership between Blackwell and Garrett Anderson in founding the London School of Medicine for Women in 1874 that has helped forge this link between the two women.<sup>5</sup>

Blackwell is a pivotal figure in the history of medicine and women's history as she challenged the patriarchal structures of power at the time by pursuing a male occupation. The fact that this accomplishment has been played down encourages the

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<sup>1</sup> Elizabeth Blackwell, *Pioneer Work in Opening the Medical Profession to Women* (J.M. Dent & Sons, London, 1895), p. 59.

<sup>2</sup> J.A. & Olive Banks, *Feminism and Family Planning in Victorian England* (Schocken Books, New York, 1964), p. 35.

<sup>3</sup> See Dorothy Clarke Wilson, *Lone Woman: The Story of Elizabeth Blackwell the First Woman Doctor* (Hodder and Stoughton, Boston, 1970) & Ishbel Ross, *Child of Destiny* (Victor Gollancz Ltd, London, 1949).

<sup>4</sup> Ronald Pearsall, *The Worm in the Bud: The World of Victorian Sexuality* (Macmillan, New York, 1969), Index.

<sup>5</sup> Susie Steinbach, *Women in England, 1760-1914: A Social History* (Palgrave Macmillan, New York, 2004), p. 80.

feminist theory that other female figures have been 'airbrushed' out of history in favour of the achievements of their male colleagues.<sup>6</sup> While the work of male medical professionals from the nineteenth century have been included in mainstream academic discourse, the careers and achievements of women doctors have been forced into the category of 'gender studies' or 'women's history'.<sup>7</sup> This thesis aims to bring Blackwell to the forefront of the history of medicine alongside those who have made an important contribution to the development of sex education in the field of medicine. The figure of Blackwell makes an ideal study in this regard as her career spanned over six decades with numerous publications, orations and lectures.<sup>8</sup> She was also a well-known figure on both sides of the Atlantic during her lifetime, which can be seen in the obituaries printed in American and British newspapers after her death in 1910. She was known, not just for her achievements but for the debates she involved herself in, for example with the medical heavyweight William Acton on female sexual pleasure<sup>9</sup> and also campaigning against the pro-contraceptive teachings of the Malthusian League.<sup>10</sup> Blackwell certainly had name recognition in Britain as the vast majority of her publications were with London-based companies, like J.F. Nock, G. Bell and J. Kensit, who specialised in texts pertaining to the topic of sex, both medical and otherwise.

Through the lens of Blackwell and her works, the intention of this research is to contribute to the existing body of research on the topic of sex education by including Blackwell in the historical debate. There are several aims of this thesis, the first of which will be accomplished through bringing a new perspective and approach to her works as a whole, through using feminist and biographical theory, rather than primarily focusing on her more popular publications like *A Human Element in Sex* (1884) and *The Moral Education of the Young in Relation to Sex* (1879), as others have

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<sup>6</sup> See Dorothy Smith, *The Everyday World as Problematic: A Feminist Sociology* (Northeastern University Press, Boston, 1987).

<sup>7</sup> See Laura Lee Downs, *Writing Gender History* (Hodder Arnold, London, 2004).

<sup>8</sup> See Appendix A.

<sup>9</sup> Angus McLaren, *Birth Control in Nineteenth Century England* (Croom Helm, London, 1978), p. 128.

<sup>10</sup> S. Chandrasekhar (ed.), *Reproductive Physiology and Birth Control: The Writings of Charles Knowlton and Annie Besant* (Transaction Publishers, New York, 2002), p.49.

done in the past.<sup>11</sup> The theories and ideas of Blackwell lie at the heart of a series of educational lectures she delivered in New York to young Quaker women during the 1850s.<sup>12</sup> These were later revised and, along with numerous speeches, delivered in London to a wide variety of audiences which included male medical colleagues, curious women who wanted to know more about female hygiene, and religious groups.<sup>13</sup> These religious groups shared Blackwell's view that abstinence was the most favourable route to promote in sex education.<sup>14</sup>

Secondly, this work will provide a forum for all previous materials by Blackwell to be discussed and applied to feminist and biography theory. More recent publications relating to Blackwell have been concerned with bringing to light her achievements like those by Markell Morantz-Sanchez.<sup>15</sup> However Blackwell is often mentioned in connection with Anderson or Florence Nightingale.<sup>16</sup> While these works, particularly those by Markell Morantz-Sanchez, have proved interesting reading, the question of Blackwell's contribution is not considered. They do consider the patriarchal system in place within the medical world of nineteenth-century America but this is not explored in great detail.<sup>17</sup> Blackwell's orations and lectures are often overlooked as sources of information to determine her contribution to and ideas concerning sex education, despite being more candid than the medical texts she produced.<sup>18</sup> The reason for this

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<sup>11</sup> Evidence of this can be found in secondary texts like Angus McLaren's *Birth Control in Nineteenth Century England*, Lesley Hall, *Sex, Gender and Social Change since 1880* (Macmillan, London, 2000) and Janet Brodie, *Contraception and Abortion in Nineteenth Century America* (Cornell University Press, Ithaca, 1994), all of whom will be discussed in the literature review section.

<sup>12</sup> Elizabeth Blackwell, *Pioneer Work in Opening the Medical Profession to Women* (Longmans, London, 1895), p. 193.

<sup>13</sup> An example of this can be found in *Illustrated London News*, 26<sup>th</sup> February 1859, p.198.

<sup>14</sup> Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England since 1830* (Routledge, New York, 2000), p. 87.

<sup>15</sup> Regina Markell Morantz, "Feminism, Professionalism, and Germs: The Thought of Mary Putnam Jacobi and Elizabeth Blackwell", *American Quarterly*, 1982, Vol. 34, No. 5, pp. 459-478; Regina Morantz-Sanchez, "Feminist Theory and Historical Practice: Rereading Elizabeth Blackwell", *History and Theory*, Vol. 31, No. 4, Beiheft 31: History and Feminist Theory, December 1992, pp. 51-69; Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians in America* (Oxford University Press, New York, 1985).

<sup>16</sup> See Julia Boyd, "Florence Nightingale and Elizabeth Blackwell", *The Lancet*, Vol. 373, May 2009, pp. 1516-7.

<sup>17</sup> The most prominent of these works by Regina Morantz-Sanchez is *Sympathy and Science*.

<sup>18</sup> See Elizabeth Blackwell, *The Laws of Life with Special reference to the Physical Education of Girls* (Putnam, New York, 1852). This was originally a series of lectures given by Blackwell while living in New York in the early 1850s.



often because of the lack of censorship applied to her teachings, while her published works were scrutinised to a greater extent. Thirdly, this thesis will make use of these disregarded primary sources to determine Blackwell's contribution to sex education and also consider the potential impact she had on the audiences her publications and lectures reached.

## Research Questions

The final aim of this thesis is to fill the void in the history of medicine left through the exclusion of Blackwell and her contribution to sex education. By using a mixture of feminist and biographical theory, this work will make a unique contribution to the wider secondary literature as well as making progress in documenting forgotten women in the history of medicine. This is an ambitious project that uses primary sources that have not been consulted previously. These four aims will be addressed through six key questions which run through subsequent chapters:

### **Question 1: What was Blackwell's contribution to the field of sex education?**

The central question of this thesis is the contribution Blackwell made to the medical field of sex education between 1849 and 1910. Ideas of sex and sex education need to be explored when answering this question, including an examination of primary source material in the form of Blackwell's publications and talks including the causes she was involved with and the institutions she helped establish. The euphemisms Blackwell employed when writing about sex education, including moral hygiene and sanitation, will also be discussed when investigating Blackwell's works as part of determining her contribution to sex education. This question will be answered throughout the thesis in the conclusion of each chapter and considered closely in Chapter 3.

### **Question 2: What was the depth of Blackwell's sex education in medical school?**

This question will be answered in Chapter 2 through an analysis of the medical education Blackwell received at Geneva College, the standard of medical education during the mid-nineteenth century and examination papers of institutions that trained doctors during the period Blackwell was studying medicine. It is important to answer

this question due to the fact that Blackwell considered herself to be an expert in the field. Popular medical textbooks from this period will also be consulted to see the depth of information Blackwell would have received while in college and if there were any gaps in her knowledge.

### **Question 3: Who was Blackwell's intended audience?**

The nineteenth century was divided along class lines and it would make sense for an author to direct their work to a particular social class; for example, the burgeoning middle classes who devoured advice manuals and booklets as a means of bettering themselves. The language used by Blackwell will be taken into consideration when questioning the audience of her works as specific turns of phrase or terminologies may have been employed that middle-class consumers were familiar with. Of course, we will have to bear in mind that widespread literacy was not realised until the closing decades of the nineteenth century with the passing of the Education Act in the 1870s.<sup>19</sup> The audiences who attended Blackwell's advertised talks will also be examined as a means of determining her intended audience. This question will be answered at the beginning of Chapter 3.

### **Question 4: How was Blackwell's work received, both by society and the medical community?**

Public opinion will be important in determining Blackwell's contribution to the field of medicine. The fact that Blackwell has been largely ignored by historians may be due to the reception her theories and teachings had at publication. However, the various editions each work went through will also need to be taken into consideration. Many of the newspapers and magazines of the time would have had some type of review of Blackwell's works, either at time of publication or even a review of a talk at a meeting.<sup>20</sup> This would give an idea of how society viewed Blackwell and her works. On the other hand, leading medical journals, such as the *British Medical Journal*, would give a strong indication as to how the medical community reacted to having a female

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<sup>19</sup> Mark Kirby, et al. *Sociology in Perspective* (Heinemann, Oxford, 1997), p. 223.

<sup>20</sup> *The Illustrated London News*, 30<sup>th</sup> April 1887, p. 485.

doctor in their midst and to the methods Blackwell outlined for approaching the topic of sex education. She also challenged well-respected members of the medical community, in particular William Acton and his denial of the possibility that the female was capable of sexual desire and agency.<sup>21</sup> This was carried out through a series of talks Blackwell gave on the topic of the Contagious Diseases Acts (CDAs) where she contested Acton's widely publicised views on the topic of female sexual desire and prostitution.<sup>22</sup> As with the previous question, this will be answered in Chapter 3.

**Question 5: What relationships, professional or personal, did Blackwell have with other medical women and how did this impact on her writings on sex education?**

This question will be answered in Chapter 4 through an examination of Blackwell's relationships with Florence Nightingale, Elizabeth Garrett Anderson, Sophia Jex-Blake, the Langham Place Circle and Emily Blackwell. The idea of a female medical network drives from this question, along with the notion of 'Tall Poppy Syndrome' which will be explored further in the methodology section. As there were few women who pursued in medicine, in the period directly after Blackwell had established herself as a medical professional, it is important to consider the small group of women who provided support, personally, professionally and financially and the impact they may have had on Blackwell's theories concerning sex education.

**Question 6: Did Blackwell contribute to sex education outside of publications?**

This final question will be considered in Chapter 5 by looking at the organisations, societies and political movements Blackwell was involved with over the course of her medical career. As a middle-class woman, she would have been expected to engage with the community, outside of her medical practice. She did set up the National Health Society in 1871 and was involved with the Anti-Contagious Diseases Acts Movement throughout the 1870s, engaging in correspondence with Josephine Butler,

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<sup>21</sup> Susan Kent, *Sex and Suffrage in Britain, 1860-1916* (Princeton University Press, Princeton, 1987) p. 137-8.

<sup>22</sup> See Elizabeth Blackwell, *Wrong and Right Methods of Dealing with Social Evil, as shown by English Parliamentary Evidence* (D. Williams, Hastings, 1883); *The Responsibility of Women Physicians in Relation to the Contagious Diseases Acts: Address given to a Medical Meeting in London* ([n.pub.], Hastings, 1897) and *Rescue Work in Relation to Prostitution and Disease: An Address given at the Conference of Rescue Workers* (Fowler & Wells Publishers, New York, 1882).

the head of this movement. This is an important question to answer as it demonstrates Blackwell's contribution to sex education existed outside of her publications. Blackwell's residence on both sides of the Atlantic should have made her a recognisable figure in history, due to the fact she infiltrated the historical narrative of both countries. Her career trajectory included her involvement with the American Civil War through the provision of medical care for soldiers on both sides, and the co-founding of the London School of Medicine for Women, as well as her association with the Suffragettes.<sup>23</sup> Yet she is not as well-known as her male contemporaries in the secondary literature. It should also be noted that the prominent suffragist Millicent Fawcett wrote the foreword and supplementary chapter for the 1914 edition of Blackwell's memoirs, *Pioneer Work in Opening the Medical Profession to Women*.<sup>24</sup> This can be seen as evidence of the impact Blackwell had on the networks around her, especially those dominated by women. Her impact can still be seen, to some extent, in America with several academic publications in books and journals mentioning her name, many of which have been published by Regina Morantz-Sanchez. Blackwell also has various institutions dedicated to her, namely the Elizabeth Blackwell Health Centre in Philadelphia which caters for medical issues of a sexual nature. Her memory also lives on in the New York Infirmary for Women and Children which she founded with her sister, Emily, and Maria Zackrzewska in 1857 and is still functioning as a working hospital.<sup>25</sup>

## Methodology

There are a number of other theories that could have been applied to this research, for example, Foucault's theorisations surrounding the history of sexuality.<sup>26</sup> However, it is clear that Foucauldian theory has had a tentative relationship with feminist thought and it would have been difficult to negotiate this in the thesis.<sup>27</sup> While

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<sup>23</sup> See Elizabeth Blackwell, *Pioneer Work*.

<sup>24</sup> This work has 22 editions between 1895 and 2000.

<sup>25</sup> See <http://www.hws.edu/about/blackwell/articles/nyinfirmary.aspx> for more information.

<sup>26</sup> Michel Foucault, *The History of Sexuality Vol.1* (Pantheon Books, New York, 1978).

<sup>27</sup> There has been plenty of discussion by academics concerning Foucault and feminism. Examples of this can be found in Lois McNay, *Foucault and Feminism: Power, Gender and the Self* (Polity Press, Cambridge, 1992); Caroline Ramazanoglu, *Up against Foucault: explorations of some tensions between*

Foucault has proven to be popular with commentators like Roy Porter and Jeffery Weeks, who feature heavily in the literature review, Foucault's approach is equally outdated, philosophical and lofty for a twenty-first century exploration of nineteenth-century sex education. Conversely, the theories of Thomas Laqueur concerning the one-sex theory of the classical age, and the development of this to an understanding of the two-sex body during the eighteenth and nineteenth centuries, have more of an affiliation with the aim of this thesis particularly in relation to Blackwell's own views on the body while she studied and practised medicine.<sup>28</sup> This idea of scientific development at the time of Blackwell and an increased understanding of the human body were considerably important for the medical profession and may help explain the progressive message incorporated into Blackwell's teachings on sex education. Unlike Foucault, Laqueur offers a more fluid understanding or interpretation of sex and sexuality during the nineteenth century. He even applies his theory directly to Blackwell in *Making Sex*, albeit briefly, thus providing proof that he acknowledges Blackwell has made a contribution to sex education. This means that there will be many references to Laqueur throughout the thesis, especially in Chapter 3 where these theories about sex education will be put into practice.

The theoretical basis of this thesis will be a mixture of feminist and biographical theory as set out by Dorothy Smith and Barbara Caine, respectively. Firstly, Smith laid out her feminist theory in *The Everyday World as Problematic: A Feminist Theory*.<sup>29</sup> As alluded to in the previous section, there is a predominant feminist theorisation that a patriarchal system of male hierarchy exists which has had a significant impact on the representation and experience of women throughout history. Smith's work makes some valid points about using feminist theory in research, some interesting omissions are evident when reading from a history of medicine viewpoint. She makes much of the history of women in medicine, particularly midwives in gynaecology ousted in favour of male practitioners in the period just before Blackwell. She even writes about

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*Foucault and feminism* (Routledge, New York, 1993) and Shane Phelan, "Foucault and Feminism", *American Journal of Political Science*, Vol. 34, No. 2, pp. 421-440.

<sup>28</sup> See Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Harvard University Press, Cambridge, 1990). This is further considered in Chapter 3.

<sup>29</sup> See Dorothy Smith, *Feminist Sociology*, Introduction.

the advent of the female physician in America and Britain as would be expected. However, she fails to name Blackwell as the pioneer of this movement.<sup>30</sup> This is surprising bearing in mind the considerable amount of time Smith takes to highlight the patriarchal dominance of the medical profession during the centuries leading up to Blackwell's graduation. On the other hand, using feminist theory offers an opportunity to examine Elizabeth Blackwell's contribution of the sex education movement through a feminist lens and providing a unique interpretation of her life and works.

Within the feminist theory used for this thesis there is particular focus on the notion of 'Tall Poppy Syndrome'.<sup>31</sup> This will be applied in Chapter 4 when the relationships Blackwell maintained with her female medical network are examined along with the potential professional jealousies that lurked within these relationships. This syndrome has not been explored in great detail in relation to the female relationships during the nineteenth-century but is also known as 'Queen Bee Syndrome'. It feeds on the feminist notion that patriarchal structures at the time prevented women from developing key skills in building and maintaining healthy professional relationships, resulting in women feeling threatened by others emerging in their field. Essentially, in many cases, these women in Blackwell's network believed their professional worth came from being considered better than one another rather than working together.

The second theory employed in this thesis is presented in Barbara Caine's *Biography and Theory*. Caine puts forward the theory that biography can be used as a vehicle to explore the lives of women who have been overlooked. While this is not a new theory, Caine readdresses the shift in attitude of historians towards the genre which has grown in "importance and vitality".<sup>32</sup> While this theory would have incorporated the biographical aspects of the thesis concerning Elizabeth Blackwell, it felt as if this were constricting the scope of inquiry- which is to look at the contribution Blackwell made,

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<sup>30</sup> See Dorothy Smith, *Feminist Sociology*.

<sup>31</sup> See Peter Doherty, "Time to Champion our Tall Poppies", *Australian Quarterly*, 1998, Vol. 70, No. 6, pp. 54-6 and Anne Mancini & Barbara Penington, "Tall Poppies in the Workplace: Communication Strategies Used by Envious Others in Response to Successful Women", *Qualitative Research Reports on Communication*, 2011, Vol. 12, No. 1, pp. 79-86.

<sup>32</sup> Jeremy D. Popkin, "Barbara Caine. Biography and History", *Biography*, Vol.34, No. 2 (Spring 2011), p. 329.

not just her lifetime achievements. Caine's theory does consider the forgotten women in history which plays a significant factor in conducting research on Blackwell.<sup>33</sup> In fact it was this realisation which pushed this thesis into using both theories. While biography theory is important and has brought to light some very interesting and important women, it is constrained by the narrowness of its gaze. The life of a person does not particularly concern itself with the bigger questions about impact on society and the future but rather the motivations of biographies written in the past and trends associated with the publications of biographies. For instance, during Blackwell's lifetime, biographies were inclined to highlight the more honourable aspects of a person's character or deeds, while in today's society, sensational details are seen to be more tantalising for the reader. Thankfully, biography is no longer concerned with the preservation of good character. While this has had some impact on the consideration of Blackwell's biography, this thesis does not strive to investigate her sex life or the potential sexual experiences she may have had. Instead, her contribution, her lasting impact on the medical profession is at the forefront of this investigation and the resistance afforded to Blackwell in her pioneering work.

Biographical theory presents constraints for this work as it dictates that the focus should be the life of Blackwell. However, it could also be argued that this thesis focuses on her contribution and this falls under the remit of biography. There are also benefits to exploring a biographical methodology, as while there are biographies of Blackwell in existence, most were written over forty years ago and a revisionist historical viewpoint would breathe new life into the topic. The chronology and structure that biography theory brings to its methodology is certainly a benefit when conducting research. However, its application to the six research questions proved that it was not entirely suitable to be used as the sole theoretical bases for this thesis and a theory that highlighted the disparity of female experience, including that of Blackwell, in a predominately male society was also beneficial. Therefore a mixture of feminist and biography theory have been employed as a framework for this research questions outlined in the previous section.

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<sup>33</sup> Barbara Caine, *Biography and History*, (Palgrave Macmillan, New York, 2010), p.81.

Considering these arguments, the feminist theory concerning patriarchal structures of power and the impact these have had on preserving the role of women in history has proven to have worth and validity.<sup>34</sup> Certainly, structures of power and inherent hegemony during the nineteenth century were not suited for an independent career woman, something Blackwell went in the face of.<sup>35</sup> The feminist theory of public and private spheres can be applied to this approach as Blackwell, being a woman, was expected to dominate the private sphere of her own home, preferably with a husband at the head of the household.<sup>36</sup> However, she did not want this life for herself- which she vehemently proclaimed in her memoirs.<sup>37</sup> Instead, through her work as a medical professional, she chose the relatively uncharted and lonely path of a professional woman in the public sphere amongst her male peers.

The theories outlined above have shaped the methods used to treat the vast amount of data produced by Blackwell. First of all, with numerous publications and multiple editions of these texts, it is difficult to understand why Blackwell has been set to one side by historians in past discourses or only mentioned in conjunction with other women doctors.<sup>38</sup> There is a possible answer for this through looking at those who dominated academia and the historical record after Blackwell's death. This was a largely male occupation with a patriarchal agenda- something identified by commentators such as Sheila Rowbotham and Barbara Taylor in the 1970s.<sup>39</sup> It has been a long process achieving recognition for the work of female figures in history and is still ongoing with the resurgence of interest in the place of women in history.<sup>40</sup>

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<sup>34</sup> Barbara Caine, *Biography and History*, p. 70.

<sup>35</sup> Laura Lee Downs, *Writing Gender History*, p. 26.

<sup>36</sup> Amanda Vickery, "Golden Age to Separate Spheres: A Review of the Categories and Chronology of English Women's History", *The Historical Journal*, Vol. 36, No. 2 (June 1993), pp.383-414.

<sup>37</sup> See Elizabeth Blackwell, *Pioneer Work*.

<sup>38</sup> See works by Regina Morantz-Sanchez for examples of this.

<sup>39</sup> For more information see *The Feminist History Reader*, ed. Sue Morgan (Routledge, New York, 2006) and Laura Lee Downs, *Writing Gender History*.

<sup>40</sup> See Jeffery Weeks, *Sex, Politics and Society: The Regulation of Sexuality Since 1800* (Longman, New York, 1981).



Secondly, Blackwell's works and number of editions of said works, listed in Appendix A, are of immense value for this thesis. These sources will be scrutinised according to the theories set out in this section with the value of the individual work being considered for Blackwell's contribution to sex education. Undoubtedly this work is empirical in approach as it focuses on the experience of Blackwell and those that consumed the literature she produced on the topic of sex education.<sup>41</sup> The idea or theme of experience is explored in great deal by Barbara Caine through the paradigm of biography.<sup>42</sup> She poses interesting questions that can be applied to this research such as the idea of nation and how countries remember influential figures in their history.<sup>43</sup> As Blackwell has been remembered mostly in American history as their first female doctor, it is reasonable to suppose that her influence in British medical history has been diminished because of the position she held across the Atlantic. The fact that Blackwell was female did not work in her favour, with many dictionaries of biography failing to recognise women until the 1970s. Even today the *Oxford Dictionary of Biography* states that only 10% of entries are devoted to women.<sup>44</sup> Within these figures there lies the theory of networks, particularly amongst women in the nineteenth century.<sup>45</sup> As mentioned before, Blackwell is often referenced with her female colleagues. This provides evidence of a social network or group of which Blackwell and Garrett Anderson were a part. Florence Nightingale was also part of Blackwell's network until she permanently moved to London as is evident in their correspondence.<sup>46</sup> It is clear that as a minority group, particularly in the patriarchal world of Victorian medicine, these women were drawn to one another and acted as a support structure, even furthering careers through their associations.

Thirdly, as Blackwell's career spanned six decades, it is not surprising that she produced a plethora of publications, lectures and talks, some of which were later

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<sup>41</sup> Richard Jenkins, *Foundations of Sociology: Toward a Better Understanding of the Human World* (Palgrave, New York, 2002), p. 92.

<sup>42</sup> See Barbara Caine, *Biography and History*, pp. 1-7.

<sup>43</sup> Barbara Caine *Biography and History*, p. 50.

<sup>44</sup> Barbara Caine, *Biography and History*, p. 53.

<sup>45</sup> Barbara Caine, *Biography and History*, p. 62. This will be discussed further in Chapter 4.

<sup>46</sup> Julia Boyd, 'Florence Nightingale and Elizabeth Blackwell', pp. 1516-17.

published for wider public consumption.<sup>47</sup> The difficulty with Blackwell's sources is that due to the long and varied nature of her career there may be discrepancies in the views she puts across in private lectures as opposed to the more polished veneer of a medical text as well as a change in approach in her medical teachings. While reading any text of Blackwell's this hypothesis needs to be considered as well as keeping in mind key words and phrases that Blackwell employs in her work.<sup>48</sup> The reasoning behind this is to track the evolution of the language she uses and the emphasis she placed within her work on particular topics. For example, her work in the 1860s and 70s, during the time of the anti-Contagious Diseases Acts Movement, would have had a significant amount of focus on female sexual agency and the ability of woman to feel sexual arousal and pleasure.<sup>49</sup> This would have been in retaliation to the Contagious Diseases Acts which many women, including Blackwell, felt enforced a sexual double standard against women and persecuted female prostitutes but left the male customers to walk free unchecked and unmolested.<sup>50</sup> This brought her into conflict with the well-known surgeon William Acton who, while privately agreeing that prostitution was a necessary social evil, recommended that the government pursue prostitutes with force to put a stop to the "social evil".<sup>51</sup> This episode is not only reflected in Blackwell's work but in national publications such as *The Examiner* and *The Gentleman's Magazine*.

Fourthly, Blackwell published her intellectual material in a variety of media including newspapers, medical texts, journal articles and print versions of lectures and speeches. These publications will be consulted to determine the contribution Blackwell made to

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<sup>47</sup> These include the address Blackwell gave on the Medical Education of Women in New York in 1864 and a talk given to the Moral Reform Union in 1885 called "On the Decay of Municipal Representative Government: A Chapter of Personal Experience", later published by the Moral Reform League in 1888.

<sup>48</sup> A similar approach is noted in Jennifer Mason, *Qualitative Researching* (Sage, London, 1996), p. 72.

<sup>49</sup> Blackwell makes reference of this in *Counsel to Parents on the Moral Education of the Young* ([n.pub.], London, 1879). This would have been in retaliation to the Contagious Diseases Acts which many women, including Blackwell, would have felt enforced a sexual double standard against women and persecuted women who were prostitutes but leaving the male customers to walk free. Evidence of this can be found in anti-contagionist literature such as *The Shield*, which was run by Josephine Butler the woman who led the charge against the Contagious Diseases Acts.

<sup>50</sup> See Philippa Levine, *Victorian Feminism 1850-1900* (Hutchinson Education, London, 1987).

<sup>51</sup> William Acton, *Prostitution considered in its moral, social and sanitary aspects, In London and other large cities, with proposals for the mitigation and prevention of its attendant evils* (Frank Cass, London, 1857).

the field of sex education. This will be a good exercise in determining how Blackwell was received by the public and may give an indication as to why she has been largely written out of the historical record. Newspapers contemporary to the period often reviewed literature of all genres, including Blackwell's own work, and also advertised Blackwell's lectures in the classified section. The reviews of these books, the language used in advertisements, and even obituaries are all valid sources of information concerning Blackwell, the public's perception of her and the influence she had in her lifetime despite living under a patriarchal system. Due to technological developments, conducting this research of contemporary newspapers is much easier with the likes of *Illustrated London News* and *The Observer* being made available online. Physical copies of other publications from the time also exist such as *The Gentleman's Magazine*, *The Lady's Magazine* and *The Lancet*. The latter is particularly important as it will help determine the opinions of the medical community towards Blackwell and her work. These contemporary sources will also serve as a point of context for the events taking place around the publication of her works and track the progress of Blackwell's career.

Such sources also indicate Blackwell's tendency to use London-centric publishers. There may be many reasons for this, namely that Blackwell decided to move to England permanently in 1868 but also the apparent enthusiasm of the British for literature relating to sex. The subject matter of the texts published by Blackwell for these London-based publishers need to be scrutinised as part of the research process as well as considering the implications of her decision to use these type of publishers. Under the lens of feminist theory, it could be argued that Blackwell used these publishers could indicate the sentiment felt towards women who published literature and it is possible that these publishers were the only ones willing to do so with Blackwell officially stated as the author.

Finally, keywords and phrases are an important aspect of examining Blackwell's works. Her tendency to substitute the term sex education for moral hygiene and sanitation indicates a conscious decision by Blackwell to make her works accessible to all, especially women who would not have been allowed to access texts explicitly relating to sex in this manner. By doing this Blackwell was censoring herself in order to reach a

larger audience. On the other hand, an established phrase used by Blackwell is “moral physiology”, a term employed throughout her works as a means of negotiating her religious beliefs and the work that she wrote and published. Overall this methodology will involve having a list of known words and expressions pertaining to sex and sex education used by Blackwell.<sup>52</sup> This is a new approach to examining Blackwell’s work and her contribution to sex education.

Each chapter will examine a key question, as laid out above. The first chapter contains a literature review, analysing the secondary literature associated with this project, broken down into subject areas of: sex, sexual practice and sex education; the scientific, demographic and anatomical revolutions of the nineteenth century; gender, patriarchy and structures of power and exclusion (including class) during this period; and knowledge networks, including publishing history, circulation and reception theory for the period. Each area focuses on topics that will be discussed throughout the thesis and how this relates to Blackwell. This chapter touches on the central question of the thesis concerning Blackwell’s contribution to sex education.

Chapter 2 moves away from the Literature Review, investigating the medical education of Blackwell during the mid-nineteenth century as well as the state of medicine in both Britain and America at this time. This chapter also looks at the treatment of women entering the medical profession by the British and American Medical Associations, including Blackwell’s own perspective of being the first female physician. As well as considering Blackwell’s medical education, this chapter attempts to answer the question of the depth of her sex education while studying to become a doctor. Exam papers from the Royal College of Physicians and the Royal College of Surgeons will be used in this chapter in order to determine the extent of sexual knowledge medical students received before they went onto practice medicine.

A range of key questions are considered in Chapter 3, including the audience Blackwell wrote for and the reception of her writings by society and the medical community.

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<sup>52</sup> Barbara Caine, *Biography and History*, p. 42.

This will be carried out by looking at reviews of Blackwell's work in British news publications such as *the Examiner*, *Chambers's Journal of Popular Literature, Arts and Science*, and *the Saturday Review*. There will be a selection of positive and negative reviews as well as a discussion about the different types of readership of these publications and the audience had in mind when she wrote her texts on sex education. Chapter 3 is divided into two separate sections, one on the reviews of Blackwell and the other on her contribution to sex education through an examination of her works. This second section aims to answer the central question of the thesis in determining this contribution through a number of different topics including her writings on medicine as a profession for women, political treatise relating to sex and the sexual double standard for women, religion, masturbation, and menstruation.

Chapter 3's second section begins with Blackwell's writings on medicine as a profession for women, which continues on from Chapter 2 by emphasising the beneficial role women could play in the medical profession along with the attributes that suit women to the role of physician. This links closely to her literature related to political treatise and the sexual double standard imposed on women through the Contagious Diseases Acts, which is explored further again in Chapter 5. The next section on religion considers Blackwell's self-professed role as a "Christian Physiologist" as a means of legitimising her writings on sex education as part of a moral crusade to prevent the evil of ignorance or false information reaching pure minds. The underlining argument in this part of Chapter 3 focuses on the fact that Blackwell's influence on sex education was not necessarily constricted to the sphere of medicine. Finally, the section on sex education itself features two subsections on masturbation and menstruation, on which Blackwell writes a considerable amount, often in relation to her religious ideals as a Christian Physiologist.

Chapter 4 uses the networks and relationships Blackwell formed to investigate her contribution to sex education. The argument will be made that many of Blackwell's relationships influenced her direction in choosing a medical speciality. Nightingale had a strong hand in swaying Blackwell in the way of hygiene and sanitation, while the Langham Place Circle provided the pioneering doctor with funds for the establishment

of a hospital in New York. Blackwell also persuaded Elizabeth Garrett Anderson to pursue a career in medicine, with whom she later founded the London School of Medicine for Women in 1874. This school later allowed Blackwell to teach medical students in line with her views on sex education. This chapter will also examine relationships with Sophia Jex-Blake and Emily Blackwell in regard to the key questions highlighted previously.

The final substantive chapter in this thesis will look at the organisations and societies with whom Blackwell was associated. Chapter 5 explores the key question of whether Blackwell contributed to sex education outside her publications. The Contagious Diseases Act Movement, the Malthusian League, the National Health Society and the London School of Medicine for Women will all be considered in this chapter as examples of Blackwell's influence on sex education, other than her written works. The conclusion of this thesis brings together the arguments made throughout this work and provides a synthesis of answers for the key questions which frame the analysis and were set out above.

## Chapter 1: Literature Review

As laid out in the Introduction, this thesis aims to investigate the contribution of Elizabeth Blackwell to the field of sex education during the course of her medical career between 1849 and 1910. This chapter will be divided into four sections to identify the groups of secondary literature that have been utilised to frame this work and for contextualisation, of both the period and the academic discourse that has gone before. Of course, the historiography on the topics of sex, sex education, gender and patriarchy, for the nineteenth century is considerable. It would not be possible to cover the amount of literature produced on any one topic. This review will focus on the main developments in each subject area, documenting the most influential literature, and briefly relate this to the gap in these texts on Blackwell. For example, Hera Cook has written a substantial number of articles and texts on the topic of sex in history and also touched on the notion of sex education in the nineteenth century along with contraception measures, particularly in her text *The Long Sexual Revolution*.<sup>1</sup> However, she has failed to acknowledge the contribution of Blackwell to this process and development of thought concerning sex education in the nineteenth century. This is a factor that has been crucial in developing a literature to consult and then review as, whilst Cook's works are good sources of information for ideas around sex during the time of Blackwell, the omission of Blackwell in her work gives rise to the idea that there are potentially other figures who have also been put to one side.<sup>2</sup>

There could be many reasons why Blackwell has been ignored in the secondary literature. The first is that, as a woman, Blackwell was not deemed important enough to include in histories of medicine. She did not develop new techniques of treating patients, discover medicines or treat high profile patients. She was a middle-class

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<sup>1</sup> See Hera Cook, *The Long Sexual Revolution* (Oxford University Press, New York, 2004).

<sup>2</sup> Other works by Cook include "Emotion, bodies, sexuality, and sex education in Edwardian England" *Historical Journal* (2012) Vol. 12, No. 5, pp. 555-567; "Sexuality and contraception in modern England: Doing the history of reproductive sexuality" *Journal of Social History*, (2007) Vol. 40, No.4, pp. 915-932 and "The English sexual revolution: Technology and social change" *History Workshop Journal*, 2005, Vol. 59, No.1, pp.109-128. All of which fail to reference Blackwell's contribution to sex education.

woman who obtained a medical degree from a relatively unknown college in North America with an interest in hygiene and sanitation. As will be discussed in Chapter 4 there were large groups of such women operating in Britain and America, albeit without the medical qualification. Secondly, the issue of Blackwell's nationality has proved problematic for historians. As will be explored later in this chapter, most of the research into the history of medicine has focused primarily on Britain or America. Blackwell practised medicine and led the charge for female doctors in both countries but, from examining the secondary literature it is clear that, historians have found her dual nationality challenging. This is not just a problem within the literature but also in public memorials to Blackwell in both Britain and America where there are hardly any in existence. I will use my research to demonstrate that it is possible to research the life of Blackwell in both Britain and America on a range of topics, including her medical education, publications and ultimately her contribution to sex education. I have been unable to rely on the secondary literature due to the significant gaps in knowledge and have gone back to the primary sources to answer the key questions outlined in the previous chapter.

## Sex, sexual practice and sexual education

There is an extensive literature on the topic of sex, sexual practice and sexual education. Many of these works are considered fundamental to our understanding of the history of sex, particularly those by Roy Porter who is seen as one of the more prolific writers of his generation in this area. Porter's works tend to focus more on the eighteenth century than the nineteenth, but his research provides some interesting observations on the topic in terms of the medical community at the time Blackwell was beginning her career. Texts such as *Scientific Knowledge and Sexual Desire*, written with Mikulas Teich<sup>3</sup> and *The Facts of Life*,<sup>4</sup> in collaboration with Lesley Hall, which has been considered by many to be a concise and near complete examination of sex education in Britain during the seventeenth, eighteenth, nineteenth and twentieth

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<sup>3</sup> Roy Porter and Mikulas Teich, *Scientific Knowledge and Sexual Desire: The History of Attitudes to Sexuality* (Cambridge University Press, Cambridge, 1994)

<sup>4</sup> See Roy Porter & Lesley Hall, *The Facts of Life: The Creation of Sexual Knowledge in Britain, 1650-1950* (Yale University Press, London, 1995).



centuries, have been fundamental in improving our understanding of the history of sex. *Scientific Knowledge and Sexual Desire* sees Freud as the turning point in the study of sex with research commenting on pre and post-Freud developments while *The Facts of Life* has produced a sweeping overview of the history of sex in relation to science and medicine with significant emphasis on the male role in this topic.

Other seminal texts in this arena include *Sex, Politics and Society* by Jeffrey Weeks,<sup>5</sup> Frank Mort's *Dangerous Sexualities*,<sup>6</sup> and Michael Mason's *Making of Victorian Sexuality*.<sup>7</sup> While Weeks provides more of a contextual background for the place of sex within society during the nineteenth century, both Mort and Mason deliver an insight into the topic, with all focusing on Britain. Weeks' monograph has been important in informing the current academic discussion in linking the sexual and political debates during the nineteenth century, particularly in relation to constructing the theory of middle-class moral regulation, which feeds into the morality behind Blackwell's publications. Mason moves away from the middle-classes and investigates the notion of sexuality in relation to all classes of Victorian society, as well as deconstructing the idea of 'Victorian'. His work on the Malthusians has been useful in my research for Chapter 5 but the primary sources he employs are primarily written by men and fail to consider any female contribution to the making of Victorian sexuality.

Geography is a common problem for this time period whereby either American or British developments are considered in relation to sex, but rarely together. Indeed, there is evidence of a trend for books on sex education to focus on American developments rather than British, or even European. For example Janet Brodie's *Contraception and Abortion in Nineteenth Century America* adheres to this theory.<sup>8</sup> It should also be noted that the sexual education movements in Britain and America were closely linked as were the women's emancipation movements with women on

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<sup>5</sup> Jeffrey Weeks, *Sex, Politics and Society: The Regulation of Sexuality Since 1800* (Longman, London, 1981).

<sup>6</sup> Frank Mort, *Dangerous Sexualities: Medico-Moral Politics since 1830* (Routledge, London, 2000).

<sup>7</sup> Michael Mason, *The Making of Victorian Sexuality* (Clarendon Press, Oxford, 1994).

<sup>8</sup> Janet Brodie, *Contraception and Abortion in Nineteenth Century America* (Cornell University Press, Ithaca, 1994).

both sides of the Atlantic spurring on and inspiring one another to push for more reform. As mentioned previously, I will go back to the primary sources written by Blackwell and discuss Blackwell's role in medicine in both Britain and America over the course of her career in order to fill in the current gap in the secondary literature.

However, Alan Hunt in his article on anti-masturbation movements in Britain during the nineteenth and early twentieth centuries briefly discusses the issue of geography in relation to these British and American groups.<sup>9</sup> He states that while the Atlantic separated the two nations, the source material from temperance and social purity groups from the period were remarkably similar in tone and content.<sup>10</sup> Despite this, there are texts of academic value for sex education in Britain. Those focusing on Britain, or rather England, all look to Neo-Malthusianism as an important factor in advertising birth control during the late nineteenth century, which caused a bone of contention with feminists like Blackwell due to its pro-contraceptive stance. In contrast to later manifestations of the feminist movement, many Suffragettes believed that sexual equality came from having the means and ability to deny one's husband his 'conjugal rights'.<sup>11</sup>

J.A and Olive Banks in *Feminism and Family Planning in Victorian England* highlight the apparent contradictory nature of Blackwell's stance as a pioneer of sex education that was opposed to the notion of artificial birth control.<sup>12</sup> This is significant as it is one of the few works of literature that acknowledge Blackwell, in the first instance, and secondly comment on her contribution to sex education. Angus McLaren's *Birth Control in Nineteenth Century England* follows in the same vein but underlines the fear of women, a very real fear, of dying in childbirth. By denying their husbands sexual intercourse, women were claiming back their bodies to become individuals rather than

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<sup>9</sup> Alan Hunt, "The Great Masturbation Panic and Discourses of Moral Regulation in the Nineteenth- and Early-Twentieth Centuries", *Journal of the History of Sexuality*, Vol. 8, No. 4 (April 1998), pp. 575-615.

<sup>10</sup> Alan Hunt, 'Great Masturbation Panic', p. 600.

<sup>11</sup> Angus McLaren, *Birth Control in Nineteenth Century England* (Holmes & Meier, New York, 1978) p. 198.

<sup>12</sup> J.A & Olive Banks, *Feminism and Family Planning in Victorian England* (Schocken Books, New York, 1964), p. 93.

‘baby-making machines’.<sup>13</sup> However, Peter Fryer in *The Birth Controllers* does emphasize that Blackwell appreciated women were sexual beings, often with quite passionate feelings towards their sexual partners.<sup>14</sup> In line with her religious beliefs Blackwell did advocate the more conservative contraceptive approaches of coitus interruptus, the safe period and douching.<sup>15</sup> Lucy Bland’s *Banishing the Beast* is also important in dissecting and contextualising Blackwell’s writings on sex education.<sup>16</sup> Ginger Frost’s *Living in Sin* has some relevant information on the Neo-Malthusians with whom Blackwell openly disagreed and campaigned against.<sup>17</sup> It has provided useful background information on the issues surrounding marriage law and practice during the nineteenth century and how these were either accepted or rejected by society.

Formalised sex education is a relatively new invention. Julian Carter in “Birds, Bees and Venereal Disease” addresses this issue as a process of education that helps form a child into an adult.<sup>18</sup> The idea of sex education has been part of a debate within society and the medical community since the Enlightenment, starting with Rousseau’s *Emile, Or on Education* (1762).<sup>19</sup> While the article deals with American approaches to tackling sex education at the beginning of the twentieth century and fails to mention Blackwell’s contribution, there is much to be drawn from the arguments Carter puts forward. The inclusion of illustrated primary sources, in particular that of a baby with hereditary syphilis, reflect the type of panic felt in Britain during the 1860s and 70s with the Contagious Diseases Acts, something against which Blackwell campaigned.<sup>20</sup>

Thomas Laqueur’s *Making Sex* is a difficult text to place within this literature review as it has been influential in shaping past academic debate but it has also divided

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<sup>13</sup> Angus McLaren, *Birth Control*, p. 203.

<sup>14</sup> Peter Fryer, *The Birth Controllers* (Stein and Day, New York, 1965), p. 313.

<sup>15</sup> Peter Fryer, *Birth Controllers*, p. 313.

<sup>16</sup> See Lucy Bland, *Banishing the Beast: Feminism, Sex and Morality* (Penguin Books, London, 1995).

<sup>17</sup> See Ginger Frost, *Living in Sin: Cohabiting as Husband and Wife in Nineteenth Century England* (Manchester University Press, Manchester, 2008).

<sup>18</sup> Julian B. Carter “Birds, Bees and Venereal Disease: Toward an Intellectual History of Sex Education”, *Journal of the History of Sexuality*, Vol. 10, No. 2 (April, 2001), pp. 213-249.

<sup>19</sup> Julian Carter, ‘Birds, Bees and Venereal Disease’, p. 213.

<sup>20</sup> Julian Carter, ‘Birds, Bees and Venereal Disease’, p. 231.

academics in their approach to the history of sex.<sup>21</sup> While elements of sex and sex education are discussed, there is also a narrative of the developments in terms of scientific and anatomical revolutions, not just in the nineteenth century but from the classical period onward. Nonetheless, *Making Sex* has been an important work for the theoretical basis of this work as it rejects Foucauldian theory, unlike Porter and Weeks, and also discusses the one-sex model, a theory Blackwell supported in her texts on sex education, and which will be discussed further in Chapter 3.

There are significant existing gaps in the literature outlined in this section, on Blackwell and her contribution to sex education. For example, Porter has a tendency to ignore her contribution consistently, with only vague mentions of her achievement in becoming the first female doctor in *Blood and Guts* and his identification of her status as a feminist in *Sexual Knowledge and Sexual Desire*.<sup>22</sup> Similar to Porter, Mort identifies Blackwell as a feminist but also makes evident her position as a Christian physiologist. While Mort explores more of the work published by Blackwell than Weeks and Porter, he does restate much of the same information put forward by them including her stance on female sexual agency and embracing the pleasure of sexual activity.<sup>23</sup> It should also be noted that while Mort provides an adequate description of Blackwell and some of the work she did within the sex education movement, his work does differ from this research. Thus, this thesis focuses significantly on her overall contribution to sex education rather than applying the work of Blackwell to nineteenth-century attitudes towards health and disease. This difference is important as she acts as the emblematic case study for Mort while Blackwell is at the centre of the research for this thesis. Mort did not employ the same methodologies that will be applied in this work. While he does address the figure of the pioneering doctor and acknowledges some of her achievements, he does not view her as a central figure to his own research and uses Blackwell's work to demonstrate a point that applies to a broad spectrum investigation of sexuality during the nineteenth century.

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<sup>21</sup> See Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Harvard University Press, Cambridge, 1992).

<sup>22</sup> Roy Porter, *Blood and Guts: A Short History of Medicine* (Penguin Books, London, 2002), p. 52; Roy Porter & Mikula Teich, *Scientific Knowledge*, p. 275.

<sup>23</sup> Frank Mort, *Dangerous Sexualities*, p. 91.

## The scientific, demographic and anatomical revolutions of the nineteenth century

There are a number of texts in this subject area that have been key for this research, namely Thomas Bonner's *Becoming a Physician*, Irvine Loudon's *Medical Care* and Charles Newman's *Evolution of Medical Education*.<sup>24</sup> While these monographs document the evolution of the medical profession during the nineteenth-century in Europe and America, they also provide a broad spectrum of information on the scientific, demographic and anatomical revolutions of the nineteenth-century and have been influential for many decades in academic debate. Without the research put forward in these works it would not have been possible to write much of Chapter 2 in relation to the medical education of students during the mid to late-nineteenth century. However, the general conclusions of these texts focus on the male experience of medical school with little or no mention to women in medicine. This is why there is a section in Chapter 2 on women physicians based primarily on Blackwell's own writings.

Porter has also made his mark in this area with texts such as *Disease, Medicine and Society* and his edition of *The Cambridge History of Medicine*, both of which have been important in contextualising the period examined in this thesis. Nonetheless, there is very little evidence for the work of women in medicine in this edited volume. Anne Digby, too, has been crucial in informing this thesis, especially in the area of British medical practices during the mid to late-nineteenth century. Her work, in both *Making a Medical Living* and *The Evolution of British General Practice*, features heavily in Chapter 2, chiefly in relation to doctor's wages during the mid-nineteenth century and the organisation of the medical profession in Britain under the New Poor Law. However, Digby's work focuses primarily on male physicians and does not consider the financial implications of being a woman in a man's job. This is the pitfall of many of the

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<sup>24</sup> This list is not exhaustive. See also S.E.D. Shortt, "Physicians, Science, and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth Century", *Medical History*, Vol. 27 (1983), pp. 51-63 and Ivan Waddington, *The Medical Profession in the Industrial Revolution* (Gill & Macmillan, Dublin, 1984).

texts outlined above in that they fail to consider the theme of women in their research. My work counteracts this by placing women in the history of medicine narrative with neglected primary source material.

Ornella Moscucci's book, *The Science of Woman*, portrays medicine's perception of women's bodies at the time of Blackwell's medical education.<sup>25</sup> It paints a bleak picture of gynaecological practices used on women and the development of science in terms of the female body. Blackwell admonished the over-use of the speculum by male doctors for their female patients and also the removal of the ovaries in female patients deemed insane. *The Science of Woman* documents the development or evolution of medical practice and treatment towards women in and around the period Blackwell practiced medicine. In contrast, Regina Morantz-Sanchez's *Sympathy and Science* looks at the figure of Blackwell alongside the development of a health service with a focus on the situation in America.<sup>26</sup> There is some information on the medical treatment of patients but it is evident that the main aim of the text is to explore the intersection of gender, medicine and class in America during the nineteenth century. The work of Morantz-Sanchez, also known as Markell Morantz, has had a considerable impact on the research conducted into Blackwell throughout this thesis. Her article on the relationship between Mary Putnam Jacobi helped shape the key question on professional networks, and later in Chapter 4. This will be explored further in the final section of this chapter.

The historiography, for this area of the history of medicine, is problematic as the vast majority of books on nineteenth-century American medicine do not acknowledge Blackwell's struggle to train as a medical doctor. In particular, John Haller's *American Medicine in Transition, 1840-1910* mentions the New York Medical College and Hospital for Women, established in 1863, but does not credit Blackwell for establishing

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<sup>25</sup> Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England, 1800-1929* (Cambridge University Press, Cambridge, 1990), pp. 158-9.

<sup>26</sup> See Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (Oxford University Press, New York, 1985).

this institute.<sup>27</sup> This is a common theme when working with texts on the history of medicine and further entrenches the feminist theory that women have been written out of history by a patriarchal society. John Harley Warner has also published several texts on the development of medical institutions in America, specifically focusing on the professionalisation of medicine in this part of the world in the late nineteenth century. While his texts do not consider Blackwell's achievements, they have been influential in laying out how medical students received their education in America, including using photographic evidence of this education in *Dissection: photographs of a rite of passage in American medicine, 1880-1930*.

Warner's other works look at the influence of the French style of medical education on America and general medical practice throughout the long nineteenth century, but do not reference the contribution of Elizabeth Blackwell to American medicine through sex education or her achievement as the first woman to graduate with a medical degree in 1849. As with the key texts by Newman and others, there is the matter of Blackwell's omission from the historical record. In recent years there has been a shift, in the literature, toward acknowledging the role women played in the history of medicine, and its development as a profession, but the important broad spectrum works from past historical debate do not reflect this new research. This has been problematic in conducting a literature review throughout the thesis as a thorough investigation of the history of medicine clearly has not been carried out, especially in relation to pioneering female doctors. However, my research will show that Blackwell can, and should, be inserted into the current narrative within the history of medicine both in America and Britain during the nineteenth century.

## Gender, patriarchy and structures of power and exclusion (including class) in the period

Debates surrounding gender and patriarchy for the nineteenth century have filled the pages of countless journals, edited volumes and monographs. It would not be possible

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<sup>27</sup> John S. Haller Jr, *American Medicine in Transition, 1840-1910* (Harvard University Press, Cambridge, 1981), p.122

to cover them all in this review and selection process has been applied to ensure only the most relevant works are used in this research project. Some texts are unavoidable in this regard because of the prominence they have in the field, such as Jeffery Weeks' *Sex, Politics and Society* or Davidoff and Hall's *Family Fortunes* and even Simone de Beauvoir's *The Second Sex*.<sup>28</sup> However the relevance of each need to be taken into consideration; for example, Davidoff and Hall's work is not especially relevant to this thesis as it covers the period 1780-1850. The ideas contained within about gender relations and class at the beginning of the nineteenth century are noteworthy to say the least and provide a good basis for the period Blackwell grew up in before embarking on a career in medicine, but do not necessarily reflect the same ideas held in the closing decades of the century.<sup>29</sup>

The same approach can be applied to the variety of works produced by John Tosh on masculinity in the Victorian period. While having significant impact in shaping academic discourse on the notion of masculinity and 'manliness', Tosh's texts only provide a limited scope or analysis of gender during the course of Blackwell's career, due to his focus on the male.<sup>30</sup> They have been interesting to study when keeping in mind Blackwell's ideas about female sexual agency and the empowerment of women through sexual abstinence and the impact this had on men in society, or even to see how masculinity was displayed through sexual prowess and how this often manifested itself in aiding the spread of venereal disease through the employment of prostitutes. However, in order to focus this literature review, it is important to refer back to the research questions and consider if masculinity applies to Blackwell's religious convictions, or the audience she wrote for, or if manliness applies to her overall contribution to the field of sexual education. In this it does not but there other texts that use masculinity in relation to femininity which is more in line with the scope of this research.

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<sup>28</sup> Thomas Laqueur references De Beauvoir's work as a source of significant influence for the theories he puts forward in *Making Sex* and the idea of woman as the second sex (p. ix).

<sup>29</sup> See Leonore Davidoff and Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (University of Chicago Press, Chicago, 1987).

<sup>30</sup> John Tosh, *Manliness and Masculinities in Nineteenth Century Britain: Essay on Gender, Family and Empire* (Longman, New York, 2005).



Jeffery Weeks' work *Sex, Politics and Society* has been briefly explored in relation to Blackwell in this chapter, but there is much more to say about this influential text. The topics of sexuality, moral regulation, class, sexual deviancy (i.e. homosexuality) and notions surrounding the classification of gender through an examination of masculinity and femininity can be explored in many of the thematic areas covered by this thesis but there is considerable focus more so on gender and class than sexual education and practice or knowledge networks. This work provides the reader with a map of how to navigate the nineteenth century through the lens of gender and class.<sup>31</sup> Another commentator who employs a similar style, Susie Steinbach in *Women in England 1760-1914*, provides a broad spectrum approach to the role of the woman in England. No specific topic is covered in great detail, but a general survey of gender is carried out, with a focus on the treatment of women by society throughout the eighteenth, nineteenth and twentieth centuries.<sup>32</sup> This has shaped part of the research for this thesis as the periods before and after Blackwell are explored and provide some contextualisation for the expectations surrounding women between 1760 and 1914.

Others have taken a narrower timeframe to work with for the Victorian period. Lesley Hall in *Sex, Gender and Social Change since 1880* briefly examines Blackwell's *Counsel to Parents* as a useful book to parents for informing their children about sex, but does not explore this further.<sup>33</sup> It is evident that the text focuses on the period after 1880 so as to avoid the Contagious Diseases Acts and the associated debates. In doing so, Hall avoided discussions surrounding the sexual double standard and the role of men in the spread of venereal disease.<sup>34</sup> She often ignores the genesis of many historical events, drawing on the conclusions of others instead drawing out the facts for herself. However, in relation to the CDAs, this is a common occurrence as many who have written about the nineteenth century have the tendency to side step the issue. For

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<sup>31</sup> See Jeffery Weeks, *Sex, Politics and Society*.

<sup>32</sup> See Susie Steinbach, *Women in England, 1760-1914: A Social History* (Palgrave Macmillan, New York, 2004).

<sup>33</sup> Lesley Hall, *Sex, Gender and Social Change*, p. 33.

<sup>34</sup> See E.M Sigsworth and T.J Wyke "A Study of Victorian Prostitution and Venereal Disease" in Martha Vicinus (Ed) *Suffer and Be Still* (Indiana University Press, London, 1972) pp. 77 – 99.

instance, Michael Mason in *Making of Victorian Sexuality* only makes one reference to the Acts in a synopsis on the size of the prostitution trade in London during the mid to late nineteenth century.<sup>35</sup> Philippa Levine has been a prolific commentator on this topic of prostitution in Victorian London as well as her work on gender during this period. This research is carefully considered in Chapter 5 in relation to the Contagious Diseases Acts Movement. Levine's work is essential in this regard as she explores the CDA Movement in relation to gender in a way that other works do not. She also looks at this legislation outside of Britain but does not go back to the primary materials written by Blackwell which are examined in Chapter 2 in relation to the female physician's role in India under these Acts.

There is also a range of literature on the emergence of women in the field of medicine during the nineteenth-century. Ruth Abram's *Send Us A Lady Physician*, Moberly Bell's *Storming the Citadel* and Kristin Swenson's *Medical Women* are all key texts within this secondary literature, focusing on the difficult circumstances women faced when attempting to enter the medical profession. Mary Ann Elston's work on the subject, including her PhD thesis, has also been instrumental in defining how we view the rise of the female doctor during the Victorian period. There are some problems in the literature, as highlighted in the first section of this literature review, concerning geographical focus. Much of the research tends to focus on American medicine, including Susan Wells' *Out of the Dead House* and Mary Roth Walsh's *Doctors Wanted*, where the numbers of women studying medicine swelled much faster than in Britain. Catriona Blake's seminal text, *The Charge of the Parasols*, focuses solely on the entry of women in to the medical profession in Britain, particularly in London and Edinburgh where the first schools of medicine for women were established. These works have been crucial in informing the research and key questions laid out in relation to women in medicine as will be seen in Chapters 2, 4 and 5.

What is vital to consider when reviewing these works is that there has been no new research into the emergence of women physicians in the past twenty years. This is not

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<sup>35</sup> Michael Mason, *Victorian Sexuality*, p. 74.

because there is a lack of primary source material nor a lack of interest but perhaps there is the idea within this discipline that this area has been covered sufficiently. My research will prove this wrong. There is a wealth of primary materials not consulted previously from archives in both Britain and America, including the newly digitised Blackwell archive at the Schlesinger Library, Harvard University and the Florence Nightingale archive, London. This thesis makes use of many of these new sources and also consults Blackwell's publications on the experience of women physicians in both Chapter 2 and 3, which have been forgotten by historians of medicine in their research on this topic.

### Knowledge networks, including publishing history, circulation and reception theory for the period

There has been some research into relationships between women in the medical profession in the nineteenth century. Elizabeth Blackwell met Florence Nightingale while in London at the beginning of her medical career and struck up an intense friendship based on their mutual dislike of social expectations to find a husband.<sup>36</sup> While this friendship did sour in later years, it was an important foundation for establishing networks. Julia Boyd in *The Lancet* focuses on the relationship and correspondence of Blackwell and Nightingale. It is a brief article, but does consider the notion of community amongst women in the same professional field during the nineteenth century. However, there is no real analysis of Blackwell's work or the impact this had on the medical field of sex education.<sup>37</sup> A recent publication by Jennifer Aston, *Female Entrepreneurship in Nineteenth-Century England: Engagement in Urban Economy*, challenges the existing debate around female-led networks during the period Blackwell was forming her own female medical networks.<sup>38</sup> The existing literature does not consider, in such great detail, the economics of female-led professional communities. While Aston does not consider the female medical network, she provides an alternative outlook on network theory, along with other examples of

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<sup>36</sup> Elizabeth Blackwell, *Pioneer Work*, p.23.

<sup>37</sup> Julia Boyd, 'Florence Nightingale and Elizabeth Blackwell', *The Lancet*, Vol. 373 (2009), pp.1516-1517.

<sup>38</sup> See Jennifer Aston, *Female Entrepreneurship in Nineteenth-Century England: Engagement in Urban Economy* (Palgrave Macmillan, London, 2016).

knowledge networks consisting primarily of women. This is valuable research in the area of networks and solidifies many of the arguments made in Chapter 4.

Regina Markell Morantz (later Morantz-Sanchez) explores the relationship of Blackwell and Mary Putnam Jacobi, another leading figure in women's medicine at the time.<sup>39</sup> The article explores the vast differences between the views of Blackwell and her younger colleague, Putnam Jacobi. These women shared very different and wildly contrasting ideas about medicine and the treatment of patients, which can be largely attributed to the fact that they attended medical school fifteen years apart. While there is an examination of the relationship between these two women, Morantz-Sanchez also looks at the figure of Blackwell, highlighting the unorthodox paths her family chose, including exploring spiritualism and a sister-in-law who was the first formally ordained woman in the United States.<sup>40</sup> The vocabulary of Blackwell is also surveyed with the identification of religious language and terminology; the relevance of this being the agenda of moral reform that runs throughout her works, but sex education is not considered.<sup>41</sup>

To some degree female relationships are also studied by Susan Kent in *Sex and Suffrage in Britain*. The text has significantly more to offer in terms of determining the role of forgotten women in the suffrage movement and its various off-shoots. Kent offers much more analysis of the role Blackwell played in relation to this movement, as well as exploring the influence she had through her medical teachings. Like Mort, Kent employs the use of texts by Blackwell that are not so easily recognisable like *Medical Responsibility in Relation to Contagious Diseases Acts* (1877) and *Medicine as a Profession for Women* (co-authored with Emily Blackwell, 1860).<sup>42</sup> Issues such as male chastity, the unnecessary use of the speculum by male doctors and the encouragement of women to regulate sex in their marriages are all discussed in

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<sup>39</sup> Regina Markell Morantz, "Feminism, Professionalism, and Germs: The Thought of Mary Putnam Jacobi and Elizabeth Blackwell", *American Quarterly*, Vol.34, No.5 (Winter 1982), pp. 459-478.

<sup>40</sup> Regina Markell Morantz, 'Feminism, Professionalism and Germs', pp. 459-478.

<sup>41</sup> Regina Markell Morantz, 'Feminism, Professionalism and Germs', pp. 459-478.

<sup>42</sup> Susan Kent, *Sex and Suffrage in Britain, 1860-1916* (Princeton University Press, Princeton, 1987), pp.70-1 & pp. 108-9.

relation to Blackwell- something that does not widely occur with other sources in this literature review. Kent is aware of the contribution of Blackwell throughout her lengthy career and has also identified a gap in the literature. While this is commendable, the influence of Blackwell is only discussed in relation to the suffrage movement, rather than as a pioneer in her own right.<sup>43</sup> As with Julia Boyd, Blackwell's biographer, and Morantz-Sanchez, Blackwell is given some contextualisation for the reader in relation to her female, rather than male, counterparts. In this case the figures of Jex-Blake and Garrett Anderson are chosen because of the position Kent assigns them as pioneers of the feminist movement.<sup>44</sup> This is in keeping with the notion of Blackwell as feminist outlined by Porter in *Sexual Knowledge and Sexual Desire*.<sup>45</sup>

Medical education can be considered as part of the literature on knowledge networks, rather than scientific revolutions and is a neglected area within the history of medicine. Alongside Harley Warner, discussed previously, both Keir Waddington and, more recently, Anne Hanley have attempted to create a clearer picture of the extent of medical education during the nineteenth century. Waddington's *Medical Education at St Bartholomew's Hospital* is valuable in providing a sweeping overview of the development of medical education over the course of centuries. This is valuable because it indicates that there is some literature on the topic, but is of little use to Chapter 2 which demands a more extensive examination of the level of medical education Blackwell received.

Hanley's *Medicine, Knowledge and Venereal Diseases in England* does a better job of answering the key question concerning Blackwell's medical education but in the latter half of the nineteenth-century.<sup>46</sup> Her work covers new ground in answering questions about the education of medical students on the topic of venereal disease, an off-shoot of sex education, and acknowledging that this was a concern within the medical

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<sup>43</sup> See Susan Kent, *Sex and Suffrage*.

<sup>44</sup> Susan Kent, *Sex and Suffrage*, p. 17.

<sup>45</sup> Roy Porter & Mikulas Teich, *Scientific Knowledge*, p. 275.

<sup>46</sup> See Anne Hanley, *Medicine, Knowledge and Venereal Diseases in England, 1886-1916* (Palgrave Macmillan, New York, 2017).

profession during the late-nineteenth century but there is no research into sex education of these students at the beginning of this century. This indicates that there is a considerable gap in the literature concerning the education of medical students for the early to mid-nineteenth century. Chapter 2 aims to fill this gap by analysing the exam papers of the Royal College of Physicians in Edinburgh and the Royal College of Surgeons in London to deliver a more comprehensive idea of what Blackwell would have been taught in medical school during the mid-nineteenth century, particularly in relation to sex education.

## Conclusion

This thesis sits at an exciting intersection of the history of medicine, gender history and Blackwell studies. It touches on a number of well-explored areas such as the history of the medical profession in Britain and America during the nineteenth century, but goes that bit further in examining specific aspects of this topic through primary source materials, such as the application of sex education to exam papers, suggested textbooks and the experience of women entering the medical profession as told by Blackwell. This will be demonstrated in the following chapter which examines her medical education as well as the sex education of medical students during the period in which she studied and practised medicine.

This literature review has shown that there are a number of gaps in the existing secondary literature. When conducting the research for this thesis there were issues finding secondary material to support some of the arguments made as the primary sources had simply not been consulted before. There are a range of examples of this including medical exam papers to investigate the extent of sex education in the medical profession during the mid to late nineteenth century. Medical colleges' yearly announcements to analyse the recommended textbooks for certain subjects during the nineteenth century and letters to determine the extent of female medical networks between 1849 and 1910. It can be concluded that the current literature on the history of medicine has not effectively examined these areas of historical research and large gaps still exist in our knowledge of the nineteenth-century medical sphere.

While this is true, there are some valuable works available for consultation in this period. Much of the research for this thesis in this history of medicine would not have been possible without commentators such as Markell Morantz, Harley Warner and Mort, to name but a few. The considerable work done by Julia Boyd in producing a comprehensive biography of Blackwell has also been instrumental in understanding previous interpretations of Blackwell's life, despite its lack of analysis into her publications and lectures.

## Chapter 2: Blackwell and Medicine

### Introduction

Chapter 1 suggested significant gaps exist in the historiography of medical education in the Victorian period. There are four areas where these breaks in secondary literature lie: medical education in general; women in medicine; on sex education; and on Blackwell. Firstly, some attempts have been made by historians such as Charles Newman and Thomas Bonner, to deliver a sweeping overview of medical education during the nineteenth century. There is currently no specific information on medical curricula or textbooks used during this period. Secondly, most of the works on women in medicine are outdated and do not engage with feminist or biographical theory as laid out by Dorothy Smith and Barbara Caine. These two topics of medical education and female doctors are connected through the figure of Blackwell who emerged at a time when the professionalisation of medicine went hand in hand with the rise of the female physician.

Thirdly, there still is very little knowledge about the sex education of medical students, despite the recent developments by Anne Hanley in this area. Many professors would have presumed their medical students had previous sexual experiences,<sup>1</sup> thus working under the understanding that the link between unprotected sex and sexually transmitted diseases was already known.<sup>2</sup> Female reproductive health came under the purview of sex education, however, much of medical learning about women's bodies was done through trial and error, as outlined by Ornella Moscucci. Finally, Blackwell's role in helping women enter medicine has been overlooked by both her biographers and commentators on the history of medicine more generally. Regina Markell-Morantz

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<sup>1</sup> Elizabeth Blackwell, *An Appeal in Behalf of the Medical Education of Women* ([n.pub], New York, 1856), p. 5

<sup>2</sup> See Anne Hanley, *Medicine, Knowledge and Venereal Diseases in England, 1886-1916* (Palgrave Macmillan, New York, 2017) for more information about this link and how medical students were taught about venereal disease in the late nineteenth century.



has conducted some research on this topic but only in an American context whereas I will discuss her role in both an American and British framework as well as providing, for the first time, a detailed overview of Blackwell's experience of medical education in general.

The purpose of this chapter has been laid out in the Introduction of this research through the second key question. This question looks at the depth of Blackwell's medical education by locating the medical teachings around reproductive and sexual health at this time and in answering this question I will emphasise the importance of a curriculum for medical education as part of professional development in the nineteenth century, providing an argument concerning the lack of knowledge about women's bodies and the implications of this as will be seen in the 1858 Medical Act, exam papers and Blackwell's writings. This chapter argues that the medical profession was unaccommodating to women pursuing a career in medicine. The existing research on this topic, including biographies on the pioneering doctor, does not look at the writings of Blackwell on her personal experience of carving out a medical career. In line with this argument, this chapter also discusses the possibility that the medical education of the mid-nineteenth century neglected women's bodies. Her status as a female doctor may have influenced past historians to see her experience as lesser than that of a male physician, or simply not considered at all. The issue of women joining the profession will be addressed here, but also the gendered language and nature of medical texts will be analysed. The archives of the Royal College of Surgeons in London contain rich holdings of lecture notes and examination papers. These provide the foundation of this chapter's argument that medical knowledge surrounding women's bodies was sparse. It will also be argued that the curricula for medical colleges at the beginning of the nineteenth century were not standardised and varied between institutions.

The chapter is divided into eight sections, all of which newly place Blackwell at the heart of nineteenth-century medicine. First, the 1858 Medical Act will be examined. This provides context for the barriers Blackwell broke down by becoming the first woman on the British General Medical Register in 1858. Secondly, the focus shifts to

British and American Medical Associations, which were fundamental in cultivating the medical legislature and curriculum in medical schools on both sides of the Atlantic. This section will also look at the issue of “overcrowding” within the medical profession after the passing of the 1858 Medical Act and the objections put forward by both the British Medical Association and the American Medical Association against women doctors. Thirdly, the life of the nineteenth-century doctor will be explored through an analysis of wages and accommodation requirements, viewed both generally and through the lens of the issues Blackwell faced in attempting to set up her own practice in New York in the 1850s. While the wages of male physicians will be analysed in this section, a comparison will be drawn with female wages at the end of this chapter. The examination of the Victorian doctor is relevant to this section as John Harley Warner makes the argument that easy examinations and low standards in medical schools led to overcrowding, which made the medical profession difficult in which to survive for men and women.<sup>3</sup> I will explore this in relation to the exam papers of medical institutions during the mid-nineteenth century.

Next, the medical and sexual education of the nineteenth century will be considered by looking at the education Blackwell received while attending Geneva College. The recommended texts of medical colleges on obstetrics and anatomy in Britain and America will be examined to gain a better understanding of the breadth of the education experienced by medical students during the mid to late nineteenth century, and also an idea of the level of education Blackwell received when studying for her degree. As will be explored later in this chapter, there was an inherent reluctance to refer to the sexual organs by name, and, as a result, euphemism or non-specific terminology is employed through the vein of medicine known as “Comparative Anatomy”. This is important when considering the medical education of Elizabeth Blackwell and her later campaigns to educate youth on matters relating to sex. The doctor’s biographers have ignored this link to sex education and the underlying

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<sup>3</sup> This argument can be found in John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885* (Harvard University Press, Cambridge, 1986). This notion of overcrowding is further explored in an Irish setting by Laura Kelly in ““Fascinating Scalpel-wielders and Fair Dissectors”: Women’s Experience of Irish Medical Education, c. 1880s-1920s”, *Medical History*, Vol. 54 (2010), pp. 495-516.

importance of the medical education she received at Geneva College as this was formative to her career as someone who wanted to bring sex education to the public.

Following on from this, the exam papers of various medical institutions including, the Royal College of Surgeons in London and the Royal College of Physicians in Edinburgh during the period Blackwell was studying medicine will be analysed, along with aids for such exams. This section will consider the knowledge medical students were required to have in order to pass their exams, particularly in relation to female medical complaints. My investigation and analysis of the Royal College of Surgeons' exam papers has uncovered the unwillingness of the medical establishment to engage with sex education for their medical students. By using a feminist and biographical methodology, I will go further than Moscucci, Newman and Bonner in linking the ignorance of women's bodies to a lack of education on female reproductive health. In examining the experience of Blackwell, I explore both the sex education of medical students and education of women who sought to become doctors. This will be done in both an American and British context as Blackwell studied in both these countries. In doing so, I will engage with the primary source material in a manner that has not been attempted previously, and particularly by using the lesser known works of Blackwell in relation to the role of women in medicine, her personal experience of undergoing a medical education and the depth of knowledge she acquired in relation to sex while at Geneva College.

The penultimate section focuses on Blackwell's experience of medical education and becoming a doctor where she felt unprepared to practice medicine. Using Blackwell's biography, publications and public talks, we will see that the circumstance of being the first of her kind was an isolating experience. This section will use Blackwell as a vehicle to understand the culture of medicine in both America and Britain during the nineteenth century, a neglected topic in the secondary literature. Finally, the section titled 'Women Physicians' details the issues Blackwell met while attempting to establish herself as a doctor in New York during the 1850s, along with facing competition from Madame Restell, a notorious abortionist who operated in the city.

This section will also contain a discussion of the wages female physicians earned in comparison to their male counterparts, which will be analysed in the fourth section.

Progressively, these sections address some of the key contemporary concerns surrounding the place of women in medicine in general and Blackwell's place in the hierarchies of medical personnel and medical knowledge. In turn, the chapter makes a number of contributions to the broader literature. Firstly, this will be done by examining the medical education of both British and American medical students and medical societies like the British Medical Association and the American Medical Association from the mid nineteenth century side by side, rather than as separate entities. Many secondary texts consider them to share a common heritage, and to a degree this is true- many of the physicians who taught in medical colleges were educated in Britain and carried through this British-style of education for many generations, right up until the late nineteenth century.<sup>4</sup> For this reason, it is easy to see how Blackwell smoothly moved from American to British medical practice in 1868. Secondly, this chapter takes into consideration new primary source materials in the form of exam papers and examines the questions asked along with the prescribed textbooks for study. Thirdly, any notions that women were welcomed into the medical profession will be dispelled and the struggle of Blackwell highlighted in her role as a pioneer for medical women. Finally, using biographical theory as a new avenue to explore medicine, particularly women's history of medicine, I will explore career trajectories of mid-nineteenth-century medical students through Blackwell's experience. This chapter offers a unique insight into the culture of medicine in both Britain and America during the mid-nineteenth century.

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<sup>4</sup> This is particularly true of Charles Newman and William Bynum's research. See Edmund Ramsden, "Science and Medicine in the United States of America" in *The Oxford Handbook of the History of Medicine*, ed. Mark Jackson, (Oxford University Press, Oxford, 2011) pp. 225- 249. Roger Cooter further highlights this close relationship in medicine between Britain and America in Roger Cooter and Steve Sturdy, "Science, Scientific Management, and the Transformation of Medicine in Britain c. 1870-1950", *History of Science*, Vol. 36 (1998) pp. 421-66. More literature on the professionalisation of medicine can be found in Claire Jones, "(Re-) Reading Medical Trade Catalogs: The Uses of Professional Advertising in British Medical Practice, 1870-1914", *Bulletin of the History of Medicine*, Vol. 86, No. 3 (Fall 2012), pp. 361-393.

## The professionalisation of medicine

The Medical Act of 1858 helped establish medicine as a profession rather than a trade.<sup>5</sup> It facilitated the formation of a General Medical Council with surveillance powers to monitor standards of professional training, to register qualified practitioners, and to de-register practitioners found guilty of criminal acts or of “infamous conduct in any professional respect”.<sup>6</sup> The General Council of Medical Education and Registration of the United Kingdom consisted “of representatives of the nineteen examining bodies of the country, and of persons nominated by the Crown”;<sup>7</sup> this included the Royal College of Physicians, the King and Queen’s College of Physicians in Ireland and the Royal College of Surgeons of Edinburgh to name but a few.<sup>8</sup> It was argued that the regulation of the medical profession, along with standards of medical education, was in the interest of public safety.<sup>9</sup> Many medical colleges offered courses of a year, or at discounted prices or with little educational demands of the students. This would inevitably lead to a surplus of doctors and the depreciation of the average doctor’s wages.<sup>10</sup> The Act of 1858 sought to put an end to this manner of obtaining a medical qualification and raise the standard of education for medical students overall.

The Medical Act brought questions of social rank to the fore. For a society obsessed with class and a social hierarchy, it was not clear where doctors fell within this scheme. M.J.D Roberts argues that the 1858 Act had fuelled a fear that “medical practitioners left to define their professionalism by themselves risked losing that sense of “gentlemanly” responsibility for management of the patient”.<sup>11</sup> The key word here is “gentlemanly”, as this was the preferred social status a doctor would have wanted

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<sup>5</sup> John Harley Warner, *Against the Spirit of the System: The French Impulse in Nineteenth-Century American Medicine* (Princeton University Press, Princeton, 1998), p. 194

<sup>6</sup> M.J.D. Roberts, “The Politics of Professionalization: MPs, Medical Men, and the 1858 Medical Act”, *Medical History*, Vol. 53, No. 1 (2009), p. 37.

<sup>7</sup> James Stansfeld, “Medical Women”, *The Nineteenth Century: A Monthly Review*, Vol. 1 No. 5, July 1877, p. 888.

<sup>8</sup> See ‘An Act to Regulate the Qualifications of Practitioners in Medicine and Surgery’, 2<sup>nd</sup> August 1858.

<sup>9</sup> M.J.D Roberts, ‘Politics of Professionalization’, p. 41.

<sup>10</sup> This issue will be dealt with in more detail later in the chapter.

<sup>11</sup> M.J.D Roberts, ‘Politics of Professionalization’, p. 54.

to achieve as a professional, rather than a tradesman. M. Jeanne Peterson further explores this issue of locating the class of the medical professional, stating “medical social origins meant low income, limited liberal education, and the lack of social and public grades that characterized the Victorian gentleman, the social origins of the Victorian medical elites must be judged even lower than the statistics themselves would indicate”.<sup>12</sup>

The Medical Reform Act also improved the way women were treated medically. Small notes that

Only when the Medical Reform Act of 1858 drew attention to the disturbing rates of post-natal and maternal mortality was there a sufficiently compelling case for enhancing its professional status with the founding of the Obstetrical Society of London (1859). It also provides a detailed assessment of the significance of newly established hospitals for women in the mid nineteenth century as a means to the consolidation of medical men’s control of women’s health<sup>13</sup>

This is not an aspect of the 1858 Medical Act that is highlighted very often. However, it can be argued – and has been insinuated by Helen Small here- that the Medical Act helped the government to implement the Contagious Diseases Acts’ enforced inspection of women suspected of being prostitutes through the provision of Lock-Hospitals.<sup>14</sup> Also, the increased number of women undergoing gynaecological examination meant that doctors were very slowly gaining more experience in this area of the female anatomy and female reproductive health which, as Ornella Moscucci argues, was a long-neglected specialism within the medical profession.<sup>15</sup>

The Act also established the General Medical Register as a means of documenting all licensed doctors. Blackwell’s registration on the General Medical Register marks a high point in the progression of women in the field of medicine. Within the Act there “was

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<sup>12</sup> M. Jeanne Peterson, “Gentleman and Medical Men: the Problem of Professional Recruitment”, *Bulletin of the History of Medicine*, Vol. 58, No. 4 (Winter 1984), p. 468.

<sup>13</sup> Helen Small, “Medical Reform and the Disillusionment of the radicals in nineteenth-century England”, *The Historical Journal*, Vol. 36, No. 1 (March 1993), p. 228.

<sup>14</sup> The issue of the CDAs and Blackwell’s fight against them will be dealt with in Chapter 5.

<sup>15</sup> See Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England 1800-1929* (Cambridge University Press, Cambridge, 1990).

an exception (Schedule A) in favour of persons already possessing the degree of M.D. from any foreign or colonial university, and already practising in this country before the 1<sup>st</sup> of October, 1858.”<sup>16</sup> As the Act had not technically stated that the legislation applied only to men, Blackwell was able to take advantage of this ambiguity.<sup>17</sup>

This section has identified that there was a process of professionalisation in place, particularly in Britain, in the period immediately after Blackwell’s graduation. Through the 1858 Medical Act, this notion of medicine as a profession rather than a trade would later help present her as a legitimate alternative to the male doctors who were in the majority. Next, organisations known as the British Medical Association and the American Medical Association will be examined as a response to the Medical Act of 1858. While the legislation was passed after the formation of the BMA, the institution continued to shape the medical profession throughout the nineteenth century and to the present day. Its links with the AMA help underline the argument that developments in health practice were similar in both countries. Most of the secondary literature has not attempted a side-by-side analysis of nineteenth-century medicine within these two countries, and particularly not in relation to how these organisations viewed the role of women in this career. Yet, the professionalisation of medicine coincides historically with the entry of women into the medical profession. I will attempt to fill the gap in the history of medicine here, while also bearing in mind the key question of Blackwell’s education.

## The British and American Medical Associations

The establishment of the Provincial and Medical Surgical Association in 1832 (later British Medical Association (BMA) in 1855)<sup>18</sup> and its associated journal publication the *British Medical Journal (BMJ)* in 1833 helped cement “the elevation of medicine to the status of science and the development of public-health policies regarding municipal

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<sup>16</sup> Stansfeld, ‘Medical Women’, p. 889.

<sup>17</sup> This also applies to the admission of women to the BMA.

<sup>18</sup> See P.W.J. Bartrip, *Mirror of Medicine: A History of the BMJ, 1840-1990* (British Medical Journal & Clarendon Press, Oxford, 1990).

sanitation”.<sup>19</sup> Ernest Muirhead Little in *History of the British Medical Association* claims that “The Act of 1858 was almost entirely the work of the [Provincial and Medical Surgical] Association”.<sup>20</sup> This serves to highlight how much influence the BMA had in its previous form, along with other legislation relating to the medical profession.<sup>21</sup>

Only two years before the 1858 Medical Act did the BMA codify its laws. At the Annual Meeting in 1856 it was agreed that it would be renamed the British Medical Association. Other amendments included:

1. Council, excepting as to *ex-officio* members, to be elected solely by the Branches, one for every twenty members besides the Honorary Secretary of each branch.
2. Every candidate for membership of the Association to be recommended by three members
3. The Executive Council to be called the Committee of Council, and to have *no* power to delegate its functions to five members.<sup>22</sup>

The BMA was flexible enough to understand its constitution had to be updated to suit the needs of its members. The question of the admission of women came about in 1875 and caused a stir within the BMA. Little states that

In the earlier rules and regulations of the Association nothing had been mentioned as to the sex of members, because it was assumed that all practitioners were male [...] The Articles of the Association in force in the early 'seventies contained no clause specifically ruling out the rights of women to membership. Any qualified person with a registrable [sic] diploma was eligible for membership”<sup>23</sup>

There were a number of loopholes that the first generation of women doctors exploited to make headway into the medical profession. For example, Elizabeth Garrett Anderson used her father’s money and family connections to attend lectures and qualify through the Society of Apothecaries in 1865.<sup>24</sup> British medical doctors could join societies other than the BMA. In the Royal Society, for example,

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<sup>19</sup> Simon Cordery, *British Friendly Societies, 1705-1914* (Palgrave Macmillan, New York, 2003) p. 139.

<sup>20</sup> Ernest Muirhead Little, *History of the British Medical Association, 1832-1932* (British Medical Association, London, 1932), p. 65

<sup>21</sup> Ernest Muirhead Little, *British Medical Association*, pp. 65-72.

<sup>22</sup> Ernest Muirhead Little, *British Medical Association*, p. 77.

<sup>23</sup> Ernest Muirhead Little, *British Medical Association*, pp. 91-2.

<sup>24</sup> Mary Fancourt, *They Dared to be Doctors: Elizabeth Blackwell and Elizabeth Garrett Anderson* (Longman’s Green and Co Ltd, London, 1965), pp. 110-113.



membership for physicians and surgeons went from 56.2% to 24.4% in 1860. This reduction suggests that more members joined the society but from other profession. Considering that in 1847 there were 155 physicians and 165 surgeons who had paid fees, suggests that the membership of the Royal Society was not an accurate representation of the medical profession and only those elite doctors were able to afford membership.<sup>25</sup>

There was a society in America similar to the British Medical Association operating to help physicians. The American Medical Association (AMA), founded in 1847,<sup>26</sup> used the Provincial and Medical Surgical Association's foundational objectives as the basis for their organisation, and also their code of ethics.<sup>27</sup> This code states that physicians had a duty to their patients, patients had a duty to their physicians and physicians had a duty to one another.<sup>28</sup> In this regard the American Medical Association was similar to its British counterpart in terms of their efforts to professionalise medicine. However, there was more emphasis placed on the circle of care expected from both physicians and their patients, indicating that there may have been a different culture surrounding medicine in America.

As mentioned previously, the attempt to professionalise medicine also brought the idea of creating a standard education. Generally medical schools from the early to mid-nineteenth century were unregulated. In fact, as William Bynum has observed, there were "a number of proprietary schools [that] prospered without a hospital or laboratory, offering medical degrees in return for a few month's tuition fees".<sup>29</sup> In the years after Blackwell's graduation a series of measures were introduced to help

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<sup>25</sup> For more information see Henry Lyons, *The Royal Society, 1660-1940. A History of its Administration under its Charters* (Cambridge University Press, London, 1944).

<sup>26</sup> Douglas M. Haynes, "Policing the Social Boundaries of the American Medical Association, 1847-70", *Journal of the History of Medicine and Allied Sciences*, Vol. 60, No. 2 (2005), p. 173.

<sup>27</sup> Morris Fishbein, *A History of the American Medical Association, 1847 to 1947* (WB Saunders, Philadelphia, 1947), p. 37.

<sup>28</sup> "Code of Ethics" *Trans. Am. Med. Assoc.*, 1897, p. 91. The Code of Ethics was drawn from the work of Thomas Percival, a Fellow of the Royal Society of England and is arguably British in nature (Morris Fishbein, *American Medical Association*, p. 36.)

<sup>29</sup> William Bynum, *The History of Medicine: A Very Short Introduction* (Oxford University Press, Oxford, 2008), p. 62.

standardise medical education in America. This indicates that the AMA did not have an impact on what or how she was taught at Geneva College. Morris Fishbein highlights that before the intervention of the AMA, medical schools were highly commercial, where:

The promoters sought by shortening of the curriculum and by the establishment of easy terms of graduation to induce great numbers of students to enter and to pay the fees. Sixteen weeks was generally adopted as the length of the college term: in some schools, it was reduced to thirteen.<sup>30</sup>

A later resolution by the AMA recommended that the curriculum be lengthened with a minimum of three years for the study of medicine, with at least three months for dissections and one placement in a hospital. The organisation also stated that all students of medicine should be 21 years old on point of entry.<sup>31</sup>

Blackwell's own medical college in New York was never referred to by the AMA in their meeting minutes, nor were her efforts in educating women acknowledged. This underlines the feminist theory presented in the Introduction that women have been written out of history. In support of this statement, the president of the AMA stated that women had a right to study and practice medicine but "they could never qualify to eminence in the profession".<sup>32</sup> The AMA also formed more permanent links with the BMA through a delegate who would report back to the AMA Committee on the papers delivered at the latest meeting. This serves as evidence that British and American medicine were closely tied during the mid to late-nineteenth century. Unfortunately the secondary literature on this topic has restricted the debate to either British or American medical history.

Given many of the reforms for medical schools came into effect after Blackwell had left Geneva College, it can be concluded that she may have gained a superficial understanding of reproductive health. I would put forward the hypothesis that much of her knowledge would have been from medical observation and book learning rather

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<sup>30</sup> Morris Fishbein, *American Medical Association*, p. 21.

<sup>31</sup> Morris Fishbein, *American Medical Association*, p. 22.

<sup>32</sup> Morris Fishbein, *American Medical Association*, p. 82.

than in lectures as a student. This key question will be referred to again later in the chapter when I analyse the exam papers and recommended texts from medical schools in both Britain and America.

## Public perceptions

As highlighted above, it is clear both the BMA and the AMA were not welcoming to the idea of Blackwell joining their ranks as a professional doctor. Catriona Blake examines this notion in *The Lancet*-another pillar of British medicine- whose “written attacks on medical women...ranged from patronising and dismissive to paranoid, abusive and downright vicious”.<sup>33</sup> These attacks were frequent and also aimed at other female doctors throughout the latter half of the nineteenth century. The *BMJ* wrote about Elizabeth Blackwell’s visit to London in 1859:

Is not the idea of a female practitioner...lamentably ridiculous...? Call to mind all the things that are done in the ordinary course of hospital duties, or even of general practice in town or country; and imagine, good reader, if you can, a British lady performing them...Is it compatible with the attributes and medical diplomas, and put herself forward to practise medicine? Certainly not.<sup>34</sup>

At the point of this article’s publication Blackwell had been practising medicine for ten years, thus already demonstrating that the idea of a female doctor was not entirely ridiculous. In fact, Blackwell had set up the New York Infirmary for Women and Children in 1853 and was in the process of expanding her plans for a medical college run by women for women.

In this same article, the author questions “the mission of the lady-doctors”,<sup>35</sup> as if there were something inherently sinister about the motives of women who wished to become physicians. It is clear that the BMA was hostile to the notion of a female

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<sup>33</sup> Catriona Blake, *Charge of the Parasols: Women’s Entry to the Medical Profession* (The Women’s Press, London, 1990), p. xiii.

<sup>34</sup> “A Cursory Survey of the History of the British Medical Association from its Institution to the Present Time”, *British Medical Journal*, 9<sup>th</sup> April 1859, pp. 292-3.

<sup>35</sup> Fiona A. Montgomery, *Women’s Rights. Struggles and Feminism in Britain, c. 1770-1970* (Manchester University Press, Manchester, 2006), p. 108.

doctor and felt she was encroaching on their territory; yet it aimed, as one of its foundational objectives, to ensure the:

Maintenance of the honour and respectability of the profession generally in the provinces by promoting friendly intercourse and free communication of its members, and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession.<sup>36</sup>

The objective of this organisation appears to have been hypocritical in relation to the position of women in medicine. The liberalness of professional medicine, one would imagine, should have included the provision for female doctors, yet the BMA did not provide for this. A scathing article written about Blackwell by the *BMJ* in 1859 displayed no good feeling or even respect for the first women doctor.<sup>37</sup> It is evident that the objective of the BMA, and in turn the journal, did not apply to women even if they were more than qualified to practice medicine. Women were often excluded from official medical organisations as they were believed to be lesser than their male counterparts, which is in line with the feminist framework set out for this thesis.

Blackwell was also personally mocked in lay magazines. The following verses were published in *Punch* in 1852 under the title “An M.D. in a Gown”:

Not always is the warrior male,  
Nor masculine the sailor [...]  
But far a nobler heroine, she  
Who won the palm of knowledge.  
And took a Medical Degree,  
By study at her College...

Young Ladies all of every clime  
Especially of Britain,  
Who chiefly occupy your time  
In novels or in knitting  
Whose highest skill is but to play,  
Sing, dance, or French to clack well,  
Reflect on the example, pray,  
Of excellent MISS BLACKWELL!

Think if you had a brother ill,

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<sup>36</sup> “A Cursory Survey of the History of the British Medical Association from its Institution to the Present Time”, *British Medical Journal*, 19<sup>th</sup> June 1897, p. 1565.

<sup>37</sup> “Room for the Ladies!”, *British Medical Journal*, 6<sup>th</sup> April 1859, p. 292.

A husband or a lover,  
And could prescribe the draught or pill  
Whereby he might recover;  
How much more useful this would be  
Oh sister, wife or daughter!  
Than merely handing him beef tea,  
Gruel or toast-and-water.

Ye bachelors about to wed  
In youth's unthinking hey-day,  
Who look upon a furnish'd head  
As horrid for a lady  
Who'd call a female doctor "blue;"  
You'd spare your sneers, I rather  
Think, my young fellows, if you knew  
What physic costs a father!

How much more blest were married life  
To men of small condition,  
If every one could have his wife  
For family physician;  
His nursery kept from ailments free,  
By proper regulation,  
And for advice his only fee.  
A thankful salutation.

For DOCTRIX BLACKWELL- that's the way  
To dub in rightful gender-  
In her profession, every may  
Prosperity attend her!  
*Punch*, a gold handled parasol,  
Suggests for presentation,  
To one so well deserving all  
Esteem and admiration.<sup>38</sup>

On one hand, the poem appeared to support the inclusion of women in the medical profession, but on the other, there was a definite hint of mockery at the idea of a female physician. While examining this poem, there are a number of concerns that need comment. First of all, the depiction of Blackwell as a "heroine" is challenging as it is not clear if this is praise or mockery. Language, at the end of the second verse, is also problematic where she was proclaimed "excellent MISS BLACKWELL". Considering that the title of doctor was not conferred, this example can be seen as mockery. The

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<sup>38</sup> "An M.D. In a Gown", *Punch Historical Archive*, 2<sup>nd</sup> June 1849, p. 226.

third verse mentioned the various treatments that were often employed by women in the home in an attempt to revive the sick. Tea, toast and gruel were all listed as common remedies, but it was noted that the draught or pills prescribed by a doctor were much more effective for the treatment of illnesses. This highlighted society's view of women as caregivers within the domestic sphere and underlined the "angel the house" imagery with which the Victorians were familiar.<sup>39</sup> In the following verse the idea of female doctors as blue stockings was put forward with the suggestion that it may have been worth educating women in medicine, as there were many benefits to having a wife as a doctor.

The intended audience of *Punch* were chiefly middle-class men who would have seen through the thinly-veiled sarcasm aimed at the female doctor; however the final verse emphasises an earlier point about Blackwell's medical status. When this was published she had had her medical degree for only three years and may not have become used to being subjected to such vicious attacks on her character. The references relating to Blackwell initially appeared positive but did have an insidiously snide tone, referring to her as "Miss Blackwell" and "Doctrix Blackwell". The notion of a female doctor should not have been so repulsive to men, but it did challenge the Victorian ideal of femininity. Women in medicine, like Blackwell, operated outside of the private sphere.<sup>40</sup>

While it may not appear clear from the outset why the male establishment was so vehemently opposed to women becoming doctors, looking at the financial state of the medical profession gives an indication what the problem was. Anne Digby has argued that female doctors were more likely to gain preference from female patients, for both themselves and their children, which was a large portion of the potential clientele

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<sup>39</sup> John Chamberlain in *Doctoring Medical Governance: Medical Self-Regulation in Transition* (Nova Science Publishers, Inc., New York, 2009) states that women, along with quacks, had dominated the unregulated medical marketplace before the 1858 Medical Act. These women were in "direct competition with a few officially licensed practitioners". More information on the 'angel in the house' motif can be found in Dorice Williams Elliott, *The Angel out of the House* (University of Virginia Press, London, 2002).

<sup>40</sup> See Angela John, *Unequal opportunities: women's employment in England 1800-1918* (Blackwell, Oxford, 1986).

available to male doctors.<sup>41</sup> The rise of the female physician would have meant a loss of income for existing doctors, especially in the field of obstetrics and gynaecology, as well as paediatrics and midwifery. In an already "overstocked"<sup>42</sup> profession, there were concerns that male physicians would lose out to female doctors. Irvine Loudon claims that based on the 1841 census in Middlesex (the county in which London is located) there was a ratio of 1:420 of the population to each medical man (physician, surgeon, apothecary and medical student).<sup>43</sup> As the population in London continued to rise there should have been little cause for concern, alongside the Medical Act of 1858 which had helped diminish the numbers of quacks and unlicensed doctors throughout the country.<sup>44</sup> The *Lancet* put forward this concern about too many doctors in 1843, well before the emergence of the female physician in Britain.<sup>45</sup> The following table underlines this argument.

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<sup>41</sup> Anne Digby, *Evolution of British General Practice, 1850-1948* (Oxford University Press, Oxford, 1999) p. 170.

<sup>42</sup> Anne Digby, *Making a Medical Living: Doctors and Patients in the English Market for Medicine, 1720-1911* (Cambridge University Press, Cambridge, 1999), p. 50.

<sup>43</sup> Irvine Loudon, *Medical Care and the General Practitioner, 1750-1850* (Clarendon Press, Oxford, 1986) p. 306.

<sup>44</sup> Roy Porter, *Disease, Medicine and Society in England, 1550-1860* (Cambridge University Press, Cambridge, 1987), pp. 49-51.

<sup>45</sup> Anne Digby, *Making a Medical Living*, p. 19.

Table 1: Medical Practitioners 1841-1911<sup>46</sup>

<b>Year</b>	<b>Population in England and Wales</b>	<b>Number of medical practitioners</b>	<b>Number of medical practitioners per 100,000 population</b>
1841	15,911,757	17,117	107
1851	17,927,609	19,190	107
1861	20,066,224	15,297	76
1871	22,712,266	16,292	72
1881	25,974,439	16,493	65 <sup>47</sup>
1891	29,002,252	19,037	66
1901	32,527,843	22,230	68
1911	36,070,492	23,469	65

Source: Irvine Loudon, *Medical Care and the General Practitioner, 1750-1850*, Appendix VII.

As can be seen from Loudon's table, there was a significant decrease in the number of medical practitioners per head of population recorded once the Medical Act of 1858 came into effect. Of course this does not represent the regional disparities which would have occurred, but it can be suggested that the male-dominated medical establishment were simply making excuses about welcoming the likes of Blackwell into their fold, which has had an impact on how these women have been represented in history, thus underlining the feminist framework of this research. Emily Davies, a prominent Suffragist, made the argument that

<sup>46</sup>Table from Irvine Loudon, Appendix VII. Ivan Waddington claims this number is closer to 14,415 practitioners in 1861 and that the profession grew 5% between 1861 and 1881 in "The emergence of the modern profession" in Deborah Brunton (ed) *Health, Disease and Society in Europe, 1800-1930: A Sourcebook* (Manchester University Press, Manchester, 2001), p. 93.

<sup>47</sup> This averages to 63.5 suggesting that Loudon's calculation for this year is slightly incorrect.



All disease to which women and children are liable would naturally come within the province of the female physician, and surely that is a domain wide enough, without encroaching upon the sphere of men.<sup>48</sup>

However, the medical men need not have worried as the women who decided to attend female physicians were "industrial women, professional women and poor women",<sup>49</sup> i.e. women who paid less to see a physician. The female patients who brought in substantial income such as "fashionable women"<sup>50</sup> and other women belonging to the middle classes, continued to be seen, for the most part, by male doctors. Davies went on to state that

Ladies who have time to think are almost unanimous in declaring that if they could secure the attendance of equally well-educated women (and this can be certified by a degree), they would give them the preference...The feeling is strongest of all among young girls. I believe that too many of them the sympathy and tenderness of a woman would be absolutely more curative than the possibly superior skill of a man- of which, indeed, they often refuse to avail themselves.<sup>51</sup>

In America, women had not yet come around to Davies' way of thinking. An actress Blackwell approached as a potential patient cried "Trust a Woman as a DOCTOR! - NEVER!"<sup>52</sup> Yet there were a growing number of men who were beginning to prefer the thought of their wives being examined by a woman than by a man.<sup>53</sup> Public opinion of female physicians had an impact on the career trajectory and progression for women like Blackwell. Navigating the male-dominated sphere of healthcare would have provided valuable life-lessons for the doctor starting out on her own, both in America and Britain. In the following section I will investigate what it meant to be a doctor during the mid to late-nineteenth century along with the concerns these

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<sup>48</sup> Emily Davies, "Female Physicians" (reprinted from *The English Woman's Journal*, May 1862), in Candida Ann Lacey (ed), *Barbara Leigh Smith Bodichon and the Langham Place Group* (Routledge & Kegan Paul, London, 1986), p. 407.

<sup>49</sup> Anne Digby, *Evolution of Medical Practice in Britain*, p. 172.

<sup>50</sup> Anne Digby, *Evolution of Medical Practice in Britain*, p. 172.

<sup>51</sup> Emily Davies, 'Female Physicians', p. 408.

<sup>52</sup> Julia Boyd, *The Excellent Doctor Blackwell: The Life of the First Woman Physician* (Sutton Publishers, London, 2005), p. 193. Boyd's text on Blackwell has been beneficial to this research, covering some new ground in providing a clearer account of Blackwell's life. However, Boyd did not seek to answer the same research questions about the doctor and was not concerned with her contribution to sex education over the course of her medical career.

<sup>53</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 193.

medical professionals faced in terms of wages and accommodation. This is important for answering question 2, which seeks to investigate the depth of Blackwell's medical education in relation to sex, because it provides a framework for the setting in which she attempted to become a female physician.

## Living as a Doctor

It was during the early to mid-nineteenth century doctors seriously considered the professionalisation of medicine, or "began forming professional associations to protect their interests".<sup>54</sup> Friendly societies were a common feature of nineteenth-century society and a pressure point as many medical practitioners earned their income as a club doctor.<sup>55</sup> The BMA came into conflict with these organisations, mostly in relation to the wages paid to doctors. While the friendly societies provided doctors with payment in full and a ready client list, the system created a "subordinate relationship".<sup>56</sup> Doctors working for these charities typically earned diminished wages as the members of the societies were often from the working classes, who paid lower society fees. The BMA became involved once these institutions extended medical coverage to include family members.<sup>57</sup> As doctors were paid a standard rate for their services with the societies they were effectively earning less, thus creating a multi-tier system of wages for doctors. This is what the BMA wanted to abolish.<sup>58</sup>

Anne Digby suggests that in Britain during the nineteenth century there was a "three-tier medical market"<sup>59</sup> operating for doctors concerning payment and patient type. The first, bottom tier, were patients who benefitted from the New Poor Law of 1834, friendly societies and various medical charities. According to Digby this would have been about half the population.<sup>60</sup> There was a middle group of patients who were slightly better off but still found difficulty in paying doctors' fees. Throughout the

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<sup>54</sup> Simon Cordery, *Friendly Societies*, p. 139.

<sup>55</sup> Simon Cordery, *Friendly Societies*, p. 139.

<sup>56</sup> Simon Cordery, *Friendly Societies*, p. 142.

<sup>57</sup> Simon Cordery, *Friendly Societies*, p. 142. This episode was called the 'Battle of the Clubs'.

<sup>58</sup> Simon Cordery, *Friendly Societies*, p. 142.

<sup>59</sup> Anne Digby, *Making a Medical Living*, p. 44. This poorer class of patient generally paid less than £10 per annum renting accommodation within cities and less than £8 in more rural areas.

<sup>60</sup> Anne Digby, *Making a Medical Living*, p. 44.

nineteenth century more provision was given to these lower classes through out-patient departments of voluntary hospitals, or through subscriptions to clubs or friendly societies, as mentioned above.<sup>61</sup> Finally, the third class of patient were upper middle and upper class patrons who often paid substantial fees for popular doctors.<sup>62</sup>

Practitioners generally had to collect their fee or wages from their patients, in a lump sum or in instalments, which was an often fraught experience.<sup>63</sup> A 'lower-tier doctor' who worked as a "union surgeon"<sup>64</sup> under the Poor Law of 1834 was paid about £70 per annum.<sup>65</sup> In the 1870s the average fee for a midwife, in a poor area, was 4 shillings and for physicians this was 10 shillings and sixpence.<sup>66</sup> In total, Loudon claims the nominal earnings for surgeons and doctors in 1851 was £200.92.<sup>67</sup> Digby, on the other hand, claims that this was closer to £240 per annum.<sup>68</sup> While this may seem a modest living wage, there were many other considerations and expenses a doctor incurred.<sup>69</sup> First of all, accommodation was a problem. Many doctors, not employed by hospitals or dispensaries, worked from their home, and so needed to take into consideration the need for a consultation room, waiting room and dispensary when searching for a premises from which they could base their medical practice.<sup>70</sup> This was a large part of the professionalisation of medicine during the nineteenth century.<sup>71</sup> One benefit to working as a 'union surgeon' under the Poor Law was the ability of the doctor to work

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<sup>61</sup> Anne Digby, *Making a Medical Living*, p. 45. This less poor type of patient lived in houses with rentals of £10 to £15 per annum and were for the most part excluded from doctor's fees schedules thus presuming the ability to bear the burden of costs incurred from visiting medical practitioners.

<sup>62</sup> Anne Digby, *Making a Medical Living*, p. 45. It should be noted here that the poorer classes often held off obtaining medical services and advice, unless for serious illnesses or difficult childbirth. Most of the time these occupants of the lower echelons of society would consult local people known to have some general knowledge about medicine in order to avoid doctors' fees.

<sup>63</sup> Anne Digby, *Making a Medical Living*, p. 45.

<sup>64</sup> Irvine Loudon, *Medical Care*, p. 228.

<sup>65</sup> Anne Digby, *Making a Medical Living*, p. 50.

<sup>66</sup> Ornella Moscucci, *The Science of Woman*, p. 71.

<sup>67</sup> Irvine Loudon, *Medical Care*, p. 230. Loudon does claim that there were regional disparities in pay, particularly for doctors working under the Poor Law. This amount comes to around £11,700 in today's money.

<sup>68</sup> Anne Digby, *Making a Medical Living*, p. 50. This is equivalent to approx. £14,000 today.

<sup>69</sup> Ivan Waddington, *Emergence of the Modern Profession*, claims that "many general practitioners were forced to live on extremely modest incomes", p. 91.

<sup>70</sup> Anne Digby, *Evolution of British General Practice*, pp. 139-141.

<sup>71</sup> Anne Digby, *Evolution of British General Practice*, p. 140.

out of the dispensary or visiting patients' homes.<sup>72</sup> Like doctors in Britain, Blackwell encountered similar problems in New York when sourcing accommodation for her private practice. However, hers was a much more precarious situation. As will be discussed later in this chapter, it was difficult for Blackwell to obtain lodgings where she was allowed to receive patients as a doctor. When Blackwell moved to New York she knew that when attempting to set up practice, "the first prerequisite was a good address".<sup>73</sup> Her first address was 44 University Place, located in a favourable area around the corner from Washington Square Park and one block away from 5<sup>th</sup> Avenue.<sup>74</sup> The initial rent Blackwell paid for this accommodation was \$500 per annum<sup>75</sup> and was the cause of Blackwell's need to borrow money from family and friends between 1851 and 1854.<sup>76</sup> During these years, in New York, Blackwell recorded in her diary that she could not "afford enough food or fuel to keep warm".<sup>77</sup>

Studying the lives of doctors in both Britain and America, during the Victorian period, is significant when considering the research question of Blackwell's medical education. This information surrounding her financial situation in New York provides an understanding of the life she, and many other doctors, led post-qualification. Its relevancy stems from the fact that there were similarities between the British and American medical professions, a reality often overlooked by historians of medicine. Blackwell was educated in New York, apprenticed in Paris and London, and established practices in London and New York, thus making her an international doctor. While I have already discussed the wages and accommodation of British doctors, I will examine these aspects of professionalisation in relation to American doctors next.

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<sup>72</sup> Irvine Loudon, *Medical Care*, p. 252.

<sup>73</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 154.

<sup>74</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 154.

<sup>75</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 173.

<sup>76</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 162.

<sup>77</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 164. Many of Blackwell's biographers have marked New York as a low point in Blackwell's career. While I do focus on her negative experience in America, I move away from purely biographical theory and focus on the concerns of feminist theory in relation Blackwell's experience within the male-dominated medical sphere. I have also used more of her own published sources on this topic to explore answers to the key question of Blackwell's medical education.

In terms of American medical professionalisation, Steve Stowe in *Doctoring the South* claims that there also existed a medical elite on the opposite side of the Atlantic. However, the divide was between North and South, rather than by class.<sup>78</sup> This is further confirmed by E. Brooks Holifield who states that in 1850, in Massachusetts, the average doctor earned roughly \$600 per year.<sup>79</sup> Further, the estimated living expenses in 1860 of a middle-class family ranged from \$800 to \$1500, making it less likely that American physicians earned their keep through private practice alone.<sup>80</sup> Holifield implies that personal wealth from investments was the main source of income for physicians in the United States.<sup>81</sup> Wealth was generally tied up in assets such as slaves and factories, particularly for doctors operating in the southern states. While Blackwell stated in *The Influence of Women in the Profession of Medicine* (1889) that "we must not enter upon medicine as a trade for getting money",<sup>82</sup> she certainly felt financial pressure when she began her professional life in New York. Luckily, she came under the patronage of the Quaker community in the city, who remained loyal patients until her move to England in 1868.<sup>83</sup> Once this group had helped the doctor establish herself as a physician in New York she founded the New York Infirmary for Women and Children whose main income came from private patients, due to spiralling medical costs and accommodation fees.<sup>84</sup>

This section has brought us closer to answering the key question set out in the introductions to this thesis and chapter, and has provided some contextualisation for the environment in which Blackwell attempted to become a physician. Much of the literature focusing on the Victorian doctor tends to enforce the much-used stereotype of the professional gentleman, who was generally of the upper middle-classes with a

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<sup>78</sup> Steve Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-nineteenth century* (The University of North Carolina Press, Chapel Hill, 2004), p. 278.

<sup>79</sup> E. Brooks Holifield, "Notes and Comments: The Wealth of Nineteenth-Century American Physicians", *Bulletin of the History of Medicine*, Vol. 64, No. 1 (Spring, 1990), p. 80. This would have been equivalent to about £127 in British pounds at the time.

<sup>80</sup> E. Brooks Holifield, 'Notes and Comments', p. 80.

<sup>81</sup> E. Brooks Holifield, 'Notes and Comments', pp. 81-3.

<sup>82</sup> Elizabeth Blackwell, *The Influence of Women in the Profession of Medicine* ([n.pub.], [n.pl.], 1889), p. 3. This work was republished 17 times between 1889 and 2015.

<sup>83</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 157.

<sup>84</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 191.

reputable medical practice. There is very little research on the struggle of doctors to establish themselves in the midst of the unregulated chaos before the 1858 Medical Act. Those who have written about the medical profession during the nineteenth century, as addressed in the Literature Review, have leaned toward a less complex version of professionalisation for physicians. For example, Roy Porter has produced research on quacks but has presented them as less of a threat to the medical profession than they really were, particularly to the likes of Blackwell who was already operating on the fringe of medicine. Digby, too, has provided much information in relation to the lives of doctors. It is important to cover these topics during the mid to late-nineteenth century as it provides a setting for the rest of the chapter in examining Blackwell's experience and medical education. By using feminist and biographical theory cultivated by Dorothy Smith and Barbara Caine, I will continue to use her life and experiences as a means of exploring the lives of doctors, particular female physicians, during the nineteenth century. The next section aims to answer the key questions of what she learned at Geneva College in relation to medicine, and more specifically sex education. This will be carried out by using Blackwell as a means of uncovering standard teaching practice the mid-nineteenth century as well as analysing the recommended medical textbooks at institutions similar to where she studied.

## Geneva College and Blackwell's sex education

The Medical Institution of Geneva College, New York was founded in 1834.<sup>85</sup> There were two previous embodiments of this institution in the Geneva Academy in 1813 and Geneva College in 1822.<sup>86</sup> One of the initial prerequisites for those matriculating at the college was to "have command of many languages, especially Latin, French, and German, so as to be conversant with the medical literatures of many cultures".<sup>87</sup> The sixteen-week course (October to January) the college offered cost students \$62 with an extra \$20 fee for graduation.<sup>88</sup> In addition to this medical students at the college

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<sup>85</sup> Eric Luft, *SUNY Upstate Medical University: A Pictorial History* (Gegensatz Press, New York, 2005) p. 4.

<sup>86</sup> Eric Luft, *Upstate Medical University*, p. 7.

<sup>87</sup> Eric Luft, *Upstate Medical University*, p. 8.

<sup>88</sup> Julia Boyd, *The Excellent Doctor Blackwell*, pp. 79-80.

had to buy tickets to gain admission to lectures and the pay of professors at the college was determined by the number of students in attendance.<sup>89</sup> While Blackwell studied at the college the following professors were responsible for her medical education: Corydon La Ford (Anatomy); James Hadley (Chemistry & Pharmacy); Charles Alfred Lee (General Pathology & Materia Medica); Thomas Spencer (Institutes and Practice of Medicine); Charles Brodhead Coventry (Medical Jurisprudence & Obstetrics); James Webster (Physiology); Frank Hastings Hamilton (Principles and Practice of Surgery) and Edward Robinson Maxson and Austin Flint<sup>90</sup>(Theory and Practice of Medicine).<sup>91</sup> It is evident that some professors took on more than one subject- more than likely to supplement their wage.

These professors would have set out the recommended books for their courses, with many of these used by the same medical colleges in America. These were generally produced by British medical doctors, British printing presses and publication companies. This was mainly because the doctors who acted as professors in America had been educated in Britain.<sup>92</sup> Medical writings that were outlined by other colleges in America, like the Female Medical College of Pennsylvania, during the mid-nineteenth century, covered a range of subjects: anatomy; practice of medicine; physiology; obstetrics; materia medica; surgery; and chemistry.<sup>93</sup> As mentioned in the introduction of this chapter, the subjects of obstetrics and comparative anatomy will be considered, alongside the recommended books for medical students on these topics. For example, under the topic of obstetrics, Ramsbotham's *The Principle and Practice of Obstetric Medicine and Surgery* (1841) will be considered in relation to sex education. This would have been a similar work, if not the same, that would have been recommended for Blackwell's studies. Its fourth edition was published in the year Blackwell matriculated at Geneva College, indicating its popularity as a teaching

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<sup>89</sup> Eric Luft, *Upstate Medical University*, p. 10.

<sup>90</sup> Later President of the AMA in 1884; Eric Luft, *Upstate Medical University*, p. 19.

<sup>91</sup> Eric Luft, *Upstate Medical University*, pp. 12-13.

<sup>92</sup> See Thomas Bonner, *Becoming a Physician: Medical Education in Great Britain, France, Germany and the United States, 1750-1945* (Oxford University Press, New York, 1996), pp. 182-202; Charles Newman, *The Evolution of Medical Education in the Nineteenth Century* (Oxford University Press, London, 1957).

<sup>93</sup> *Announcement to a course of medical lectures to women in the city of Boston, by the faculty of the Female Medical College of Pennsylvania*, Female Medical College of Pennsylvania, January 1<sup>st</sup> 1851, pp. 1-11.

resource. Ramsbotham's writings were significant because they were published in both London and Philadelphia. The contents page alone of this book reveals its authority as a knowledgeable text on matters relating to pregnancy, childbirth and post-natal care.<sup>94</sup> This text was the primary obstetric source for medical colleges on the east coast of America at the time of Blackwell's training at Geneva College. In 1845 and 1849 Rush Medical College, Chicago recommended Ramsbotham for their Obstetrics course as well as the University of the State of Missouri in 1850. These endorsements were generally made in the institution's *Annual Announcement* for prospective students and published every year. Considering Geneva College's proximity to Rush Medical College, it is more than likely that Blackwell would have used Ramsbotham in her studies.<sup>95</sup>

By using these *Annual Announcements* to uncover links between institutions, like the work mentioned above, it can be suggested that there was an emerging trend within the various medical colleges in America and Canada. In 1865, McGill University in Canada recommended both Ramsbotham and a new text: Cazeaux's *The Theory and Practice of Obstetrics; Including Diseases of Pregnancy and Parturition, Obstetrical Operations, Etc.* Although initially published in 1850, this text did not gain prominence until its third edition with the approval of McGill. After this, Cazeaux is listed as a suggested resource for Obstetrics and Midwifery by New York Homeopathic Medical College in 1871, Women's Medical College in Pennsylvania in 1872, and Rush Medical College in 1876. Ramsbotham does appear again as a recommended text for Bennett Medical College, Chicago in 1875.

As mentioned in the introduction, the secondary literature has not investigated the link between Ramsbotham and Cazeaux in relation to Blackwell's medical and sex education, which is a significant gap in existing knowledge. In comparing Appendix C and D it is easy to see which of the texts is more comprehensive. Cazeaux's table of contents spans nine pages while Ramsbotham has only three pages. Both texts had a

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<sup>94</sup> See Appendix C.

<sup>95</sup> Geneva College's *Annual Announcement* for the years Blackwell matriculated is not available.



clear focus on illustrations and are about the same length at over 600 pages each. After reading both Ramsbotham and Cazeaux it is clear that Ramsbotham was concerned primarily with the birthing process rather than the various stages of pre-natal care, pregnancy, labour and post-natal care. Cazeaux became more popular as the nineteenth century went on. This text offered a more in-depth consideration of all aspects of the birthing process, starting with conception. While this is an interesting comparison of the teaching resources available to Blackwell at medical college, we should also remember that she was an unmarried woman, which is important to consider when looking at her medical education and what she knew about the male generative organs. It is possible that Blackwell has very little knowledge concerning the male reproductive organs. Recommended books on anatomy would have been a great benefit in this regard.

As will be seen in the next section there was substantial emphasis put on male anatomy in exam papers, with very little consideration of female medical complaints at the time Blackwell was in Geneva College, highlighting the feminist theory that underpins this thesis. Even with texts such as this available to those studying medicine, Blackwell still felt unprepared. As early as the 1850s she admitted her ignorance about the topic of sex education to her sister Emily. Evidently she felt the education she received at Geneva College was lacking in this particular area:

Now I feel keenly my own ignorance as a scientific teacher on the laws and actual facts of all these important subjects, these books and teaching are all utterly superficial and untrustworthy and consequently mischievous.<sup>96</sup>

It is interesting that Blackwell used the word 'ignorance' in this letter as this is a common theme in her publications, and one which will be explored throughout this thesis, especially in Chapter 3. She termed the textbooks explored in this section as 'superficial' despite the fact that works by the likes of Ramsbotham and Cazeaux were considered to be the pinnacle of obstetric knowledge at the time. Elsewhere in America, Rush Medical College, Chicago recommended two of the same texts on anatomy in both 1845 and 1849: Wilson's *The Anatomist's Vade Mecum: A System of*

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<sup>96</sup> Elizabeth Blackwell. *Letter to Emily Blackwell*, 12<sup>th</sup> May c. 1850s, Library of Congress.

*Human Anatomy* (1840) and Horner's *Special Anatomy and Histology: In Two Volumes* (1843). Both these publications provided a thin introduction to the human reproductive organs, with Wilson's text devoting only ten pages to both genders and Horner's book allocating thirty-seven pages out of a two volume set again to both male and female generative organs. Despite these resources available to her, Blackwell felt she was offered a very basic understanding of the reproductive organs, both male and female, which cements the argument that the reproductive functions of the human body were largely ignored. This will be further explored in relation to the exam questions students were asked in order to obtain their medical degree.

Throughout this section the question of the depth of Blackwell's sex education has been addressed through a biographical framework in relation to the medical textbooks recommended for students during the period she was matriculating at Geneva College. While there was some information available to her at this time, she still felt unprepared to address patient concerns on this topic, despite the works she studied and examinations she would have had to take.<sup>97</sup> This perhaps indicated the underwhelming nature of sex education for female medical students during the mid-nineteenth century. By using new primary sources like *Annual Announcements*, links were created between the medical schools in America as well as generating a more informed view of the curricula students were expected to undertake as part of their training. In the Introduction of the thesis feminist theory was put forward as part of the methodology for this research which supports my argument that there was a considerable focus on male reproductive anatomy in medical examinations. This meant that questions relating to women's sexual health were few and relied on very basic knowledge of the female reproductive system and anatomy. The next section will use the exam papers of colleges in London and Edinburgh to determine the breadth of sex education for medical students and provide evidence for the argument that there was considerable focus on male rather than female healthcare.

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<sup>97</sup> See the section "Blackwell's experience" for more information on this topic.

## Medical schools in Britain and America

The rise of medical schools and colleges on both sides of the Atlantic was a continuing trend during the nineteenth century, with Blackwell becoming one of the founding doctors of the London School of Medicine for Women (LSMW) in 1874, along with Elizabeth Garrett Anderson and Sophia Jex-Blake.<sup>98</sup> The LSMW was the first of its kind in Britain but there had been many of these female medical colleges established: in Boston in 1848, Philadelphia in 1850,<sup>99</sup> Chicago in 1865 and New York in 1863.<sup>100</sup> In fact, Blackwell was responsible for the creation of the New York Medical College for Women in 1863 with her sister Emily Blackwell and Maria Zackrzewska along with the founding of the New York Infirmary for Women and Children in 1853.<sup>101</sup> As she was in charge of the college, she was also responsible for the curriculum set out for her female students, including textbooks and exams.

British medical archives were consulted for when looking at the examinations students were expected to take during the period the pioneering doctor was at Geneva College. These primary sources were used for this exercise, as Blackwell's lecturers would have had some medical education outside of America.<sup>102</sup> This was because early nineteenth-century America did not have the same resources or expertise to teach large cohorts of medical students, as was the case in continental Europe. Most importantly, these institutions in Britain and Paris were reputable.<sup>103</sup> In examining the British example of

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<sup>98</sup> Morris Fishbein documents the establishment of medical schools in America in *A History of the American Medical Association*: "Before 1800 there were five good medical schools-those of the University of Pennsylvania (1765), Kings College (1764), New York, which became in 1791 the Medical Faculty of Columbia Harvard University (1783), the College of Philadelphia (1765) and the Medical School of Dartmouth College (1798)", p. 19.

<sup>99</sup> For more information on this institution see Ruth Abram, *"Send Us a Lady Physician": Women Doctors in America, 1835-1920* (W.W. Norton & Company, New York, 1985), pp. 139-152.

<sup>100</sup> Elizabeth Blackwell, *An Appeal in Behalf of the Medical Education of Women* [n.pub.], New York, 1856), p. 4.

<sup>101</sup> Elizabeth Blackwell, *An Appeal in Behalf of the Medical Education of Women*, p. 4. As noted by Rosemary O'Day, "Women and Education in nineteenth-century England" in *Women, Scholarship and Criticism: Gender and Knowledge, c. 1790-1900*, Joan Bellamy, Anne Laurence, Gill Perry (Eds) (Manchester University Press, Manchester, 2000); "At this time tremendous persistence was required for a woman to obtain an academic education", p. 95.

<sup>102</sup> W.F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (Cambridge University Press, New York, 1994), p. 11; Eric Luft, *Upstate Medical University*, p. 1.

<sup>103</sup> Charles Newman, *Evolution of Medical Education*, p. 36.

these papers, I am providing an analysis of the best education a medical student could have received at this time.

During the mid to late nineteenth century, medical students were expected to take a series of exams for entrance and qualification for a range of topics including surgery and medical hygiene. As can be seen from Appendix B, students were not expected to answer all the questions set to them but some were compulsory. There were generally between three and four questions per examination paper. The exam would not have lasted between an hour and an hour and a half, with answers expected to be brief.

When analysing the examination papers held at the Royal College of Surgeons London from 1850 and 1852, a pattern emerged whereby any question linked to sexual health, in any category, was specifically male-orientated and focused on the male genitalia. These papers were set in the mid-nineteenth century, when the only practising female doctor was in New York, and so would not have upset perceived female sensibilities. For example, the Fellowship Examination for the Royal College of Surgeons, London in December 1852 for the subject of Pathology and Surgery, the question was raised about characters of carcinoma of the testis and the diseases it resembled, along with where the disease “propagated”,<sup>104</sup> i.e. spread or grew. A much later example of this pattern is displayed in the Royal College of Physicians Edinburgh Surgical exam, 21<sup>st</sup> January 1892, which asked for students to provide different diagnoses for scrotal hydrocele and scrotal hernia.

The 1864 exam paper for the Royal College of Physicians, London indicated a shift in attitude towards female medical complaints by including two questions, one after the other, on issues specific to both sexes:

9. Enumerate the varieties of Hernia that occur in the abdomen; and enumerate the swellings that may occur in the inguinal and scrotal regions, besides inguinoscrotal Hernia.

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<sup>104</sup> Fellowship Exam, Royal College of Surgeons, December 1852.

10. Describe the various modes of growth in Fibrous Tumours of the Uterus.<sup>105</sup>

These exam questions show that there were different approaches to male and female sexual health employed by the medical profession in the nineteenth century. The first question related to the various types of hernia that could have occurred in the groin of a male, including in the scrotum, and the second asked for a description of fibrous tumours in the uterus. Neither question necessarily looked for a treatment after diagnosis, but it is obvious that one was easier to diagnose and treat than the other. As the male organs of generation occur outside the body the appearance of hernia would be much more apparent than fibrous issue in the uterus where the use of specialist equipment, such as the speculum, would have been required.

Semantics were also important with specialist language employed for each part of the anatomy diagnosed in these questions. While Blackwell was at Geneva College, the trend suggests that relatively general language was used when referring to genitalia, both male and female. Examples of this were: “lower extremity”<sup>106</sup>; “in this region”<sup>107</sup>; and “affair of generation”<sup>108</sup>. Considering these examples were found in papers for medical students, there is an indication there were concerns within the medical profession when addressing the more sexual aspects of the human anatomy. In fact, most of the sexual education medical students received was in relation to the animal kingdom through a vein of medicine called “comparative anatomy”: an area of medicine cultivated by John Hunter during the mid-eighteenth century.<sup>109</sup> Judging from the prevalence of the cases supplied in the exam papers studied and lecture notes found at the Royal College of Surgeons, it is evident that this was a preferred method employed by lecturers at the institution, and a fashionable topic amongst

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<sup>105</sup> Second Examination for the Degree of Bachelor of Medicine, Royal College of Physicians, London, 2<sup>nd</sup> December, 1864.

<sup>106</sup> M.B Second Examination in Pathology and Surgery, Question 3, Royal College of Surgeons, London, 8<sup>th</sup> December 1852.

<sup>107</sup> M.B. Second Examinations, Royal College of Surgeons, London, 1850-1852.

<sup>108</sup> John Hunter’s Comparative Physiology, Royal College of Surgeons, London.

<sup>109</sup> Richard Owen’s Lectures on Comparative Anatomy, Royal College of Surgeons, London, 7<sup>th</sup> April 1835. See also Richard Owen, *The Hunterian Lectures in Comparative Anatomy, May and June 1837* (Natural History Museum Publications, London, 1992).

medical practitioners in general, despite being out of date.<sup>110</sup> It is little wonder that the curriculum regarding female sexual health developed slowly over the course of the nineteenth century when animals were the subject of study.

Richard Owen's Lectures on Comparative Anatomy on 7<sup>th</sup> April 1835 consisted of an exploration of human reproduction in comparison with a chick in embryo.<sup>111</sup> In general these lectures made very few references to humans, while almost all were made about vertebrates or animals, drawing the conclusion that animals and humans were very similar in their anatomical structure. The University of London also used botany in its materia medica exams between 1839 and 1843, where there were more detailed questions about the reproductive functions of the flower than the human being. An example of this is in 1839 with:

4. What are the normal characters of the Fruit of Cruciferae and Umbelliferae?<sup>112</sup>

In the same year, 1839, at the University of London, the first question on the midwifery was:

1. What are the signs of Pregnancy? Which are doubtful and which are decisive?<sup>113</sup>

This was an indication of the very basic knowledge on which medical students were tested, demonstrating an understanding acquired by medical students in this field was rudimentary. Leavitt suggests that professors and students were embarrassed by the subject matter of gynaecology.<sup>114</sup> Harley Warner also makes the point that examinations were often very easy to pass because the medical colleges wanted the

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<sup>110</sup> See Keir Waddington, *Medical Education at St Bartholomew's Hospital, 1123-1995* (The Boydell Press, New York, 2003). The topic of anatomy in medical college is covered by Helen Blackman in "Anatomy and embryology in medical education at Cambridge University, 1866-1900", *Medical Education*, Vol. 40 (2006), pp. 219-226.

<sup>111</sup> Richard Owen's Lectures on Comparative Anatomy, Royal College of Surgeons, London, 7<sup>th</sup> April 1835. The word foetus is not mentioned during this exploration.

<sup>112</sup> First Examination for the Degree of Bachelor of Medicine, University of London, 2<sup>nd</sup> July 1839.

<sup>113</sup> Second Examination for the Degree of Bachelor of Medicine, University of London, 17<sup>th</sup> July 1839.

<sup>114</sup> Judith Walzer Leavitt, "'Science' Enters the Birthing Room: Obstetrics in America since the Eighteenth Century", *The Journal of American History*, Vol. 70, No. 2 (September 1983), p. 285.

financial turnover from graduation and diploma fees. There was also the fear that high failure rates would scare away any potential students.<sup>115</sup>

In order to combat possible failure rates, pamphlets were published to help medical students pass their exams such as *Examinations in Anatomy, Physiology, Practice of Physic, Surgery, Materia Medica, Chemistry and Pharmacy, For the Use of Students Who are About to Pass the College of Surgeons, or the Medical Transport Board* by Robert Hooper in 1815. This was an exceptionally detailed publication acting almost as a 'crib sheet' for students wishing to have a guide on how to answer medical questions correctly and succinctly. The book contained over seven hundred questions and corresponding answers relating to the different topics medical students were required to study, such as materia medica and physiology. While this text was published early in the nineteenth century, it is still relevant to this research. It underlines the feminist methodology, on which the thesis is predicated, that there was more emphasis on male health in medical education.

Unlike the actual exam papers consulted previously, in this book there was more emphasis on hard facts and using correct terminology; however, a gender bias evident in the text. Out of the 779 questions in the text, 52 relate to issues of a sexual or intimate nature, i.e. an issue related to the genitals or venereal disease. For the purpose of this exercise these medical problems were banded into male, female and general (viz. issues that could affect both men and women). Analysis found 21 specifically male problems examined concerning the genitals or venereal disease; 24 general issues and 7 specifically female problems. The questions relating to women were often incredibly basic. For example:

110. Q. Through what tube does the ovum pass from the ovarium into the uterus?  
Through the Fallopian tube.<sup>116</sup>

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<sup>115</sup> John Harley Warner, *Therapeutic Perspective*, p.174.

<sup>116</sup> Robert Hooper, *Examinations in Anatomy, Physiology, Practice of Physic, Surgery, Materia Medica, Chemistry and Pharmacy, For the Use of Students Who are About to Pass the College of Surgeons, or the Medical Transport Board* ([n.pub.], New York & London, 1815), p. 19.

While for male health concerns, there was considerably more information expected and more medical terminology. For example:

213. Q. Where to the corpora cavernosa penis arise?

The corpora cavernosa penis arise from the edge of the rumus of the ischium and os pubis.<sup>117</sup>

Here existed evidence of partiality toward treating male medical issues when examining this material from a solely male profession. It was little wonder, then, that Blackwell felt ignorant of issues relating to sex, especially in relation to women, when she was taught in an environment that concerned itself more with the needs of men. She moved away from the use of euphemism within the medical profession, in her writings on sex and how to educate children about sex. Despite initially feeling ill-informed, Blackwell was willing to use the correct terminology in her published texts, employing terms such as “embryonic”<sup>118</sup> and “uterus”.<sup>119</sup> And as a woman, this was an even bigger shock to the fraternal establishment of medicine.

This section has investigated Blackwell’s sex education and the depth of such knowledge gained at medical school between 1847 and 1859. As observed in the Literature Review, Hanley has begun to break ground on this topic in reference to venereal disease at the end of the nineteenth century. However, I will use other primary sources to analyse the education of medical students in the period before Hanley’s work by investigating questions asked in exam papers on topics relating to reproductive and sexual health. This detailed research has not been carried out previously. Another neglected area in the history of medicine is the experience of women attempting to enter medicine during the Victorian period.<sup>120</sup> Some of Blackwell’s biographers, notably Boyd, have attempted to bridge this gap but have not referred back to Blackwell’s writings on the subject. The following section will continue answer the key question about the depth of Blackwell’s medical education, particularly in relation to sex education. Using the theoretical basis of biographical and feminist

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<sup>117</sup> Robert Hooper, *Examinations in Anatomy*, p. 34.

<sup>118</sup> Elizabeth Blackwell, *The Laws of Life, with Special Reference to the Physical Education of Girls* (Putnam, New York, 1852), p. 73.

<sup>119</sup> Elizabeth Blackwell, *The Laws of Life*, p. 105.

<sup>120</sup> Blake and others have contributed to this area but Blackwell has not been used as a vehicle to explore this topic in their literature.



theory, this will be carried out through an exploration of her experience at Geneva College between 1847 and 1849. It is important to separate medical education and Blackwell's experience as the first clarifies what was taught in schools during the period she was studying, while the latter discusses what students were asked as part of their qualifying examinations to become doctors.

## Blackwell's experience

Blackwell wrote about some of the difficulties she faced in *An Appeal in Behalf of the Medical Education of Women* in 1856 and again in *Medicine as a Profession for Women* in 1860. She claimed:

Women have to contend with peculiar difficulties in the attempt to study medicine. They are generally poor; they not only have to suffer physical privations, but are unable to buy the books and instruments which constitute the physician's stock in trade. The more knowledge they acquire, the more keenly the want is felt, for it is then seen more clearly, how much is lost in every branch, by the inability to follow out the hints given in lectures, to verify assertions, repeat experiments, and appropriate by individual efforts the information which remains vague and confused when simply listened to. The course of study is necessarily hurried and imperfect, and the student's aim is to get through the expensive preparation and enter into practice in the shortest possible time.<sup>121</sup>

Here, she made the point that "hints" were given out by professors in lectures. This implied that fore knowledge was presumed within many medical institutions. Many of the issues outlined by Blackwell were highlighted at the beginning of this chapter, as well as the Introduction and Chapter 1. She believed the short period of study, the expensiveness of the courses and textbooks, as well as the lack of detailed information in lectures were still stumbling blocks for women attempting to enter the medical profession as late as 1864, when both the BMA and AMA were supposed to have implemented reform.

Later in the text she also stated that "[Women] occupy an anomalous position, standing alone in medicine, often opposed or ignored by the profession, not

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<sup>121</sup> Elizabeth Blackwell, *An Appeal in Behalf of the Medical Education of Women*, p. 5.

acknowledged by society, and separated from usual pursuits and interests of women".<sup>122</sup> This reflects how isolated she felt during her initial years in New York as a newly qualified doctor. Yet, in *Medicine and Morality*, published in 1881, Blackwell reflected on her early experiences of New York favourably. Looking back at her time at Geneva College she mused;

From the year 1845, when a distinguished physician accepted me as his private pupil, and placed his library and best advice freely at my disposal, such generous support has never been wanting. The college class of more than 120 young men who invited my attendance, nobly redeemed the pledge of friendly aid they forwarded to me. The class of 1850-1 at St. Bartholomew's Hospital, with whom I say in the lecture-room, and whom I joined in the clinical visits of the hospital, displayed the same true manliness.<sup>123</sup>

Once Blackwell had finished her training at Geneva College she moved to Paris for experience at a maternity hospital for another year. Following on from this she managed to secure a stint at St Bartholomew's, London.<sup>124</sup> It was at this time that she formed many of the British connections and networks which will be further discussed in Chapter 4. One might garner from the above extract that her experience at medical school in Geneva College and later in London was positive, with the support of her fellow students. However, *Medicine and Morality* was written over thirty years after her graduation and Blackwell may have been looking back on her experience with rose-tinted glasses.

On the other hand, in *Address on the Medical Education of Women* (1864), fifteen years before *Medicine and Morality*, Blackwell still keenly felt the prejudice and animosity of her early medical career. In an impassioned speech looking for financial support for the New York Infirmary for Women and Children, she remarked

In 1845, when I resolved to become a physician, six eminent physicians, in different parts of the country were written to, for advice. They all united in dissuading me, stating, "That it was an utter impossibility for a woman to obtain a medical education; that the

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<sup>122</sup> Elizabeth Blackwell, *An Appeal in Behalf of the Medical Education of Women*, p. 6.

<sup>123</sup> Elizabeth Blackwell, *Medicine and Morality* (W. Speaight & Sons, London, 1881), p. 14.

<sup>124</sup> For more information on medical education at St. Bartholomew's Hospital see Keir Waddington, *Medical Education*.

idea though good in itself, was eccentric and utopian, utterly impracticable!”<sup>125</sup>

There is no mention of her “distinguished physician” or his “generous support”. She painted a very bleak picture of how she was treated before she became a medical doctor. Blackwell went on to describe the reaction of those living near Geneva College where she was accepted in 1847 with “the ladies of the town pronounced the undertaking crazy, or worse, and declared they would die rather than employ a woman as a physician”.<sup>126</sup> It was not just the occupants of Geneva who were unwilling to employ Blackwell:

I presented American and foreign testimonials of medical qualification, to one of the city Dispensaries, asking admission as assistant physician, in the department of diseases of women and children; the request was refused. I asked permission to visit in the female wards of one of the city hospitals; the application was laid on the table, not being considered worthy even of notice.<sup>127</sup>

No doubt, Blackwell believed she had been abandoned by the medical profession, recalling that she felt as if

There was a blank wall of social and professional antagonism, facing the woman physician that formed a situation of singular and painful loneliness, leaving her without support, respect or professional counsel.<sup>128</sup>

In many of her published materials on the education of women physicians, Blackwell put forward suggestions about how the medical profession could help facilitate the women entering the occupation. She discussed “the absence of professional sympathy” and “the prejudice, suspicion and hostility of individuals”<sup>129</sup> that women encountered during their time as medical students. It is not clear if this was based on her own personal experience but a knowing air pervades her work. On the matter of general medical student experience post-education Blackwell lamented that:

It is not until they leave college, and attempt, alone and unaided, the work of practice that they realise how utterly insufficient their

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<sup>125</sup> Elizabeth Blackwell, *Address on the Medical Education of Women* (Baptist & Taylor, New York, 1864), pp. 4-5.

<sup>126</sup> Elizabeth Blackwell, *Address on the Medical Education of Women*, p. 5.

<sup>127</sup> Elizabeth Blackwell, *Address on the Medical Education of Women*, p. 5.

<sup>128</sup> Elizabeth Blackwell, *Address on the Medical Education of Women*, p. 5.

<sup>129</sup> Elizabeth Blackwell, *An Appeal in Behalf of the Medical Education of Women*, p. 6.

education is to enable them to acquire and support the standing of a physician. Most of them, discouraged, having spent all their money, abandon the profession; a few gain a little practical knowledge and struggle into a second-rate positions.<sup>130</sup>

She noted that this was also the lot of the male medical student and should not be used to bar women from becoming students. The argument was made in favour of female physicians- echoing many of the fears of the BMA and AMA regarding patients' preference for a woman doctor. Blackwell stated "that [male] physicians are too far removed from woman's life; they can criticise but not guide it",<sup>131</sup> suggesting that women would have taken the advice of a female physician under more careful consideration than they would a male doctor. She described the experience of women on consulting a doctor as having "to go out of their own world...the whole atmosphere of professional life is so entirely foreign to that in which they live".<sup>132</sup> This underlined the solitary experience of Blackwell when she attempted to establish herself in New York as a physician. It also highlights the lack of training she received in terms of establishing professional networks which will be explored further in Chapter 4.

Using this first-hand experience of the medical profession and education in medical school, Blackwell wrote a series of pamphlets and gave talks outlining the issues women faced in medicine and the manner in which women could overcome these obstacles. By going back to the primary sources and applying the methodology of feminist and biographical theory, I am adding new material to the existing body of literature on Blackwell that has been overlooked both by historians of medicine and biographers of Blackwell. In employing biographical theory, in particular, I am using her life to investigate wider concerns about medical education, women and medicine in the period. Following on from this, the next section will address what the term 'female physician' meant during the nineteenth century, along with Blackwell's quiet battle against the establishment in protecting her reputation and how she presented herself as an alternative for women who needed medical care. Here the topic of medical women during the nineteenth century will be explored in relation to the

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<sup>130</sup> Elizabeth Blackwell, *Medicine as a Profession for Women*, (W.H. Tinson, New York, 1860), p. 20.

<sup>131</sup> Elizabeth Blackwell, *Medicine as a Profession for Women*, p. 9.

<sup>132</sup> Elizabeth Blackwell, *Medicine as a Profession for Women*, p. 15.

written works of the pioneering doctor and fill in the existing gap in the secondary literature. The key question of Blackwell's medical education will be addressed in the following section through investigating the problems she encountered in her attempt to become a woman physician and the negative connotations of being a female doctor in New York. Indeed, her training in New York, Paris and London could not have prepared her for the road ahead as the first female doctor.

## Women "physicians"

Dorothy Smith's feminist theory, referred to in the introduction of this thesis, asks the question of what sociology would look like from a woman's standpoint.<sup>133</sup> In using biographical and feminist theory to investigate the experience of female doctors during the mid to late-nineteenth century through the vehicle of Blackwell, we see that "she [Blackwell] met discouragement at every step"<sup>134</sup> on applying to various medical schools and colleges, implying that "fear of successful rivalry"<sup>135</sup> was the main concern of the patriarchal medical sphere. One Dean said "You cannot expect us to furnish you with a stick to break our heads with".<sup>136</sup> Nonetheless, she was the first of her gender admitted to Geneva College as a joke by popular vote of her fellow students, and denied access to some of her lectures relating to reproductive and sexual health.<sup>137</sup> While 'walking the wards' in Blockley Almshouse, Pennsylvania Blackwell was initially not allowed to attend to the men's ward patients and later, at St Bartholomew's Hospital, London she was not allowed to work with female patients who had sexually transmitted infections because it was not deemed proper.<sup>138</sup> Quite simply, no one knew what to do with her. This discriminatory treatment for female students continued at the Philadelphia College of Physicians in the 1850s and 60s.<sup>139</sup>

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<sup>133</sup> The methodology employed in my research is based on this by focusing on Blackwell's life and considers what it was like becoming the first female doctor in a male profession.

<sup>134</sup> L. Martindale, *The Woman Doctor and Her Future* (The Mayflower Press, London, 1922), p. 41.

<sup>135</sup> L. Martindale, *The Woman Doctor*, p. 41.

<sup>136</sup> L. Martindale, *The Woman Doctor*, p. 41.

<sup>137</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 82.

<sup>138</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 84.

<sup>139</sup> Susan Wells, *Out of the Dead House: 19<sup>th</sup> Century Women Physicians and the Writing of Medicine* (University of Wisconsin, Wisconsin, 2001) pp. 193-224.

Blackwell also discussed the subject of hospitals for teaching medical students: “the first requirement for a good medical education is, that it be practical, i.e., that the actual care of the sick and observation by the bedside be its foundation”.<sup>140</sup> This indicates that Blackwell found her time at Blockley beneficial to her studies. Another autobiographical concern regarding hospital experience shines through in *An Appeal in Behalf of the Medical Education of Women*:

A liberal physician may admit a lady to attend the male wards while his compeer excludes her from the female wards; the next month the physicians have changed, and she is excluded from all the wards; meanwhile the liberal physician may have conversed with his professional brethren who oppose the idea of a woman’s studying medicine, and may have changed his opinion too, or he may fear offending his male students, who would rather not have a female student amongst them; if his sense of justice, and kindly feeling lead him to continue his liberal reception, he cannot avoid the consciousness of the singularity of his position and the ill-concealed opposition which exists around him; he is necessarily embarrassed, and no lady will consent to be a cause of embarrassment to one who has generously endeavored [sic] to assist her; she quietly withdraws from the hospital, and prefers to suffer the anxiety and disappointment which the inability to pursue a cherished idea, causes her.<sup>141</sup>

While Blackwell did not refer to herself in this passage, it was clear that this was an issue she experienced. The hospital learning environment appeared to have been hostile including “the rush of students...crowding and elbowing one another for the best place”.<sup>142</sup> She blamed both the professors and medical schools who encouraged and fostered this system of medical education. Yet, Blackwell did not demand that women receive different or preferential treatment as “it would not be just to expect the young man to yield his place to the young woman”,<sup>143</sup> but believed that it was the outlook of the professors and physicians that needed to change: it “is simply a habit or prejudice which in time must pass away”.<sup>144</sup> She put forward an ultimatum: “banishing women from medicine altogether, or giving the education and standing of the

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<sup>140</sup> Elizabeth Blackwell, *Medicine as a Profession for Women*, p. 18.

<sup>141</sup> Elizabeth Blackwell, *An Appeal in Behalf of the Medical Education of Women*, pp. 7-8.

<sup>142</sup> Elizabeth Blackwell, *An Appeal in Behalf of the Medical Education of Women*, p. 7.

<sup>143</sup> Elizabeth Blackwell, *An Appeal in Behalf of the Medical Education of Women*, p. 7.

<sup>144</sup> Elizabeth Blackwell, *An Appeal in Behalf of the Medical Education of Women*, p. 7.

physician”.<sup>145</sup> Of course there were other concerns with being labelled a “female physician” which Blackwell was yet to face.

Before she graduated as a medical doctor, the term “woman physician” simply meant abortionist.<sup>146</sup> In many of her works, Blackwell stated that she wanted to change this when studying for her medical degree.<sup>147</sup> The first woman to undermine the work she carried out in New York was Madame Restell, a notorious abortionist who serviced the wealthier ladies of the city when they found themselves in “the family way”.<sup>148</sup> Restell advertised herself as a “female physician and professor of midwifery”<sup>149</sup>, and diverted many potential patients away from Blackwell. She was also hugely successful, earning enough money to “build one of the most splendid houses in New York on the very plot of land...that the bishop had earmarked for his own palace”.<sup>150</sup> Boyd also argues that Restell was “the most skilful, hygienic and wealthy abortionist in town... [who] was prepared to justify abortion on ethical grounds”.<sup>151</sup> While Blackwell was struggling to make ends meet, delivering babies in the slums of New York and in debt, Restell was taking advantage of the fluid nature of the title “female physician”.

Charles King argues that more and more married women employed abortion as a contraceptive practice in the nineteenth century, bypassing qualified doctors and using the services of abortionists.<sup>152</sup> They were beginning to use this procedure as a legitimate and “acceptable method of family limitation”.<sup>153</sup> Professional (and lay) abortionists like Restell would have used “instruments...including various bougies, penholders with attached wires, glass rods, hair curling tongs, mustard spoons, and

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<sup>145</sup> Elizabeth Blackwell, *Medicine as a Profession for Women*, p. 14.

<sup>146</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 156. This is what Madame Restell a New York abortionist called herself.

<sup>147</sup> Carolyn Skinner, ““The Purity of Truth”: Nineteenth-Century American Women Physicians Write about Delicate Topics”, *Rhetoric Review*, Vol. 26, No. 2 (2007), p. 118.

<sup>148</sup> For more information on Madame Restell see Clifford Browder, *The Wickedest Woman in New York: Madame Restell, the abortionist* (Archon Books, Connecticut, 1988).

<sup>149</sup> See Leo Trachtenberg, “New York’s First “Lady Doctor””, *City Journal*, Winter 2000, Issue 10.

<sup>150</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 155.

<sup>151</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 103.

<sup>152</sup> Charles King, “Abortion in Nineteenth Century America: Conflict between Women and their Physicians”, *Women’s Health Issues*, Vol. 2, No. 1 (Spring 1992), p. 33.

<sup>153</sup> Charles King, ‘Abortion’, p. 33.

catheters".<sup>154</sup> As well as these 'instruments', more medicinal methods were advertised in newspapers and popular magazines disguised as methods of regulating menstruation.<sup>155</sup> Madame Restell even had her own line of "French pills",<sup>156</sup> designed to be a less invasive method of encouraging miscarriage. Because Restell promoted herself as a female physician, many considered Blackwell within the same realm of medical practice. This resulted in the pioneering doctor being insulted on the street<sup>157</sup> and receiving threatening letters.<sup>158</sup> She also found it difficult to find lodgings where she was allowed to advertise her practice as landlords and landladies wanted nothing to do with a potential abortion clinic.<sup>159</sup> This had a direct impact on Blackwell's ability to earn money as a doctor. As laid out earlier in this chapter, having accommodation suited to the needs of patients was an important step in the professionalisation of medicine and being unable to secure such accommodation presented her with a difficult situation whereby she could promote herself as a legitimate doctor, not a quack or abortionist.

As well as accommodation, the wages of male doctors have been contemplated at length in this chapter, but not the wages of the female physician. Madame Restell charged \$20 to \$100 per abortion, on a sliding scale depending on the means of her client.<sup>160</sup> Meanwhile, within the sphere of legitimate medicine, an experienced female general practitioner outside of London would have earned about £200 in the mid-1880s.<sup>161</sup> However, a letter from Elizabeth Garrett Anderson to the *Medical Press and Circular* in 1898 stated that "medical women in London 'ask and get both the consulting and family practice the fees ordinarily charged by medical men of good position'".<sup>162</sup> While it was generally understood that incomes outside of London were, and continue to be, lower by comparison, there was a disparity in what Garrett Anderson says about the wages medical women could have earned. Women would

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<sup>154</sup> Charles King, 'Abortion', p. 34.

<sup>155</sup> Charles King, 'Abortion', p. 34.

<sup>156</sup> Charles King, 'Abortion', p. 34.

<sup>157</sup> See Leo Trachtenberg, 'First Lady Doctor'.

<sup>158</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 164.

<sup>159</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 173.

<sup>160</sup> Clifford Browder, *Wickedest Woman in New York*, p. 16.

<sup>161</sup> Anne Digby, *Evolution of British General Practice*, p. 170.

<sup>162</sup> Anne Digby, *Evolution of British General Practice*, p. 170.



have earned less generally than their male counterparts, as there was an element of stigma in women doctors treating male patients, thus limiting their clientele to women and children.<sup>163</sup> Female physicians would have also had poorer female patients who paid less in doctor's fees<sup>164</sup> which, considering the profession was "a hard, wearing, and poorly paid occupation"<sup>165</sup> meant that many women doctors in the nineteenth century were certainly not joining the medical profession to make money or for prestige. Emily Davies wrote that:

At any rate, their [women's] position could be scarcely be worse than that of governesses. A practice of four or five hundred a year is not through much of among physicians; but ladies, can seldom, even by hard work during their best years, earn more than say, £200 a year, will not despise the crumbs which fall from the rich man's table.<sup>166</sup>

This indicated that Davies felt the lot of the female physician was probably no better off than that of the governess. On the subject of female physicians' wages, Blackwell stated that the culture within America at that time was more concerned with the amount of money a female physician earned than any verbal argument for or against them:

To say, such and such a woman is making \$2000 a year by the practice of medicine, creates more respect for the work in the minds of the people, than any amount of argument, or abstract statement of the truth and value of the idea, would do. We can use then this poor, powerful argument of the dollar. We can point out women in Boston, New York, Philadelphia, Cleaveland [sic], and elsewhere, personally known to us are making more than \$1000 or \$2000 a year, in a steadily increasing practice<sup>167</sup>

While \$1000 and \$2000 sound like high wages in reality, when converted to sterling for this time, this amounted to around £100 and £200.<sup>168</sup> The male physician described by Holifield at the beginning of this chapter, who was estimated to have earned \$600, would have earned about the same amount of money as the women described by Blackwell, indicating that some women doctors were successful in earning a living

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<sup>163</sup> Anne Digby, *Evolution of British General Practice*, p. 173. However, successful female doctors earned decent wages.

<sup>164</sup> Anne Digby, *Evolution of British General Practice*, p. 170.

<sup>165</sup> Irvine Loudon, *Medical Care*, p. 266.

<sup>166</sup> Emily Davies, 'Female Physicians', p. 407.

<sup>167</sup> Elizabeth Blackwell, *Address on the Medical Education of Women*, p. 7.

<sup>168</sup> Conversion completed using [www.measuringworth.com](http://www.measuringworth.com) [accessed 22/4/16].

through the medical profession. With this in mind, it is clear that Blackwell had a point about using the wages of women physicians to prove a fact about the ability to earn as much as their male counterparts. Wages were an important aspect of the professionalisation of medicine. This is why the topic has been addressed in relation to male and female physicians separately. As was mentioned previously in this chapter, the development of medicine as a profession rather than a trade coincided historically with the emergence of women doctors. The value of the services female physicians provided is important in this regard and is an overlooked topic in the secondary literature on women in the history of medicine.

## Conclusion

This chapter has examined the development of the medical profession in America and Britain during the nineteenth century and answered the question, outlined in the introduction, of Blackwell's medical education and the depth of Blackwell's sex education. As explored in the Literature Review, there is an existing body of research concerning the medical education of students during the nineteenth century but it can be seen as out-dated in comparison to the current methodologies employed by historians of medicine, including biographical and feminist theory as used here. By using new source material I have made a contribution to the history of medical education by analysing exam papers from medical schools in London and Edinburgh for their content on sex education as a means of answering the research question set out for this chapter. Also, in placing Blackwell at the heart of the developments in medical professionalisation I have shown that there is space within the literature for women in the history of medicine.

This chapter was divided into eight sections, many of which use biography theory to chart Blackwell's experience as the first female physician in a world. First of all, the professionalisation of medicine during the nineteenth century as a result of the 1858 Medical Act was explored. The Act of 1858 was important in regard to the development of the British medical profession, as it helped limit the number of quacks, herbalists and homeopaths allowed to practice medicine and deplete the

‘overcrowding’ of the medical profession, as deplored by the *Lancet*. The Act also helped Blackwell cement the legitimatisation of her doctor status through her registration on the General Medical Register in 1858. Secondly, it was established that there was a link or common heritage between Britain and America during the mid-nineteenth century through the British Medical Association and the American Medical Association. These organisations helped progress the professionalisation of medicine through the evolution of medical practice and curricula, making the British examples of exam papers a legitimate exercise in determining Blackwell’s education. Thirdly, public perceptions of the first female physician were examined in relation to a satirical poem published in *Punch* in 1852. This helped deliver a snapshot of public attitudes to the idea of a female doctor and also provided some context for the following chapter in relation to the reviews Blackwell received for her publications.

Next the professionalisation of medicine, was discussed here in relation to wages, accommodation and medical associations. The life of a medical doctor, especially those working with the lower classes, did not guarantee financial security. As highlighted above, the average wage of the nineteenth-century doctor depended on many factors including the class of his or her patient, their financial status (i.e. if they could afford rental housing over a certain amount) and their accommodation. As explored in the fifth section on Geneva College, many doctors supplemented their income with publications in order to make ends meet as patients often disputed their annual doctor’s bill. Here medical textbooks were explored as a means of answering the research question concerning Blackwell’s medical education in New York. The next section built upon this theme of education by using exam papers to determine what knowledge a medical student was expected to have acquired over the course of their studies.

The final two sections were closely linked through Blackwell’s publications on both her experience as the first female doctor and the advice she provided in her publications to those women who wished to enter medicine. Blackwell faced many challenges while she was attempted to establish herself as a doctor in New York. Abortionist rumours plagued her in this city but she used her place on the General Medical

Register as a means of separating her services from the likes of Madam Restell.

Extracts from Blackwell's writings on the topic of women in the medical profession were consulted for this section, as she detailed this part of her life at great length. The biographers of Blackwell have also employed the use of some of Blackwell's writings but have primarily drawn from her autobiography to highlight the notion of isolation and loneliness at the beginning of her career, however it does provide a legitimate manner of examining history through biographical theory.

In the final section of this chapter, it was put forward that medical associations were important in encouraging the development of professionalisation within medicine. However this backing only applied to men. Female medical students and doctors were not welcome in the profession and this was made clear through denial of membership to organisations, refusal of enrolment at medical schools and scathing attacks on specific female physicians in publications such as the *British Medical Journal* and the *Lancet*. This meant that the simultaneous professionalisation of medicine and the advent of the woman doctor resulted in the shutting out of the latter making a legitimate career more difficult, thus underlining the feminist framework of this thesis. This has resulted in a lack of recognition for female doctors within secondary literature, as demonstrated through the emblematic example of Blackwell.

The publications of Blackwell were not the only new primary sources used to answer the key question of her medical education. The exam papers and medical texts studied in this chapter have underlined the argument made that women's bodies were neglected by the medical profession during the mid-nineteenth century, which had an impact on Blackwell's studies. Medical education did improve as the century drew on with the publication of the likes of Cazeaux's text on obstetrics, a better understanding of the reproductive health of women emerged and more detailed questions on this topic in exam papers were asked. The decline of comparative anatomy toward the end of the century also contributed to the progress of medicine in this period. During the course of Blackwell's education, however, it was very much trial and error in relation to the treatment women received for ailments particular to their sex. This is a part of medical history that has been long neglected and in need of further investigation as

this is the only existing work that has carried out such research. Secondary literature on the topic of medical curricula during the mid-nineteenth century is often glossed over and generally quite vague. Some advances have been made recently in working toward a more comprehensive history of medical education, but have either focused on the early or late nineteenth century.

By analysing exam papers, it can be concluded that many medical students were expected to have acquired their own sexual knowledge, as classes on reproductive health were vague and often included references to flora and fauna, as well as comparative anatomy.<sup>169</sup> Even Blackwell admitted her ignorance in this area after having obtained her medical degree. The main conclusion to be met from this analysis is that if physicians were lacking in knowledge then the deficit of information circulating to their patients concerning their reproductive health bordered on negligent. It is little wonder that Blackwell took it upon herself to help educate those outside the medical profession in both general and reproductive health. She published widely over the course of her fifty-year career on the topic of sex education, women as doctors and the place of women in society. These texts will be addressed in more detail in the next chapter, taking into consideration the audience for whom Blackwell was writing and how she negotiated the awkward semantics of sex education in the Victorian world. As well as this, more works of Blackwell relating to female doctors will be explored in relation to sex education, moral physiology and moral hygiene sanitation.

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<sup>169</sup> See Anne Hanley, *Medicine, Knowledge and Venereal Diseases in England, 1886-1916* (Palgrave Macmillan, New York, 2017)

## Chapter 3: Blackwell's Audience and Publications

### Introduction

The development of cheaper methods of printing and commercialism in print media helped facilitate the increased publication of medical texts published during the nineteenth century.<sup>1</sup> These were not just textbooks but also journals such as *The Lancet*, established in 1823.<sup>2</sup> As the century drew on, a series of measures including the abolition of the Stamp Tax in 1855 and later the abolition of duty on paper in 1861 expedited the reading practices of an increasingly literate working class.<sup>3</sup> These changes in legislation meant that cheaper publications were available, and to a wider audience.<sup>4</sup> Blackwell eventually banked on this new audience when publishing her own works, after having already captured the middle-classes. Chapter 2 established that Blackwell, as the first female doctor, had difficulty beginning a medical practice, but when she began publishing, she invited more scrutiny in the form of newspaper and periodical reviews. The formation of the British Medical Association and its supplementary publication the *British Medical Journal* -which criticised Blackwell heavily- was discussed at length in Chapter 2 along with some extracts relating to Blackwell. Over the period 1859 to 1899, she was mentioned 16 times in relation to talks, publications, letters and associations. However, the real audience of Blackwell's work was not the medical establishment or medical students. It was the general public who she felt could benefit from her advice on sanitation and hygiene, as well as sex

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<sup>1</sup> Blackwell would have benefitted from this rise in publications during the course of her medical education at Geneva College, New York. See David F. Mitch, *The Rise of Popular Literacy in Victorian England: The Influence of Private Choice and Public Policy* (University of Pennsylvania Press, Philadelphia, 1992), Margaret Beetham, *A Magazine of Her Own? Domesticity and Desire in the Women's Magazine, 1800-1914* (Routledge, London, 1996), David Vincent, *Literacy and Popular Culture: England 1750-1914* (Cambridge University Press, Cambridge, 1989) & Martyn Lyons, *A history of reading and writing in the Western World*, (Palgrave Macmillan, Basingstoke, 2010).

<sup>2</sup> Brittany Pladek, "'A Variety of Tastes': The Lancet in Early-Nineteenth-Century Periodical Press", *Bulletin of the History of Medicine*, Vol. 85, No. 4 (Winter 2011), p. 560.

<sup>3</sup> Maxine Burton, *Illiteracy in Victorian England: 'Shut out from the world'* (NIACE, Leicester, 2014), p. 153.

<sup>4</sup> See Eric McLaughlin-Jenkins, "Common Knowledge: Science and the Late Victorian Working-Class Press", *History of Science*, Vol. 39, No. 4 (2001), pp. 445-465.

education. Ignorance, a common theme in Blackwell's work on sex education, was the main reason why Blackwell decided to publish and lecture.

She wrote prolifically throughout her medical career.<sup>5</sup> Many of her publications underwent several editions, for example her first text *The Laws of Life* has had 20 editions published between 1852 and 2012, while *Counsel to Parents* has been republished 21 times. While most of her publications focus on the education of children in relation to sex, there are other themes in her work to be explored through biographical theory over the course of her life and career. These themes were dictated by the societies with which she was involved, the causes with which she aligned herself and the political mood of the day. As seen in the previous chapter, the education of women in the medical profession was a major issue at the early part of Blackwell's career, forming the basis of at least three of her publications, including her autobiography, and drawing on her own experience as a pioneer doctor.<sup>6</sup> The treatment of women within society along with the sexual double standard framed many of the works she wrote during the 1870s and 80s. Blackwell generally published on this theme in association with the Anti-Contagious Diseases Act which will be dealt with in Chapter 5.

As suggested in the Introduction and Literature Review, a lack of analysis of the primary source materials has created a large gap in knowledge concerning Blackwell as well as the experience of women attempting to enter the medical profession and sex education practices during the mid to late-nineteenth century. There have been some efforts in this field by Regina Morantz-Sanchez and Frank Mort whose use of Blackwell's more well-known pamphlets, such as *The Human Element in Sex*, has provided a superficial examination of her teachings on sex education. However, Morantz-Sanchez has considered Blackwell in relation to feminist theory in her article "Feminist Theory and Historical Practice: Rereading Elizabeth Blackwell".<sup>7</sup> Whilst

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<sup>5</sup> See Appendix A.

<sup>6</sup> See Elizabeth Blackwell, *Pioneer Work in Opening the Medical Profession to Women*, (Longmans, London, 1895).

<sup>7</sup> See Regina Morantz-Sanchez, "Feminist Theory and Historical Practice: Rereading Elizabeth Blackwell", *History and Theory*, Vol. 31, No. 4, Beiheft 31: History and Feminist Theory (December 1992), pp. 51-69.

Morantz-Sanchez agrees with the feminist theory that women have been written out of history,<sup>8</sup> she does not see Blackwell's contribution in terms of sex education but rather as a pioneer in her own right. I will go further than Mort and Morantz-Sanchez in my exploration of these primary sources to answer the key questions outlined in the Introduction on Blackwell's contribution to sex education, her intended audience and how her work was received. Biographical theory will also be used in this chapter by using the pioneering doctor's life to explore the shift in her readership which may have occurred about the time Blackwell relocated to London.

These issues will be explored in five thematic sections. First, the audience of Blackwell will be considered through an investigation of the reviews of her works in contemporary magazines and newspapers. An examination of the various publications under subheadings, including *The Examiner* and *The Saturday Review*, which wrote about Blackwell, will also be examined here in relation to class and the levels of literacy within society.<sup>9</sup> In effect we will try to identify Blackwell's intended audience through finding the readership who saw the reviews of her works. A middle-class audience reading a newspaper or magazine directed at their social grouping would have been the prime target of such publications by Blackwell. This is evident in the secondary literature which suggests that even the layout of newspapers and magazines during the beginning and middle of the nineteenth-century was "conservative", suggesting that publishers wanted to "secure the loyalties of their upper and middle-class readership".<sup>10</sup> However, as time went on their readership

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<sup>8</sup> Regina Morantz-Sanchez, 'Feminist Theory and Historical Practice', p. 52.

<sup>9</sup> Evidence that proves Blackwell's texts were aimed at the middle classes can be found in the language Blackwell employed and the subjects she engaged with. However, it is not to say that the lower or working classes were unable to read. Barry Reay and Maxine Burton amongst others have suggested that literacy rates of the working classes have been determined by historians through signatures on marriage registers. In fact, these historians argue that previous estimations of literacy have been skewed in favour of understanding literacy in terms of writing, rather than reading. Barry Reay, "The context and meaning of popular literacy: some evidence from nineteenth-century rural England", *Past and Present*, No. 131 (May 1991), states that "the historical functional definition of "literacy" is the ability of a person to sign his or her name" (Reay, p. 11). There is a major issue with this definition as writing was a more technical skill than reading, generally acquired after a person has learned to read. Reay also discusses the role of the 1870 Education Act in relation to the increase of literacy rates in Victorian Britain.

<sup>10</sup> Joel H. Wiener, "The nineteenth century and the emergence of a mass circulation press", in *The Routledge Companion to British Media History*, Martin Conboy and John Stell (Eds) (Routledge, London, 2014), p. 206.



would expand alongside the rise of working class literacy and cheaper production costs. Secondly, an examination of her writings and talks on the concept of women as doctors will look at the role she believed female physicians could play in relation to sex education. A key part of this section includes Blackwell's discussion on gynaecological examinations and the benefit of women doctors carrying out such a procedure, both for middle and lower-class women. This section highlights the fact that Blackwell was forward-thinking and operated within a feminist framework through the belief that women should treat women for matters relating to sexual health.

Thirdly, Blackwell's political treatise on the Contagious Diseases Acts and prostitution will be taken into consideration, as these texts explore the issue of the sexual double standard perceived by Blackwell. This is an important dialogue, as Blackwell laid down much of what she thought was wrong with society and its relationship with sex and sex education in these treatises. While Blackwell's role within the Anti-Contagious Disease Acts Movement will be examined more closely in Chapter 5, along with her relationship with Josephine Butler, this section allows us to take apart what Blackwell wrote in association with this political movement and analyse what she said, in speeches, in relation to sex education. Next will be a discussion on Blackwell's identification in her texts as a "Christian physiologist". Blackwell saw it as her Christian duty to ensure that the young were informed as much as possible about their bodies, the sexual world around them and the moral dangers associated with sex.<sup>11</sup> The Moral Reform Union's association with Blackwell will also be analysed in this section, as they published some of her texts. These works helped to underline Blackwell's approach to sex education in accordance with the teachings of Christianity. Finally, what Blackwell wrote specifically in regard to sex education will be examined in order to determine the contribution she made in this field during the nineteenth century. This section also incorporates two subsections on menstruation and masturbation, the latter of which was a great cause of concern during the nineteenth century.<sup>12</sup> It should be noted here

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<sup>11</sup> The motivation behind Blackwell's publications has not been considered in great detail both by commentators of her works and her biographers.

<sup>12</sup> See Alan Hunt, "The Great Masturbation Panic and the Discourses of Moral Regulation in Nineteenth- and Early Twentieth-Century Britain", *Journal of the History of Sexuality*, Vol.8, No. 4 (April 1998), pp. 575-615 & Lesley Hall, "Forbidden by God, Despised by Men: Masturbation, Medical Warnings, Moral

that the main geographical focus of this chapter, as with most of the chapters in this thesis, will be in relation to Britain, as that is where Blackwell spent most of her professional life and published the majority of her books.

These sections bring together a wider argument concerning Elizabeth Blackwell and her contribution to sex education in order to answer the main research questions of the thesis laid out in the introduction. Blackwell linked sex education to a variety of other issues including the politics of using the CDAs to control women's bodies, the benefit of female physicians for female patients and the general ignorance of the public toward their own bodies.<sup>13</sup> Blackwell made sex education relevant in many different facets of life including hygiene and basic sanitation, as well as dispelling ignorance. This was her unique contribution to sex education which will be explored throughout this chapter. Blackwell was exceptional in that she was the first female doctor and subsequently was the first of her gender to write about sex and sex education. This chapter will lay down the argument that Blackwell made a contribution to sex education in a number of different arenas, not just through texts on sex education but her talks, through her political texts, texts on women's place in medicine and her religious associations. By using feminist and biographical theory I will make Blackwell the sole focus of this chapter rather than using her as a tool for comparison as has been done by commentators such as Morantz-Sanchez, Mort and others. Instead, I will focus on Blackwell's life and writings to provide a unique perspective on the struggle of women to enter the medical profession as well as new viewpoint on her publications.

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Panic and Manhood in Great Britain, 1850-1950", *Journal of the History of Sexuality*, Vol. 2, No. 3 (January 1992), pp. 365-87.

<sup>13</sup> Very little work has been done by previous biographers of Blackwell on her writings about the sexual double standard she perceived within Victorian society.

## The middle classes and Blackwell's audience

Much of the secondary literature on class systems in nineteenth century focuses on the period 1840 to 1870 as an era of a burgeoning literacy of the lower classes.<sup>14</sup> This is the period in which Blackwell became a physician and began publishing. She had benefitted from her father's progressive beliefs and received the same level of education as her brothers at a time when daughters, especially those of the middle classes, were not expected to learn much more than how to entertain guests and run a household.<sup>15</sup> Blackwell recalls her early education where "the group of brothers and sisters grew up together"<sup>16</sup> and "only on rare occasions did any of the children go to school. Governesses and masters at home supplied the necessary book knowledge; and a passion for reading grew up".<sup>17</sup> After the death of Blackwell, E. Vaughan's biography appeared in the *Fortnightly Review* in 1913, which stated that

Mr. Blackwell did not approve of the system of instruction offered by the school of that period, but gave his children equal education, without any regard to sex, by the help of the best masters and governesses then obtainable, supplemented by his own knowledge.<sup>18</sup>

Considering Blackwell's middle-class background, it is very likely that she initially aimed her texts at this audience, rather than those in the lower classes who were less likely to read such complex literature, but this changed as time went on, as I have already suggested.<sup>19</sup> Contemporary publications which carried reviews and advertisements of Blackwell's works include *Chambers's Journal*, *The Sentinel*, *The Examiner*, *The Athenaeum*, *The Saturday Review*, *Bow Bells*, *The Review of Reviews*, *The Gentleman's Magazine*, *Once a Week* and the *Fortnightly Review*.

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<sup>14</sup> For example; Maxine Burton, *Illiteracy in Victorian England*; Martin Hewitt, *The Dawn of the Cheap Press in Victorian Britain: The End of the 'Taxes on Knowledge', 1849-1859* (Bloomsbury, London, 2014); Barry Reay, *Popular Literacy* and David Vincent, *Literacy and Popular Culture*.

<sup>15</sup> Eva Figes, *Sex and Subterfuge: Women Writers to 1850* (Pandora, London, 1982), pp. 3-4. See also Amanda Vickery, *The Gentleman's Daughter: Women's Lives in Georgian England* (Yale University Press, New Haven, 1998).

<sup>16</sup> Elizabeth Blackwell, *Pioneer Work*, p. 4.

<sup>17</sup> Elizabeth Blackwell, *Pioneer Work*, p. 5.

<sup>18</sup> E. Vaughan, "The Early Days of Elizabeth Blackwell", *Fortnightly Review*, November 1913, p. 978.

<sup>19</sup> See Barry Reay, *Context and Meaning*, pp. 89-129. Reay suggests that the main text, and possibly the most complex, the lower classes read or had access to was the Bible. This may explain why Blackwell used religious rhetoric in her publications.

The intended audiences of these publications are important when considering many of the magazines and newspapers that mentioned Blackwell were relatively cheap and aimed at both men and women of all social classes. Out of the list of periodicals that reviewed or mentioned Blackwell, some published about her writings and talks on more than one occasion. Examples include: *The Examiner* in 1859 and twice in 1871; *The Sentinel* in 1880, 1887 and 1890; and *Chambers's Journal* twice in 1858 and again the following year. The time that these periodicals covered Blackwell suggests that she was a popular or at least well-known figure within British society. As these were also not scientific journals, but rather those aimed at the general public, the conclusion can be drawn that Blackwell successfully managed to traverse the divide between science and public interest with her publications and reach a wider audience.<sup>20</sup> This research in answering the key question of the composition of Blackwell's audience and how her works were received has not been carried out before. While there is an existing literature on nineteenth-century literacy and the major periodicals of this period, there are no secondary materials that help answer these questions in relation to Blackwell. It should be noted here that the vast majority of those writing the reviews of Blackwell's publications would have been men and may have arrived at her work with an already prejudiced view against a women practising medicine.

### *The Examiner*

The *Dictionary of Nineteenth Century Journalism in Great Britain and Ireland* provides breakdown of the readership for publications which wrote about Blackwell. For example, *The Examiner* (1808-1881) was "a highbrow 16-page weekly with the quixotic aim of using a literary sensibility to reform both government and journalism".<sup>21</sup> The paper cost 6 pence stamped and 5 pence unstamped in 1859 and later in 1871 cost 3 pence. This suggests that the two reviews *The Examiner* printed in 1871 reached a wider audience than the article printed in 1859, as the publication was cheaper and more affordable for the lower classes, meaning as time went on Blackwell had more

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<sup>20</sup> It should be noted here that previous biographers of Blackwell have not addressed the audience of Blackwell's works but some have looked at the reviews of her works; for example Julia Boyd, *The Excellent Doctor Blackwell: The Life of the First Female Physician* (Sutton Publishing, London, 2005).

<sup>21</sup> Laurel Brake & Marysa Demoor (eds), *The Dictionary of Nineteenth-Century Journalism in Great Britain and Ireland* (The British Library, London, 2009), p. 211.

opportunity to expand the audience for which she was writing. On 28 May 1859 *The Examiner* advertised lectures by Blackwell in Manchester:

DR ELIZABETH BLACKWELL- The first of a course of lectures to ladies on physiological and medical science was delivered on Monday, at the Manchester Athenaeum, by Dr Elizabeth Blackwell. The attendance, says the Manchester Examiner, was highly respectable, and the lecturer was listened to with all the earnestness which the importance of the subject demands. The lecturer, who for seven years has practised as a physician in New York, after defining the nature of physiological knowledge, pointed out the indispensable necessity of such knowledge to the right fulfilment of the duties of a mother, and to the right direction of schools, public institutions, and benevolent enterprises, in which women take so large a part. The utility of hygienic knowledge, and its practical important in the discharge of the daily duties of every woman's life, were dwelt on with great force of argument by Dr Blackwell. She pointed out the peculiar fitness of the female mind for the study and application of the science of health, which has yet to be formed and made practical, and which has not advanced beyond empirical knowledge. The lecture was well illustrated from Dr Blackwell's personal experience as a physician.<sup>22</sup>

In indicating that the audience of the lecture was "respectable", the semantics of the word at this time need to be considered. "Respectable" in this case could have had two meanings. First that the audience attending was of a good size and deemed the event a success; the second being an indication or reference to the class of the audience.<sup>23</sup> In this lecture Blackwell spoke about "hygienic knowledge" which, as we will see later, was the cornerstone of her message about sex education as well as the role of women in disseminating this knowledge within the family unit.

One might also speculate that the gender of those present at the lecture had a hand in determining the propriety of the audience as reputable women would not have gone to a talk of an obscene nature. Another advertisement of Blackwell's lectures occurred in February 1871:

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<sup>22</sup> "Dr Elizabeth Blackwell's Lectures", *The Examiner*, 28<sup>th</sup> May 1859, p. 339

<sup>23</sup> For discussions on Victorian respectability see John Mullen, "Victorian Respectability, 'Anti-social Behaviour' and the Music Hall, 1880-1900" in Sarah Pickard (ed), *Anti-social Behaviour in Britain* (Palgrave Macmillan, London, 2014) pp. 251-262 & Gowan Dawson, *Darwin, Literature and Victorian Respectability* (Cambridge University Press, Cambridge, 2007).

SUNDAY LECTURE SOCIETY:-Lectures at St George's Hall, Langham Place, each Sunday Afternoon, at Half-past Three o'clock precisely. To-morrow, February 19 Dr ELIZABETH BLACKWELL, on "The Religion of Health. Health in its various aspects, including the duty of giving physiological instruction to the Young". Members Annual Subscription £1; payment at the door. 1d, 6d, and (reserved seats), 1s.<sup>24</sup>

This advertisement tells us that the Langham Place Circle, which will be discussed in Chapter 4, hosted some of Blackwell's events, and that there was a tiered system of payment for the lecture ranging from 1 penny to 1 shilling.<sup>25</sup> The follow-up review of the lecture is much more interesting as the founding principles of the National Health Society are reported at the lecture.<sup>26</sup> One extract from this review stated that:

Dr Blackwell strongly advocated the necessity of a complete reform of the education and training of girls, insisting particularly on the merits of sound scientific instruction, which more than anything else tends to produce a calm, clear-judging mind and to subdue false and unhealthy imaginations, and supplies a wholesome food, instead of the pernicious stimulant of unnatural excitement with which the craving mind too often seeks to satisfy itself...Dr Blackwell concluded by suggesting the advisability of establishing a school of hygiene in every educational institution throughout the country; also a National Health Society to provide for giving public lectures on the same important subject.<sup>27</sup>

There was a much more in-depth concentration on the topics covered in Blackwell's lecture in the second review suggesting that the novelty of the woman doctor had worn off and people were now willing to listen to her message, in spite of her gender.<sup>28</sup> The mention of wholesome food along with the a school of hygiene and a National Health Society indicated Blackwell's mission in reaching out to the lower classes through the provision of public lectures on moral hygiene and sanitation. This review also suggested that Blackwell had developed better links with the media between 1859 and 1871, honing her message and lectures in a manner that would grab the attention

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<sup>24</sup> "Sunday Lecture Society", *The Examiner*, 18<sup>th</sup> February 1871, p. 186.

<sup>25</sup> For more information on the Langham Place Circle see Ann Lacey Candida, *Barbara Leigh Smith Bodichon and the Langham Place Group* (Routledge & Kegan Paul, London, 1986).

<sup>26</sup> The National Health Society will be discussed in further detail in Chapter 5. Blackwell established this group in 1871 in a bid to introduce more practical measures in aiding public health.

<sup>27</sup> "Meetings and Lectures", *The Examiner*, 25<sup>th</sup> February 1871, p. 203.

<sup>28</sup> Dorothy Smith, *The Everyday World as Problematic: a Feminist Sociology* (Northeastern University Press, Boston, 1987, pp. 24-5).

of the public. The language used in the extract is neutral, suggesting that *The Examiner* agreed with, or supported, what the doctor said about establishing a school of hygiene. Later in this chapter I will provide evidence that not every publication was as unbiased in their coverage of Blackwell.

### *Chambers's Journal of Popular Literature, Arts and Science*

*Chambers's Journal of Popular Literature, Arts and Science* published two articles on Blackwell within two months of each another (29 May and 24 July) in 1858. While Blackwell's publications were not reviewed, her life story was the focal point of both these pieces. This suggests that the arrival of Blackwell in Great Britain caused a stir and turned her into a celebrity, or at least of source of conversation.<sup>29</sup> *Chambers's Journal* was also published in Edinburgh, suggesting that the Blackwell's realm of influence was not just limited to London. Given the relatively cheap price of a penny for the publication,<sup>30</sup> there was the possibility of the lower classes becoming familiar with Blackwell. However, earlier publications had a middle-class readership. The two larger pieces covering Blackwell in 1858 were spread over two pages each: one under the title of "DR ELIZABETH BLACKWELL" and the other under "Medical Women". The first, published in April, is taken from an article written by Anna Blackwell, Elizabeth's sister, in the *English Woman's Journal*.<sup>31</sup>

The article did not provide any reviews of Blackwell's works but did pass judgement on her character, describing her as self-sacrificing through "inconceivable self-denial"<sup>32</sup> and resilient through the "trials and difficulties as that lady had to go through and overcome".<sup>33</sup> The struggle of women entering medicine was a common theme throughout the career of Blackwell in Britain. The second article *Chambers's Journal* published on Blackwell in 1858 looked not just at Blackwell but on the topic of "Medical Women". Blackwell's experience was compared to that of Professor Ann

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<sup>29</sup> Melanie Phillips, *The Ascent of Woman: A History of the Suffragette Movement and the Ideas behind it* (Abacus, London, 2003), p. 52.

<sup>30</sup> Laurel Brake & Marysa Demoor, *Dictionary of Nineteenth-Century Journalism*, p. 106.

<sup>31</sup> "Elizabeth Blackwell", *English Woman's Journal*, 1<sup>st</sup> April 1858, pp. 80-100.

<sup>32</sup> "Elizabeth Blackwell", *English Woman's Journal*, 1<sup>st</sup> April 1858, pp. 80-100.

<sup>33</sup> "Medical Women", *Chambers's Journal of popular literature, science and arts*, 24<sup>th</sup> July 1858, p. 60.

Preston, M.D. who graduated two years after Blackwell from the Female Medical College of Pennsylvania. The publication looked at the novel concept of a medical woman, concluding that

There is no indignant declamation about women's wrongs or alleged intellectual inferiority, and no ambitious exultation at the idea of 'medical men' being supplanted by medical women. The sphere of the new practitioners is declared to be mainly confined to the sufferers among their own sex, who 'are especially the victims of a wrong hygienic condition and need medical advisors with whom they can commune freely', and by whom they can be physiologically instructed.<sup>34</sup>

This argument was in line with the statements Blackwell made, which we saw in the previous chapter, concerning the need for female medical students to receive the appropriate training as they were an asset to the medical profession. The article also put forward that there was no evidence that men would be "supplanted" by their female counterparts as these women would more than likely prefer to treat those of their own gender. The next section further underlines this point where Blackwell championed the role of the female doctor in gynaecological examinations.

The general feeling amongst the male-dominated medical profession during the mid to late nineteenth century was that "women would lower its status and the level of fees", as we saw in Chapter 2.<sup>35</sup> Indeed, the entrance of women to the medical profession was covered in a third article in 1859, titled "Lectures by a Lady Doctor", which documented a series of lectures also reviewed by *The Examiner* where Blackwell was painted as a respectable figure standing with "quiet dignity" and "received with a general expression of sympathy".<sup>36</sup> Such depiction of the pioneering doctor helped lend an air of respectability to the work she was doing and what she represented as the first female physician. This review was very much in the same vein as the example

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<sup>34</sup> "Medical Women", *Chambers's Journal of popular literature, science and arts*, 24<sup>th</sup> July 1858, pp. 60-1. The reception of the idea of a female doctor is much warmer here compared to the reaction of male doctors, particularly in the form of the *BMJ* when Blackwell graduated in 1849, as seen in Chapter 2.

<sup>35</sup> Catriona Blake, *The Charge of the Parasols: Women's Entry to the Medical Profession* (The Women's Press, London, 1990), p. 38.

<sup>36</sup> "Lectures by a Lady Doctor", *Chambers's Journal of popular literature, science and arts*, 16<sup>th</sup> April 1879, p. 225



in *The Examiner* a month later. There was support for the work Blackwell proposed to do and for the progression of women into medicine:

If the female branch of the profession had many such able advocates as Dr Elizabeth Blackwell, we have no doubt that definite progress would be made ere long, and that an assured position would be gained for the lady-professors...If public opinion might be tested by Dr Blackwell's sympathising audience, we should certainly pronounce a favourable augury.

There is one remark we will make in conclusion- that the power of *intuition*, characteristic of the feminine intellect, is admirably calculated to assist in discovering particular forms of disease, especially that class which is connected with hysteria- often so subtle [sic], so complicated in its symptoms...and so terminated a very interesting, and certainly a very novel gathering, which, we doubt not, will afford subject for much earnest thought.<sup>37</sup>

She was seen as the leader of the 'female branch of the profession' with a sympathetic audience. This also suggests that there was an understanding for Blackwell's cause in advancing the numbers of women in the medical profession, but also that women could be seen as more adept as doctors due to "intuition"- a feminine characteristic. As seen in the last chapter, Blackwell herself stated that women had characteristics which made them more suited to the profession of medicine. Yet, the mention of hysteria in this review harks back to the medical stereotype of female malady that occurred during this period.<sup>38</sup> This suggests that the reviewer believed women doctors would be suited toward the treatment of other women.

There were other newspapers and periodicals that also reviewed Blackwell's publications or engaged with her work. *Bow Bells* and *The Gentleman's Magazine* printed articles in relation to Blackwell, which is of interest as these periodicals were aimed at very different audiences. *Bow Bells* was a weekly magazine, costing a penny aimed at lower middle class readers, who were primarily women,<sup>39</sup> while *The Gentleman's Magazine* was published monthly, cost a shilling, and aimed at gentlemen

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<sup>37</sup> "Lectures by a Lady Doctor", *Chambers's Journal of popular literature, science and arts*, 16<sup>th</sup> April 1859, p. 255.

<sup>38</sup> More information about the treatment of women with hysteria can be found in Lisa Appignanesi, *Mad, Bad and Sad: a History of Women and the Mind Doctors from 1800 to the present* (Virago, London, 2008).

<sup>39</sup> Laurel Brake & Marysa Demoor, *Dictionary of Nineteenth-Century Journalism*, p. 67

from the middle and upper classes.<sup>40</sup> *The Gentleman's Magazine* reviewed Blackwell's first publication, *The Laws of Life*, in 1853 stating:

This sensible and valuable book, of small size but considerable importance, comes to us from New York...we wish that its very sensible counsels were disentangled from a few medical details, which render it unfit, or at least less fit, to be placed in a young lady's library. Apart from these which remove it from the very class it seems to have been intended for, and make over to the mother what should be the daughter's manual, we feel the volume to be really one which we should thankfully recommend to schools and colleges...If such a book as this could find its way into good hands it might be the means of saving much waste of medicine, and of raising many a puny being to vigorous health.<sup>41</sup>

This was a relatively positive review considering the intended audience of the periodical. The recommendation of this text for schools and colleges is thought-provoking, as those who would have read this review had the level of power to instigate the implementation of this text into the curriculum.<sup>42</sup> However, the review indicated that this text was not suitable for young ladies, despite its title *The Laws of Life, with special reference to the Physical Education of Girls* which was targeted directly at a young female audience. The reviewer displayed hesitancy at equipping women with knowledge about their bodies. This may be due to the fact that in this text Blackwell laid out exactly how a foetus was formed in utero, finishing this section with the statement; "The uterus is an organ of tremendous muscular force, and muscular fibre enters into every part of the generative system".<sup>43</sup> As discussed in the previous chapter, Blackwell came under fire because of the medical terminology she used in her publications and this is just one of many examples in this chapter where Blackwell purposely used her publications to dispel the ignorance young people had about their bodies.

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<sup>40</sup> Laurel Brake & Marysa Demoor, *Dictionary of Nineteenth-Century Journalism*, p. 256.

<sup>41</sup> "Miscellaneous Reviews", *The Gentleman's Magazine: and historical review*, February 1853, p. 184.

<sup>42</sup> For more information on the views of *The Gentleman's Magazine* in relation to medicine see Roy Porter, "Lay Medical Knowledge in the Eighteenth Century: The Evidence of the *Gentleman's Magazine*", *Medical History*, Vol. 29, No. 2 (April 1985), pp. 138-168.

<sup>43</sup> Elizabeth Blackwell, *The Laws of Life, with Special Reference to the Physical Education of Girls* (Putnam, New York, 1852) p. 105.

*Bow Bells* printed a piece written by Blackwell titled “On the Laws of Health” in 1868. In this article Blackwell expanded on her message about hygiene and sanitation using an allegory of a mother who had just lost her six-month old daughter.<sup>44</sup> The principal message within the article followed the same reasoning as the text reviewed by *The Gentleman’s Magazine*. While the original text was written in 1853, Blackwell still felt the need to promote her message about physiological knowledge fifteen years later. The conclusion remained the same:

Surely hygienic knowledge, possessing such power for good, and bearing so directly upon the noblest works of woman, is worthy of time and care, and zealous culture.  
It may be safely asserted that if the present generation of English women understand the toilette and expended the same interest in putting them into practice that they devote to dress, they might save one-half of the children who will die in the next generation, diminish by half its sickness, and increase by a third the average duration of life.<sup>45</sup>

Other publications like *The Athenaeum* used the medium of advertising to promote the works of Blackwell. This helped her communicate with a greater audience as *The Athenaeum* (1828-1921) was “one of the most influential papers of its day”,<sup>46</sup> reaching a wide audience and providing a reliable means of tracking Blackwell’s publications. Of course these periodicals advertised a number of her books that were situated in a number of different arenas relating to sex education: her political works on the Contagious Diseases Acts; texts on women’s place in medicine; and those relating to religion or “moral hygiene”.

These appraisals of her publications have not been considered in the secondary literature despite being crucial in ascertaining the reception of such texts by society- a key question for this research. By using biographical theory I have suggested that a shift in her readership occurred after the first twenty years of her career, potentially around the time Blackwell relocated to London. Toward the beginning of her career in

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<sup>44</sup> “On the Laws of Health”, *Bow Bells: a magazine of general literature and art for family reading*, 22<sup>nd</sup> July 1868, p. 619.

<sup>45</sup> “On the Laws of Health”, *Bow Bells: a magazine of general literature and art for family reading*, 22<sup>nd</sup> July 1868, p. 619.

<sup>46</sup> Laurel Brake & Marysa Demoor, *Dictionary of Nineteenth-Century Journalism*, p. 27.

the 1850s and 60s, she aimed her literature at the middle classes but with the advent of cheaper publications and increased education of the lower classes, Blackwell realised that there was a greater audience for what she had to say about moral hygiene and sanitation i.e. sex education. While the last two sections of this chapter have focused on positive reviews of her work, there were newspapers and magazines which were less than kind to the pioneering doctor, both in terms of reviewing her works and her professional reputation.

### *The Saturday Review*

*The Saturday Review* is described by the *Dictionary of Nineteenth Century Journalism in Great Britain and Ireland* as being “high brow”,<sup>47</sup> which may explain why the publication took such a conservative position on the concept of a female doctor, particularly one that challenged the status quo within the male-dominated medical profession.<sup>48</sup> Browner argues that America at this time represented a “fluid social order”<sup>49</sup>—something that went against the rigid structures of society that dominated the British Empire.<sup>50</sup> Blackwell had lived and been educated in America as a doctor, which made her a double threat to the world envisioned by the readers, writers and editors of *The Saturday Review*. This can be seen from the attempted character assassination in this publication, not only in 1859, but again in 1895 and 1898. In the first article from 1859, Blackwell was described as a quack, her credentials were questioned and she was referred to as “Mrs Blackwell”. Initially the article stated that

There is no good reason why the experiment of women regularly educating themselves for the medical profession should not be fairly tried in England, and perhaps a valuable opening may thus be provided for female industry, and an important aid secured in combatting diseases.<sup>51</sup>

This was a positive initial argument in favour of female doctors. However, the rest of the publication attacked Blackwell and her set of lectures delivered in New York the

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<sup>47</sup> Laurel Brake & Marysa Demoor, *Dictionary of Nineteenth-Century Journalism*, p. 82.

<sup>48</sup> E. Moberly Bell, *Storming the Citadel: The Rise of the Woman Doctor* (Constable & Co Ltd, London, 1953), p. 17.

<sup>49</sup> Stephanie Browner, *Profound Science and Elegant Literature: Imaging Doctors in Nineteenth-Century America* (University of Pennsylvania Press, Philadelphia, 2013), p. 105.

<sup>50</sup> See Philippa Levine, *Gender and Empire* (Oxford University Press, Oxford, 2004).

<sup>51</sup> “Lady-Doctors in America”, *Saturday Review of Politics, Literature, Science and Art*, May 28<sup>th</sup> 1859, p. 650.

previous year called “The Laws of Life, with special reference to the Physical Education of Girls”:

Those who are inclined to follow the example of Dr. Elizabeth Blackwell, as she calls herself, may gain some very useful hints from reading the lectures which that lady has just published...Mrs Blackwell’s lectures show therefore, that there is a greater need of lady-doctors in America than in England, and Englishwomen must not expect to rival her success...A more curious instance of the destruction of common sense by the possession of a very slight acquaintance with scientific facts and language could hardly be found...If girls or the mothers of girls will not believe in the expediency of taking exercise when they hear that disease and death follow inactivity, they are not likely to be much stirred by the example of an asteroid. The law of use seems simply to mean the wholesome truth that things ought to be applied to the purpose for which they are intended. To call this a law, and suppose that any human being will thereby have a better notion of education, is a sign of quackery which would in this country bring immediate discredit on scientific ladies who ventured to make their science public.”<sup>52</sup>

Bearing in mind the feminist framework provided by Dorothy Smith at the beginning of this research, this segment displayed clear bias against Blackwell. This was due to her status as a female doctor but also because she was a woman writing about sex education and had access to information about sex that was previously confined to a male preserve. There appears to be evidence of prejudice against her association with the American medical system in this review with specific comparison made between America and England, as well as a mention of “an American girl”. This indicated that the reviewer thought the book not suitable for an English audience as they did not have the same needs as the American audience for whom Blackwell delivered her original talk. Blackwell’s credentials were again questioned with the mention of “quackery”. There was also a suggestion that Blackwell was doing a disservice to future female doctors by making her “science public”, showing that *The Saturday Review* would have preferred Blackwell be less demonstrative of her role in professional medicine. In comparison with the reviews by *The Examiner* who called her “Dr Blackwell”, *The Saturday Review* preferred to refer to her as “Mrs Blackwell”. It

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<sup>52</sup> “Lady-Doctors in America”, *Saturday Review of Politics, Literature, Science and Art*, 28<sup>th</sup> May 1859, p. 650.

appeared that those articles and publications that did not trust Blackwell were more likely to diminish her status as a qualified physician.

With the passage of the 1858 Medical Act the previous year, it is likely that the reviewer was again drawing comparison with the unregulated American medical system where Blackwell gained her medical degree.<sup>53</sup> The article later called the lectures

Rubbish so obviously and glaringly untrue should be gravely uttered and published by Mrs Blackwell shows how the combination of unnatural publicity, a hasty smattering of superficial knowledge, and a state of society where calm criticism either does not exist or is despised, can work to spoil a clever woman.<sup>54</sup>

Again Blackwell's title of medical doctor was denied and replaced with a presumed marital status and the depth of her medical knowledge was called 'superficial'. While Blackwell declared in a letter to her sister that she initially felt underprepared to practice medicine, as we saw in Chapter 2, this article was published ten years after Blackwell graduated. There is also an insinuation that Blackwell exploited her position as the first female doctor and was protected by the lack of criticism she had received. I would argue that this conclusion is line with Smith's feminist theory and the methodology set out in the Introduction as Blackwell's gender was the cause of the large majority of this judgement. This theoretical framework suggests that women have been written out of history despite making significant contributions in their respective fields and also received discriminatory treatment during their lifetime because of their gender, which is what we have seen with these reviews and comments.

This piece continued to discuss the idea of female physician, with a long list provided of what a woman doctor should be and the parameters of their power. It stated that:

They [female doctors] must be much more modest. We hope that they will not lecture at all; and if they do, we hope they will not

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<sup>53</sup> See John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885* (Harvard University Press, Cambridge, 1986).

<sup>54</sup> "Lady-Doctors in America", *Saturday Review of Politics, Literature, Science and Art*, 28<sup>th</sup> May 1859, p. 650.

publish their lectures. They must also entirely avoid the twaddle of sham science. Their peculiar office is not to talk about the laws of exercise and use, but to win the confidence of females. We are not at all sanguine that women will ever make good doctors- we fear they would want nerve and the gift of silence. But they are entitled to ask that they should be allowed to try the experiment; and, of the conditions under which alone the experiment can be tried successfully, they may learn a great deal by noticing the follies and extravagance of Dr Elizabeth Blackwell.<sup>55</sup>

The character assassination of Blackwell continued here with the content of her text called “sham science”. The acknowledgement in the review regarding the ability of women to be good doctors and the lack of confidence felt in their capability to carry out such a task is telling of the prejudice against Blackwell throughout the article. She was bizarrely called extravagant at the end of this piece which had nothing to do with her medical qualifications or the text she had published. These conclusions about Blackwell in relation to the reviews about her publications have not been drawn before, either by her biographers or by commentators on the history of medicine. Even historians on the history of women in medicine, such as Mary Ann Elston and Catriona Blake, have not looked at the reception she received in print media. *The Saturday Review*’s detraction of Blackwell is important to note due to the larger implications it would have had for the public perception of female physicians.

The later articles by *The Saturday Review* in 1895 and 1898 review both Blackwell’s autobiography and her work *Scientific Method in Biology*. The 1895 review stated that

The most interesting portion of the book [Pioneer Work in Opening the Medical Profession to Women] is contained in the numerous extracts from diaries and contemporary letters- letters eminently readable...We gather from this record that the first woman doctor was more caught by the social or human aspect of her work than the scientific.<sup>56</sup>

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<sup>55</sup> “Lady-Doctors in America”, *Saturday Review of Politics, Literature, Science and Art*, 28<sup>th</sup> May 1859, p. 650. This list is similar to one produced by Florence Nightingale which will be examined in the next chapter. It should also be noted that Nightingale was not wholly in support of female physicians either, preferring the growth of respectable nurses.

<sup>56</sup> “New Books and Reprints”, *Saturday Review of politics, literature, science and art*, 23<sup>rd</sup> November 1895, p. 695.

This was an accurate review of Blackwell's interest in practising medicine, as can be seen from the religious and charitable aspects of her works.<sup>57</sup> It was also a comment that accurately portrayed what many other female doctors felt about Blackwell, particularly at this late point in her career when she had already established herself as a medical authority.<sup>58</sup> The review for another of Blackwell's works in 1898 was much shorter and again underlined this publication's dislike of Blackwell:

"Scientific Method in Biology" By Dr Elizabeth Blackwell. London:  
Stock  
An Anti-Vivisection pamphlet of the ordinary type.<sup>59</sup>

It was not clear what "the ordinary type" meant in this case, but it certainly can be interpreted as the periodical making a statement about what it thought about Blackwell's writings. The use of the word "ordinary" implies a rehash of obvious arguments, without thought, consideration or merit. In view of what was previously put forward by *The Saturday Review* regarding Blackwell, it is highly likely that this was a derogatory comment against her work.

*The Saturday Review* was not the only publication that looked upon Blackwell unfavourably. One of the first reviews Blackwell received was for her work *The Laws of Life, with special reference to the Physical Education of Girls* in *The New Quarterly Review and Digest of Current Literature, British, American, French and German*. It stated:

A startling title for a lady, unquestionably! *Doctor* is masculine, and one of those words which probably never anticipated having a feminine prefix, and were never provided for such an emergency. Whether, therefore, they style Miss Blackwell Doctor, or Doctress, we do not know, and are puzzled to conjecture. It is certain, that she has passed through a medical curriculum [sic], won her medical diploma, and is now engaged in medical practice. This leaves Mrs Bloomer far behind, and that lady will now require to pull up with some fresh novelty in the trans-feminine direction. If we are not mistaken, Miss Blackwell pursued her studies for some time in London, and was much esteemed by all who had the pleasure of her

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<sup>57</sup> Regina Markell Morantz, "Feminism, Professionalism, and Germs: The Thought of Mary Putnam Jacobi and Elizabeth Blackwell", *American Quarterly*, Vol. 34, No. 5 (1982), pp. 459-478.

<sup>58</sup> This is dealt with in greater detail in Chapter 4.

<sup>59</sup> "New Books and Reprints", *Saturday Review of politics, literature, science and art*, 13<sup>th</sup> August 1898, p. 215.



acquaintance. We most courteously wish her success. Her career must be regarded as an interesting and important experiment, and is the most sensible thing we have heard of, in connexion with “Woman’s Rights”. But while others have talked, Miss Blackwell has *acted*, and in such a deliberate manner, too, as to command our respect.<sup>60</sup>

This article, like those in *Chambers’s Journal*, passed more judgement on Blackwell’s character than reviewing her publications. Certainly, there was more of a discussion here about the suitability of the title conferred on Blackwell suggesting that the idea of a woman doctor was still foreign, three years after Blackwell’s graduation. The argument that the title of doctor must be masculine and in need of a feminine prefix like “Doctoress” put forward in the publication was also voiced in *Punch*, as we saw in Chapter 2, but in this instance not to mock but to accurately address Blackwell. She was wished the best of success by the reviewer, but her career was deemed an ‘experiment’, putting forward the view that popularity of Blackwell and her success would be a benchmark for all other women who would attempt to join the medical profession. However, this type of positive publicity was exactly what Blackwell needed on attempting to establish her private medical practice in New York.<sup>61</sup> The fact that this periodical catered toward British, American, German and French audiences also helped Blackwell gain more name recognition and generate interest in the work she did, despite the periodical not giving a review of the work she had published.

It is important to draw the link between these reviews and the contribution Blackwell made to sex education. While many of these publications did not review Blackwell’s works as rigorously as one might expect today, the review of her character and of her life would have been just as important in a society concerned with propriety and the social role of the doctor reviewed in Chapter 1 and 2. This was a common theme in publications linked to Blackwell, but what is key was that she gained recognition through periodicals aimed at both the higher and lower classes. However, the level of attention she received through reviews raised her profile, even to the extent that she

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<sup>60</sup> “The Laws of Life, with Special Reference to the Physical Education of Girls”, *The New Quarterly Review and Digest of Current Literature, British, American, French and German*, October 1852, p. 416.

<sup>61</sup> Moberly Bell, *Storming the Citadel*, pp. 38-45.

published her autobiography based on her struggle as the first woman to obtain a medical degree.

This chapter has addressed the question of how Blackwell's publications were received by the public over the course of her career and a three key contributions have emerged as a result. Firstly, by using biographical theory in highlighting Blackwell's experience, a fresh perspective had been applied to her works and the environment in which she practised medicine. Secondly, both positive and negative reviews of the doctor's writings have been examined over the course of her career. In determining the reasoning behind why some publications treated Blackwell with empathy, while others attempted to defame her, I have employed a feminist framework that concludes public perceptions about female physicians would have had a significant impact on the progress of women in medicine during the mid to late-nineteenth century. Thirdly, the readership of the reviews has also been important in identifying Blackwell's intended audience. This has not been considered previously either by commentators of the history of medicine or her biographers. In the following section the topic of medicine as a profession for women will be examined. While this topic has been discussed in Chapter 2, as part of Blackwell's experience in entering the medical profession, the role it plays within Chapter 3 relates to sex education and how Blackwell saw the rise of the female physician as constructive in disseminating knowledge about sex within medicine and reforming the curriculum for medical students in this area.

## Medicine as a profession for women

While the topic of women in medicine was dealt with at length in the previous chapter, it is still important to examine what Blackwell wrote on how having women in medicine would improve sex education, so as to answer the key question of her contribution to this field. She was so dedicated to the topic that her autobiography was titled *Pioneer Work in Opening the Medical Profession to Women*. It was evident that she felt her own life was a blueprint to encourage those women who also wanted to become doctors. Blackwell published on the subject of female doctors many times

throughout her career, often drawing on her own experience to demonstrate the suitability of women for the profession. Examples of this were used in Chapter 2 in relation to Blackwell's practical training at the Blockley Almshouse in Philadelphia and St Bartholomew's Hospital in London.

Some texts relating to women as doctors such as *An Appeal in Behalf of the Medical Education of Women*, written in 1856, criticised the contemporary medical establishment and its treatment of women who attempted to forge a career in the profession:

The absence of professional sympathy is another great evil in the medical career of women. When they enter upon practice they have to encounter much that is painful to a refined nature, in the prejudice, suspicion and hostility of individuals with whom they are brought in contact; and in the long waiting which always marks the early part of a medical career, there is no relief afforded by the encouraging companionship of those advanced in medicine; no opportunity for seeing their practice, joining their investigations, or sharing their aspirations. They occupy anomalous position, standing alone in medicine, often opposed or ignored by the profession, not acknowledged by society, and separated from usual pursuits and interests of women. The formation of a medical centre, with the associations which grow out of it will alone supply this want, and furnish to women the professional assistance they need.<sup>62</sup>

Blackwell was here writing from her experience of being marginalised as a woman doctor, outlined in Chapter 2. As this text was written merely seven years after her graduation, it was clear that Blackwell still felt ostracised by her peers. Even the contemporary articles on Blackwell, as we saw in the previous section, treated her occupation with a degree of novelty and lack of respect. Blackwell saw the benefit of women turning to the medical profession for the health of other women, although she also saw the need for male doctors to “bring the self-control and pure associations of true manhood into his confidential post of advisor of women and of youth.”<sup>63</sup> Indeed, this treatment by the male-dominated medical sphere only discouraged women from

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<sup>62</sup> Elizabeth Blackwell, *An Appeal in Behalf of the Medical Education of Women*, ([n.pub.], New York, 1856) p. 6.

<sup>63</sup> Elizabeth Blackwell, *Medicine and Morality* (W. Speaight & Sons, London, 1881), p. 6

attempting to enter healthcare and would have had a direct impact on the level of treatment women received for reproductive and sexual medical concerns.

*The Sentinel*, a liberal weekly magazine,<sup>64</sup> wrote a piece in 1890 confirming the notion that demanding women to submit to examination by a male doctor was “revolting”.<sup>65</sup> The article, written in a review of an address by Blackwell which was later published, agreed in many places with the arguments Blackwell put forward about women becoming doctors and their benefits to society. However, it was not the women of the lower classes with whom *The Sentinel* was concerned: it was the “refined and sensitive woman”<sup>66</sup> who deserved better treatment at the hands of their doctors. Blackwell, on the other hand, pointed out that

The abuse of the poor as subjects of experimental investigation, in whose treatment all decent reserves of modesty are so often stript[sic] away; the contempt felt for the mass of women where chastity is not recognised as an obligatory male virtue.<sup>67</sup>

Again on the point of male physicians, Blackwell claimed that

In all such points women are far more influenced by the opinions of society at large, and of their elder women friends, than by their physician, and this arises from the fact that physicians are too far removed from women’s life; they can criticise but not guide it.<sup>68</sup>

In effect Blackwell made the argument that women were better placed to treat other women as they had the benefit of experiencing many of the same issues as their patients, including, for example, painful menstruation and urinary tract infections.

Further on in this text, Blackwell called the system of male physicians conducting medical examinations on women, particularly gynaecological examinations, “not a

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<sup>64</sup> Laurel Brake & Marysa Demoor, *Dictionary of Nineteenth-Century Journalism*, p. 194.

<sup>65</sup> “The Influence of Women in the Profession of Women”, *The Sentinel*, February 1890, p. 15. See Claire Brock, “Elizabeth Garrett Anderson and the Professionalism of Medical Publicity”, *International Journal of Cultural Studies*, Vol. 11, No. 3 (September 2008), pp. 321-342 & Mary Ann C. Elston, *Women Doctors in the British Health Services: A Sociological Study of their Careers and Opportunities* (PhD Thesis, University of Leeds, 1986) for the shift in attitude toward women doctors in the period 1860 to 1890.

<sup>66</sup> “The Influence of Women in the Profession of Medicine”, *The Sentinel*, February 1890, p. 15.

<sup>67</sup> “The Influence of Women in the Profession of Medicine”, *The Sentinel*, February 1890, p. 15.

<sup>68</sup> Elizabeth Blackwell, *Medicine as a Profession for Women* (W.H. Tinson, New York, 1860), pp. 9-10.

natural arrangement".<sup>69</sup> In her opinion medicine was so broad and varied that there was plenty of room for both male and female physicians who needed to work where

The cooperation [sic] of men and women is needed to fulfil all its requirements. It is not only by what women will do themselves in medicine, but also by the influence which they will exert on the profession, that they will lead it to supply the needs of women as it can not [sic] otherwise.<sup>70</sup>

A compromise or truce was needed for women and men to work side by side in the medical profession. Blackwell pointed out that there would still be plenty of patients for both to treat, but it was in the best interests of women that they have female physicians attend them. There was also the implication that bringing women in the medical profession would improve the service for patients, regardless of gender. The text this extract was taken from was written in 1860, at a time some would consider still to be early on in Blackwell's career. This is important when using a biographical structure for this thesis as we are following the trajectory of her medical career. In writing about the emergence of the women in medicine at a time when Britain had yet to produce its first female physician, she made a statement about the level of medical treatment women received for gynaecological problems. By writing this, she implied that America was more progressive than its former colonial ruler in healthcare.

Blackwell did not limit her views on the medical education of women to her publications. The *British Medical Journal* reported on one of Blackwell's talks in 1889 at the London School of Medicine for Women.<sup>71</sup> Up until this point this publication had only mentioned Blackwell in relation to her status as a female doctor, rather than her publications or talks in any official capacity:

The Opening Address [at the London School of Medicine for Women] was given by Dr Elizabeth Blackwell on October 1<sup>st</sup>. The lecturer dwelt upon the fact of the steady advance of women into the medical profession. She showed the way in which the movement might benefit the profession and prove of social advantage. Women, from the great spiritual fact of maternity, both by inherited and potential qualities, were the guardians of helplessness and

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<sup>69</sup> Elizabeth Blackwell, *Medicine as a Profession for Women*, p. 13.

<sup>70</sup> Elizabeth Blackwell, *Medicine as a Profession for Women*, p. 15.

<sup>71</sup> The London School of Medicine for Women, established in 1874 by Blackwell, Elizabeth Garrett Anderson and Sophia Jex-Blake, will be discussed further in Chapter 5.

ignorance, the defenders of the weak, the natural foes of cruelty of injustice, cherishing hope and foreseeing the adult in the infant. The helplessness of the sick, and the fact that the human constitution was soul as well as body, proved the value of the essential maternal qualities in the physician. It was shown how these qualities, if they were enlarged by legitimate intellectual training, would introduce new and valuable force into the noble art of healing. The lecturer laid down with great force the principle that morality, which influenced conduct, must be the guide of the intellectual faculties in their pioneer work for the advancement of human welfare. The necessity of careful and persistent drill in training the intellectual faculties of observation and judgment was dwelt on, and also the dangers that might be met with in medical study...The lecturer proceeded to dwell upon the fundamental importance of midwifery and preventive medicine to the future work of women in the profession, showing that the care of family health and the education of a stronger race were their special vocation. These branches of medicine would ever constitute the chief and permanent departments of the profession.<sup>72</sup>

In this speech, Blackwell was publicly representing the London School of Medicine for Women. Her position as Professor of Gynaecology at the school gave Blackwell the platform she needed to highlight the plight of women in medicine and the steps still required at that time to make the figure of the female physician the norm rather than the exception. She laid out why it was important to have female physicians at the heart of medicine as “the guardians of helplessness and ignorance, the defenders of the weak”. This was strong rhetoric and large ambition for the role of women in medicine set forward by Blackwell but with the London School of Medicine for Women running for fifteen years at the point of this speech, she had already seen the potential impact of at least one generation of women doctors on Britain. This included the development of midwifery and the care of women under women.

In reference to the first research question laid out in the Introduction, by encouraging women to enter medicine, Blackwell was contributing to sex education in more than one manner. Emphasising the point above, in her role at the London School of Medicine for Women, she ensured that she played a hand in bringing her teachings about sex education to those who wanted to be doctors. Also, in encouraging such

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<sup>72</sup> “Abstracts of Introductory Addresses Delivered at the Medical Schools”, *British Medical Journal*, 5<sup>th</sup> October 1889, p. 783.

women to pursue this career, Blackwell made the argument that female physicians were better placed to treat other women. None of the secondary literature on the history of women in medicine has made the point of consulting Blackwell's publications on this topic to further inform their research. Even Catriona Blake's book, which does briefly reference the pioneering doctor, does not make use of these primary sources. As will be seen in the section on sex education toward the end of this chapter, the theme of women in medicine is prominent throughout Blackwell's works. She hailed the role of women as educators, not just within the professional role of doctor but also the beneficial and highly influential roles mothers held in communicating sexual knowledge to their children. Blackwell believed that mothers were the cornerstone of sex education within the home and they had a responsibility to ensure the morality of their children in relation to sex.<sup>73</sup> In fact women, including the pioneering doctor, also played a large part in repealing the Contagious Diseases Acts and challenging the sexual double standard enshrined by the legislation.<sup>74</sup>

## Political treatise

Blackwell became involved with the Anti-Contagious Diseases Act Movement towards the end of the 1860s when she moved to London. While this involvement will be examined in closer detail in Chapter 5, the texts from her association with this movement will be considered here as they relate to sex education. Alongside the biographical framework of this thesis, a number of Blackwell's publications could be considered related to her work for the Anti-CDAs including *Medicine and Morality* (1881), along with others such as *The Purchase of Women* (1887) and *Wrong and Right Methods of Dealing with Social Evil* (1883). These texts were published in the later years of Blackwell's career and came at a time when she became more heavily involved in moral campaigning.<sup>75</sup> Her involvement with the Moral Reform Union also coincided during this period, which was remarked upon by *The Sentinel* in 1887. This

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<sup>73</sup> Regina Morantz-Sanchez, 'Feminist Theory and Historical Practice', p. 59.

<sup>74</sup> The feminist theoretical framework employed in this thesis is upheld by Blackwell's belief that the CDAs promoted a sexist approach for law enforcement in identifying prostitutes rather than pursuing the men who sought out these women.

<sup>75</sup> See Julia Boyd, *The Excellent Doctor Blackwell*, for more information about Blackwell's moral campaigning.

article reviewed Blackwell's address on "Ordinary Immorality in its relation to Political Economy", which "dealt with the relation of men and women to each other as bearing on questions of Political Economy".<sup>76</sup> At the same time as the CDAs there was a bill introduced to parliament regarding the age of consent for young girls with some attempting to reduce the age from thirteen to twelve.<sup>77</sup> In *The Human Element in Sex* Blackwell stated that while the body may be capable of sexual intercourse it did not mean that the mind was, particularly in young adults.<sup>78</sup> She further explored this argument in relation to the CDAs and the men who sought out young girls by stating "the argument that a fornicator must be protected in his evil-doing against a young girl who offers to lead him astray, is the most cowardly instance of moral obliquity".<sup>79</sup> In Blackwell's mind it was clear that it was the children who needed protection from those who would try to take advantage of their naivety and innocence.<sup>80</sup>

The Moral Reform Union were named as the publishers and distributors of Blackwell's *Wrong and Right Methods in Dealing with Social Evil* in 1883. There were moral aspects to this particular text through a discussion concerning the age of consent. Blackwell laid out her disapproval of what she termed "the age of protection".<sup>81</sup> In other texts, Blackwell provided guidelines of the age at which child should be aware of sex and at what age it was most suitable for a person to engage in a sexual relationship. She used official testimony from representatives from the House of Lords who argued that the age of consent at 13 was much too high.<sup>82</sup> Blackwell stated:

His [Mr Hastings, Chairman of Quarter Session] argument was, that if children of eleven or twelve years of age were capable of

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<sup>76</sup> "Moral Reform Union", *The Sentinel*, January 1887, p. 2.

<sup>77</sup> The Criminal Law Amendment Act of 1885 raised the age of consent from 13 to 16; Judith Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London* (Virago Press Ltd, London, 1992), p. 82.

<sup>78</sup> This work was republished 16 times between 1884 and 1894.

<sup>79</sup> Elizabeth Blackwell, *Wrong and Right Methods in Dealing with Social Evil* (D. Williams, Hastings, 1881), p. 45.

<sup>80</sup> *The Sentinel* (July 1882) reported that at a meeting of the Moral Reform Union where Blackwell lectured on the age of consent, a vote was taken to petition Parliament for the protection of minors. The article stated that it was decided at this meeting that "the most important step in combatting licentiousness will be the efficient carrying out of a law to make the corruption of minors a penal offence, in which consent may not be pleaded" (p. 123).

<sup>81</sup> Elizabeth Blackwell, *Wrong and Right Methods*, p. 43.

<sup>82</sup> More information regarding the age of consent debate can be found in Michael Pearson, *The Age of Consent: Victorian Prostitution and its Enemies* (David & Charles, Newton Abbot, 1972).



prostitution, they were capable of understanding the nature of the Act, and it was unreasonable that a man should not be allowed to plead the girl's consent...Among the lower classes acts of indecency were very common and children became familiarized with those acts at a very tender age. He regards the age of thirteen as much too high.<sup>83</sup>

Blackwell countered this with the rebuff that there were young girls who

sell themselves for the offer of a few shilling or a pretty dress...youth at that age are quite unable to weigh or comprehend the very grave and powerful reasons, which make early debauchery so destructive to a nation. At that age they have not acquired habits of sexual self-control, unless they have been surrounded early by exceptionally wise human influences.<sup>84</sup>

She argued that these girls were ignorant of the consequences of their sexual actions, only engaging in such acts for material goods or for little recompense. They were not aware of the worth of their sexual purity, both in monetary terms or in terms of societal expectation that they should maintain their virtue. Blackwell claimed that this would lead to a life of extended debauchery if these young girls were not educated in sexual self-control. This can be seen as part of her message on sex education, through displaying the need for moral guidance of children on sex.

Blackwell acknowledged that there were many temptations for young people to engage in sexual activity; however, she saw a vast difference between puberty and the readiness to engage in these activities:

The marked distinction which exists between puberty and nubility [sic] should here be noted. It is a distinction based upon the important fact, that a work of long-continued preparation takes place in the physical and mental nature, before a new faculty enters upon its complete life. Puberty is the age when these changes have taken place in the child's constitution, which make it physically possible for it to become a parent.

Nubility, on the other hand, is that period of life when marriage may take place, without disadvantage to the individual, and to the race. This period is generally reckoned, in temperate climates, in the man, at from twenty-three to twenty-five years of age.

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<sup>83</sup> Elizabeth Blackwell, *Wrong and Right Methods*, p. 44.

<sup>84</sup> Elizabeth Blackwell, *Wrong and Right Methods*, p. 45.

About the age of twenty-five commences that period of perfect manly vigour, that union of freshness and strength, which enables the individual to become the progenitor of vigorous offspring.<sup>85</sup>

That the age of 25 be a marker for “nubility” is interesting. Blackwell attended Geneva College at the age of 26 but was accepted to study medicine when she was 25. Evidently she believed that at this time in person’s life they had reached maturity for marriage and to produce ‘vigorous offspring. Indeed, it was the best time to procreate.

Blackwell provided some reasoning for placing age restrictions on when a person, particularly a man should begin having sex, or at least procreative sex:

The lad of sixteen or seventeen is in the first flush of early manhood. He is physically capable of becoming a father, although entirely unfit to be so. The advantage of the self-control of absolute chastity is of the mind as well as of the body. The corruption of the mind, at this early age, is the most fruitful source of social evil in later life. The years from sixteen to twenty-one are critical years for youth. If purity of life and the strength of complete self-control can then be secured, there is every hope for the future.<sup>86</sup>

The signposting of ages would have been beneficial to parents reading this text as they had a guide for the development of their child and an idea of what was expected for their age group. Underlining that even though a “lad” was capable of fathering a child, it did not necessarily mean he should, was also important in this context too, as Blackwell placed some of the responsibility of childrearing on the father.

These writings on the age of consent are interesting when considering the key question of Blackwell’s contribution to sex education. While there is some secondary literature on child prostitution, for example Michael Pearson’s research, there is very little discussion about Blackwell’s position on this issue and subsequently even less on sexual maturation during the nineteenth century. This is relevant in considering her contribution as she believed age had some bearing on when a person was fully aware of their sexual actions and activities. Her argument that young girls who engaged in sex were not aware of the consequences of their behaviour was valid and indicated

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<sup>85</sup> Elizabeth Blackwell, *Counsel to Parents on the Moral Education of Children* ([n.pub.], London, 1879), pp. 11-12.

<sup>86</sup> Elizabeth Blackwell, *Counsel to Parents*, p. 64.

that Blackwell had a better understanding of how to legislate this problem than those in Parliament. She was perhaps of her time in this regard.

Prostitution was a contentious issue in the late Victorian period, including the age at which a child could legally engage in sexual intercourse. The CDAs sought to bring the number of prostitutes infected with venereal diseases under control at a point when soldiers were becoming infected in their thousands. However, the Acts sought only to investigate the women infected with diseases, such as syphilis and gonorrhoea, rather than the men who paid the women and continued to infect countless other women including their wives.<sup>87</sup> The following extract is an example of the political treatise Blackwell published in her later career relating to sex education. Blackwell believed “vice and disease are positive evils to be considered and resolutely checked with a view to their final extirpation.”<sup>88</sup> On the topic of approaching the CDAs and how to go about dismantling these ‘injurious’ laws Blackwell mused

There are right and wise ways of doing this, but such methods cannot be discussed here. It is only necessary now to point out clearly the dangerous departure from accepted principles of right, which must ensure the repeal of the Contagious Disease Acts in a free and just nation- a nation whose practical ability will also ensure the introduction of necessary, but wise and just legislation when those injurious Acts are repealed.

The dangerous tendencies of various legislative Acts have not been brought home to the careful consideration of the general Profession.<sup>89</sup>

The debates regarding the CDAs raged on both sides for two decades.<sup>90</sup> In the next chapter I will examine Blackwell’s role within the Anti-CDA movement, her relationship with its leader Josephine Butler and how this involvement had an impact on Blackwell’s writings on sex education. Here, it is relevant to consider the religious aspects in Blackwell’s work, as highlighted in her aforementioned affiliation with the Moral Reform Union. Her association with many political reform movements in

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<sup>87</sup> For more information see Carolyn Malone, *Women’s Bodies and Dangerous Trades in England, 1880-1914* (The Boydell Press, Suffolk, 2003) & Judith Walkowitz, *Prostitution and Victorian Society: Women, Class and the State* (Cambridge University Press, Cambridge, 1980).

<sup>88</sup> Elizabeth Blackwell, *Medicine and Morality*, pp. 12-13.

<sup>89</sup> Elizabeth Blackwell, *Medicine and Morality*, p. 13.

<sup>90</sup> Frank Mort, *Dangerous Sexualities, Medico-Moral Politics in England since 1830* (Routledge, New York, 2000) p. 61.

London had a significant focus on morality and good moral living. The examples are numerous. There is little wonder that Blackwell sought to meld her two identities as Christian and doctor through her works, especially when she believed that the works she published on sex education would help reform corrupt minds, reclaim the innocence of children and bring about a social and moral good.

## Religion

Blackwell stated in *The Human Element in Sex*: “This work is written from the standpoint of the Christian physiologist.”<sup>91</sup> She clarified her statement by saying:

It is the special work of the Christian physiologist to discover the higher uses of our varied human faculties. We only see at present the beginning of this great work of applied physiology in enabling us to comprehend the full effects of food, air, exercise, climate, etc., upon human character.<sup>92</sup>

As will be discussed in the next chapter, she was concerned with ideas surrounding sanitation and hygiene influenced greatly by the work of Florence Nightingale. The notion of “food, air, exercise, climate, etc.” being fundamentally important in the eyes of the Christian Physiologist draws a clear link between these ideas of sanitation and hygiene, particularly moral hygiene.<sup>93</sup> The importance of religion to Blackwell

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<sup>91</sup> Elizabeth Blackwell, *The Human Element in Sex Being a Medical Enquiry into the Relation of Sexual Physiology to Christian Morality* (J. & A. Churchill, London, 1884), p. 9. John S. Haller Jr discusses the American trend of associating sex manuals with liberal Christianity in “From Maidenhood to Menopause: Sex Education For Women in Victorian America”, *Journal of Popular Culture*, Vol. 6, No. 1 (Summer 1982), pp. 49- 70.

<sup>92</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 11.

<sup>93</sup> There is very little in the way of secondary literature for the term ‘Christian Physiologist’ from this period. Sandra Holton delivered a paper at the Pacific Coast Branch of the AHA Convention, Kona, Hawaii, August, 1991, titled “‘Christian Physiology’: Science, Religion and Morality in the medicine of Elizabeth Blackwell”. Holton has not published on this topic. There is however a book published in 1830 by Gerald Griffin entitled *The Christian Physiologist. Tales Illustrative of The Five Senses: Their Mechanism, Uses, and Government; with Moral and Explanatory Introduction* (Edward Bull, London, 1830). This text brings together a series of parables meant to deter those who would sin. However there is a link between religion and medicine during the nineteenth century seemingly peaking with the Crimean and Civil Wars. For more information see Carol Helmstadter, “Shifting boundaries: religion, medicine, nursing and domestic service in mid-nineteenth-century Britain”, *Nursing Inquiry*, Vol. 16, No. 2 (2009), pp. 133-143; Justine. S. Murison, “Quacks, Nostrums, and Miraculous Cures: Narratives of Medical Modernity in the Nineteenth-Century United States”, *Literature and Medicine*, Vol. 32, No. 2, (2014), pp. 419-440 & Logie Barrow, “Why were most medical heretics at their most confident around the 1840s? (The other side of mid-Victorian medicine)” in *British Medicine in an Age of Reform*, Roger French and Andrew Wear (eds), (Routledge, London, 1991), pp. 164-183. For examples of other writings

throughout the course of her life and medical career is paramount in this section. The Quaker community in New York helped Blackwell establish herself as a legitimate doctor and provided a steady clientele for many years.<sup>94</sup> She documented her struggle in finding the right religion for herself in her autobiography, and grappled with this decision for much of her adult life. In this text she also described an incident of divine inspiration propelling her onward to become a doctor.<sup>95</sup>

Blackwell laid out more of what was to be expected of a person who identified themselves as a “Christian Physiologist”. They sought “to find out the laws and methods of action by means of which human function may accomplish its highest use”<sup>96</sup> and that the “application of physiology is the especial duty of the Christian physiologist”.<sup>97</sup> Blackwell believed that medicine and morality were “inseparable in a Christian state”<sup>98</sup>, such as Great Britain. This would also explain why she became involved with the Contagious Diseases Acts during the 1870s. She went on to assert that:

Sound education, state medicine, healthy society, must all be based upon the inseparable union of the various elements of the human constitution. This is the only rational system in a Christian land; any other practice leads to empirical medicine, and hypocritical morality.<sup>99</sup>

From this we can garner one of Blackwell’s main principles, and one of the reasons why she wrote so much on the topic of sex education. Blackwell placed emphasis on Christianity and the rational method of medicine that existed in those areas of the world where Christianity was practiced. With this came the implication that medicine practiced outside of Christianity had a conflicted morality and operated within guesswork.

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where science and religion connected in the nineteenth century see Tess Cosslett (ed), *Science and Religion in the Nineteenth Century* (Cambridge University Press, Cambridge, 1984).

<sup>94</sup> Moberly Bell, *Storming the Citadel*, p. 41. See also Claire Hoertz Badaracco, *Prescribing Faith: Medicine, Media and Religion in American Culture* (Baylor University Press, Waco, 2007).

<sup>95</sup> Elizabeth Blackwell, *Pioneer work*, p. 28.

<sup>96</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 9.

<sup>97</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 12.

<sup>98</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 12.

<sup>99</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 12.

In order to keep society healthy and morally pure, it was important to ensure everyone was educated about their bodies and that medical care was available to all who needed it. Blackwell provided an example of this whereby

Innumerable letters have come to me from mothers, asking for the knowledge which they ought to possess. Their ignorance in relation to essential facts is deplorable. I believe it to be the source of our gravest social evils. In the present work, therefore, which I offer to the profession as an aid in the instruction of parents and guardians of the young, I shall speak with the frankness of profound respect, in relation to our God-created faculties. As a Christian physiologist, I shall endeavour to show the true and noble use involved in the highest of our human functions.<sup>100</sup>

The reference to letters from mothers is interesting as it appeared Blackwell was boasting of the number of women that asked for her help. The importance of mothers asking for help, rather than fathers or parents collectively, indicated that they were more active in raising a family. This also underlined Blackwell's argument that women doctors were fundamental to the medical profession in aiding their female patients, which can be seen as a feminist statement. Blackwell also positioned herself as preferable to male physicians through branding herself as a "Christian physiologist". In doing so, she implied that greater forces were at work to help her bring the proper knowledge about sex to worried parents and guardians of the young.

Blackwell went on to say "There is nothing necessarily evil in physical pleasure",<sup>101</sup> which was an extraordinary thing for a Christian Physiologist to proclaim. Two fundamental pieces of information can be drawn from this statement. First, that sex should be pleasurable- for both men and women.<sup>102</sup> Secondly, that she did not view sex as a morally degrading act. She later extended this statement by qualifying that when sex is righteously used, it brought

renewed and increasing satisfaction to the two made one in harmonious union. Unrighteous use produces satiety, coldness,

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<sup>100</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 14.

<sup>101</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 19.

<sup>102</sup> Blackwell entered into a debate with William Acton, a prominent surgeon of the time, regarding female sexual pleasure which will be dealt with in the next chapter in regard to prostitution and the Contagious Diseases Acts. Jeffrey Weeks explores this in more detail in *Sex, Politics, and Society: the Regulation of Sexuality since 1800* (Longman, London, 1981).

repulsion, and misery, to the two remaining apart, through the abuse of a divine gift.<sup>103</sup>

One must presume that, in Blackwell's mind, the righteous use of sex came within the marriage union. Continuing on the topic of pleasurable sexual experiences, Blackwell noted

Nature's primary aim in establishing sex is the reproduction of the species. This must never be forgotten. Pleasure is an incident depending on mental development.<sup>104</sup>

This extract is interesting as it referenced comparative anatomy explored in the previous chapter, as well as some resonance with Darwin's *The Origin of the Species* (1859). The reference to nature as a stimulant in encouraging sexual relations bears some resemblance to the flora and fauna analogies employed by the likes of Richard Owen and John Hunter at the beginning of the nineteenth century. The introduction of pleasure as mental element of sex is entirely new at this point during the Victorian period with Havelock Ellis commenting on the psychology of sex later on.<sup>105</sup> This idea of sexual pleasure, particularly in women, will be explored further in Chapter 5 in relation to the CDAs and Acton.

Blackwell went on to explore more of the causes and repercussions of unrighteous sex. This was sex that was not used for the creation of another life but for the satisfaction of lust:

At a public table in the Tyrol, I once heard an Austrian officer, a most repulsive spectacle, dying of his vices, boast of his ruined life, and declare that he would take the consequences, and live it over again had he the power to do so. This is the insanity of lust. But it illustrates the inseparable union of soul and body in human sex. It is the mental element dominating for evil the physical impulse in Man, which produces that monstrous creation cold, selfish and cruel, which is seen only in the man or woman abusing the creative powers of sex.

It will thus be seen that in the varieties of degradation of our sexual powers, as well as in their use and ennoblement, it is the predominance of the mental or spiritual element in our nature, which is the characteristic fact of human sex. The inventions and

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<sup>103</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 20.

<sup>104</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 21.

<sup>105</sup> See Havelock Ellis, *Studies in the psychology of sex* (Random House, New York, 1936).

abuses of lust, as well as the use and guidance of love, alike prove the striking and important distinction, which exists between the sexual organisation of man, and that of the lower animals.<sup>106</sup>

The story that Blackwell told focused on the role of men in degrading sexual activity through lust and ignoring the consequences of their actions. She compared the sexual lust of men to “the lower animals”, thus blaming on them for the spread of sexual disease and implied the lack of self-control required to live a good Christian life.

Blackwell also contributed to three Christian periodicals during the period 1880-1894: *The Pioneer*, *The Modern Review* and *The Social Outlook*. Her involvement with *The Social Outlook* was short lived, publishing only one issue in September 1889; the association too with *The Pioneer* only lasted between January and October 1894. This was a periodical issued with the Social Purity Alliance, associated with the Anti-CDA movement, which will be discussed in the next chapter.<sup>107</sup> *The Modern Review*, a journal with a Unitarian orientation, was involved with Blackwell for the longest period, between January 1880 and October 1884. While the main topic of her works concerned sex education, many of these writings contained religious rhetoric which can be seen as a deliberate means of connecting with her audience. In demonstrating an awareness of her audience, Blackwell was able to communicate her ideas in a manner that would most appeal to her readership

Blackwell’s contribution to sex education thus far has been highlighted within the arenas of political treatise, the position of women in medicine and her perceived role as a “Christian Physiologist”. These links to religion have been largely ignored by her biographers, as well as her work in combining a religious framework that exalted the role of women in educating their children. There are no other references to the term “Christian Physiologist” outside of primary sources and even in secondary material relating to religion and medicine, Blackwell is not referenced. This is new research in

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<sup>106</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 20. The link between medicine and Darwinian thought, such as this, is explored in more depth by Alison Bashford “Medicine, Gender, and Empire” in *Gender and Empire*, Philippa Levine (ed), (Oxford University Press, Oxford, 2004)

<sup>107</sup> See Lesley Hall, “Hauling Down the Double Standard: Feminism, Social Purity and Sexual Science in Late Nineteenth-Century Britain”, *Gender and History*, Vol. 16, No.1, April 2004, pp. 36-56.



the field of the history of medicine where there is little or no existing literature on this topic. The next section will focus on the main message of Blackwell's writings and provide examples of the taboo topics she wrote about, including menstruation and masturbation. This will also include evidence of the proper terminology she employed in relation to the reproductive organs.

## Sex education

In Chapter 2 the point was made that while sex education was a popular topic of discussion during the nineteenth century, very few writers engaged either with the idea of sex education for children or the use of proper terminology.<sup>108</sup> Blackwell was not alone in writing about sex education within medicine. In fact she was not the only woman to do so, but she was the first female physician who led the charge for later women doctors. Carolyn Skinner explores what she calls Blackwell's "health advice books that contained a strong emphasis on subjects related to sex".<sup>109</sup> However, Skinner does not take into consideration that these "advice books" were sex education manuals in their own right, nor does she look at the content and themes of these books. The lack of analysis and exclusion of such works from the historical record suggests that Blackwell has been written out of the narrative of the history of medicine, as suggested by Dorothy Smith in her feminist theory. Indeed, a survey of all of Blackwell's works relating to sex education has never been conducted before. Some commentators, including Frank Mort and Lucy Bland, have referenced her core works on educating the young on sex, such as *The Human Element in Sex* or *Counsel to Parents on the Moral Education of the Young*. However, this section will go further than mentioning these texts in passing. A thorough investigation of these publications will be carried out to answer the question of a contribution by Blackwell specifically to sex education.

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<sup>108</sup> See Chapter 2, 'Medical Schools in Britain and America'.

<sup>109</sup> Carolyn Skinner, *Women Physicians and Professional Ethos in Nineteenth-Century America* (Southern Illinois University Press, Carbondale, 2014), p. 97.

The previous discussions in this chapter about prostitution, women doctors and religion have all served to provide a background to the main works of Blackwell on sex education and examine the importance of Blackwell's work on other topics. Within Blackwell's works there is a common message:

The greatest present obstacle to progress, is the ignorance of parents and, above all of mothers, of many facts of physiology, and particularly of the facts of sexual physiology. For want of this knowledge mothers can neither guard their nurseries, guide their young people, nor form a sound judgement on the laws and customs which create a healthy society. They are thus unequal to their special work of guiding domestic and social life, as help-meets of men.<sup>110</sup>

As seen throughout this chapter, the theme of ignorance was a common thread throughout Blackwell's work, in adults and children, both of which were a cause of concern for the female pioneer. Blackwell later went on to state that she was often asked for advice by concerned mothers:

Respectful, earnest words of hygienic counsel, including mind and body, are indispensable at this critical time of youth. Parents, particularly mothers, live too often in fatal ignorance of the conditions of sexual health and disease in their children. My advice is constantly asked.

The measureless evil caused, not only by their ignorance, but by the false information given to mothers.

From lack of true knowledge of the unnatural facts of their own physical organisation, young men are often terrified into a resort to quacks, who impose their ignorance.<sup>111</sup>

This quotation bears resemblance to a previous extract in the last section where Blackwell claimed she was constantly asked for advice from mothers about sex education and sexual health. She reflected on the evil that came of ignorance, both of parents and children, in their own bodies in reference to quacks, as well as the degradation of mind and body through lack of knowledge, which she claimed was often fatal. This can be seen as sensationalising the dangers of ignorance, but considering the high mortality rate in Britain, particularly of children, at this time, there was little need for Blackwell to exaggerate the issues facing parents in regard to sexual health and disease.

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<sup>110</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 13.

<sup>111</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 27.

Blackwell acknowledged that sex “is not essential to individual existence, but it is indispensable to the continuance of the race”.<sup>112</sup> Perhaps with ignorance pervading society in regard to sex, Blackwell felt it prudent to tackle this issue head on with a no-nonsense approach. As will be seen later in this chapter, the language and terminology Blackwell used was detached and unemotional.<sup>113</sup> This is an approach that appears to have been well-received by *The Sentinel*, which published a review on Blackwell’s *Counsel to Parents on the Moral Education of Children* in 1880. This is one of Blackwell’s most forthright books in relation to what parents should do in regards to sex education, while her other texts on sex education dealt with the mechanics of sex. The review stated that

This work contains in about one hundred pages, more actual information as to the principles of morality, and the practical uses of those principles, than are often found in more voluminous and pretentious works...To all, it must have the importance of a subject that *demand*s their immediate and most serious attention, or the consequences of neglect will be untold misery to our children’s children.<sup>114</sup>

These writings were clearly seen as important and contained much valuable information concerning how to approach sex education with children and the level of the depth of knowledge required for the age of the child:

Dr Blackwell’s books is [sic] not so voluminous as to overtax busy parents, and its contents will seed-thoughts [sic] for all who study them, while to put the principles into practice will be the work of years, while each boy and girl grows from infancy to childhood, from childhood to youth, from youth to full age.<sup>115</sup>

The manageable length of Blackwell’s text as well as the ease of access of her message is set out by this review.<sup>116</sup> The suitability of the text from infancy to ‘full age’ also indicated that Blackwell thoughtfully engineered her works toward a range of audiences. This highlights the contribution of Blackwell to sex education by

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<sup>112</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 15

<sup>113</sup> This approach provided a formula for later women physicians who wrote about sex. Carolyn Skinner, *Women Physicians*, p. 100.

<sup>114</sup> “Notes on Books”, *The Sentinel*, March 1880, p. 7.

<sup>115</sup> “Notes on Books”, *The Sentinel*, March 1880, p. 7.

<sup>116</sup> This pamphlet is 189 pages long and on A5 sized paper.

demonstrating her influence on the topic in both Britain and America.<sup>117</sup> In fact, this book was well received on both sides of the Atlantic.

*The New York Sun* and *New York Tribune* showered praise on Blackwell's character and the content of her work. *The New York Tribune* proclaimed

The author of this volume bears an honored [sic] name on the roll both of science and of philanthropy, and is equally distinguished as a woman of rare elevation of principle, of high educational attainments, as a sagacious and successful medical practitioner, and a wise medical councillor.<sup>118</sup>

While *The New York Sun* was subdued in its praise of Blackwell, it paid more attention to the text:

No one can read this essay without cordial respect for the author's motives and abilities, or without a conviction that her just strictures and acute suggestions will be turned to large, immediate and beneficent account by thoughtful men and women. Here is a book which examines in a sufficiently plain-spoken, yet clean and wholesome and profoundly earnest way, questions which perplex and occupy the mind of every mother- questions of vital import to the well-being of youth, and of decisive bearing on education and society. We know of no other work on the same urgent, but awkward, topic which combines so much substantial worth with such purity of form. It would be well for the community if the author's cautions and counsels could be pondered in every household.<sup>119</sup>

Blackwell wrote with her audience in mind and she knew she was writing for worried mothers and ill-informed youths.<sup>120</sup> The review also acknowledged the contribution of the doctor in approaching such an "awkward topic" which it recognised had never been done before.

Again, another New York newspaper commented on the way the text was written

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<sup>117</sup> The review also makes the important point that Blackwell's book understood the needs of the parent who did not want to be overtaxed with volumes of literature on sex education for their children. Perhaps Blackwell's own experience as a mother to Kitty Barry had helped her understand the needs of the nineteenth-century parent.

<sup>118</sup> "Review", *New York Tribune*, 11<sup>th</sup> November, 1879.

<sup>119</sup> "The Moral Education of Children", *New York Sun*, 9<sup>th</sup> November 1879.

<sup>120</sup> This text was published on the verge of the eugenics movement and shows a greater concern from Blackwell in relation to the future health of the nation.

Elizabeth Blackwell deserves well of the moral community for having recently said bravely and pointedly some things which most of our moralists, however good their intentions, are not stout-hearted or clever enough to say openly and inoffensively... Although written, as the authors declares, to show the necessity for the proper development, distinctions, and discipline of sex in the young, it touches upon the important questions of the tendencies of sexual vice in modern civilisation...Coming from a woman, this book is unique, but its testimony is so bravely given, its arguments are so dispassionately and calmly piled up, without even the bias of sex, and its physiological authority is so complete, that it must be welcomed by all sincere moral workers as one of the ablest, if, indeed, it is not *the* ablest appeal that has been made in our time in behalf of chastity and sexual nobility of life.<sup>121</sup>

While these reviews have been printed as part of Blackwell's *Wrong and Right Methods in Dealing with Social Evil*, we gather a sense that Blackwell was well supported by the media toward the latter part of her medical career, as seen at the beginning of the chapter. It was also a shrewd way of recommending her other texts on sex education. However, these reviews were only included in the American version of the publication, where Blackwell had friends in the American press. She included British reviews, which were slightly more subdued in their praise but still asserted that her work was "unique". *The Literary Churchman* simply stated "wise and useful",<sup>122</sup> while an unusual recommendation from *The Naval and Military Gazette* asserted: "It must be admitted that Dr Blackwell has executed her delicate task with great propriety".<sup>123</sup> Blackwell also chose to use religious magazines as review advertising including *The Literary Churchman*, *Church Bells*, *Christian World* and *Nonconformist*. Evidently Blackwell had developed enough awareness to seek out her target audience and to convert new readers.

The fact that Blackwell was a woman doctor using terminology associated with sexual behaviours and activities had the potential to shock. Blackwell emphasised in her

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<sup>121</sup> "The Nobility of Sex", *New York Star*, 16<sup>th</sup> November 1879. This passage also hints at Blackwell's thinking in relation to eugenics and the 'proper development' of future generations. This further underlines the contribution Blackwell made to sex education through innovative ideas about health, sanitation and public health.

<sup>122</sup> Elizabeth Blackwell, *Wrong and Right Methods*, p. 3.

<sup>123</sup> Elizabeth Blackwell, *Wrong and Right Methods*, p. 3.

works that she had a medical degree, laying down her credentials and giving her licence to write on such topics. Her work *The Human Element in Sex: A Medical Enquiry into the Relation of Sexual Physiology to Christian Morality* was perhaps the best example of Blackwell's engagement with sex terminology:

The function of ovulation (formation of ova) is not increased or diminished by the will, or by the dwelling of the mind upon sexual objects, at all to the same extent that spermatation (formation of sperm) may be affected by the same mental action. Ovulation, and its natural accompaniment menstruation, is much more of a necessary fixed quantity than spermatation, and its natural accompaniment sperm-emission.<sup>124</sup>

She wrote about the specific functions of the organs of generation and the correct terms associated with these functions, which will be dealt with later in this chapter.

Blackwell also provided advice to parents on how to engage with their children on the topic of sex education, interspersed with religion, as discussed in the previous section<sup>125</sup>:

It is thus seen that the human sexual functions, as established by Creative Power, are as conducive to health and as consistent with the freedom and perfection of human growth, in one sex as in the other. Each sex, obeying the Governing Law, is created to help, not to destroy the other. The general outline of arrangement is the same in each, viz. power of mental and physical self-balance, strictly guarded potency, and a certain degree of periodicity.

I repeat that parents, and especially mothers, should be acquainted with the truths of physiology. There is in the pure sentiment of maternity, a special divine gift of unselfishness and profound devotion to the well-being of husband and children. This God-given power enables a wife and mother to comprehend and apply this knowledge with the impersonality of wisdom. The awful aberrations of our sexual nature excite a deep pity which inevitably seeks for a remedy. When this special aptitude given to women by the power of maternity is fully realised, the enlarged intelligence of mothers will be welcomed as the brightest harbinger of sexual regeneration.<sup>126</sup>

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<sup>124</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 31.

<sup>125</sup> The fact that Blackwell continued to introduce religion to her works in manner that her readers found acceptable says a lot of both Victorian society and the audience of Blackwell's works, as explored at the beginning of the chapter.

<sup>126</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 31.

She claimed parents “shrink from their duty” and needed to speak through “direct and impressive instruction and guidance”.<sup>127</sup> As can be seen in this extract the role of the mother was also prominent in the eyes of Blackwell. Mothers generally spent more time with children through their socially-designated role as care-giver and thus had more power over the upbringing of children.<sup>128</sup> There were religious overtures here relating to the Virgin Mary and the significant role she held within the Christian tradition. Blackwell also recognised the “intelligence of mothers” or, indeed, their common sense in matters pertaining to sex education and by using religious rhetoric, she engaged with her audience on a level they would understand.

These texts equipped parents, especially mothers, with the confidence to tackle this issue and discuss sex education with their children. Blackwell underlined this argument by stating:

It is at this important crisis that the delicate and respectful counsel of the wise parent or physician is indispensable to both boys and girls. The youth should be told that Nature will help, not injure him, at this important crisis of life, if he will be true to his own higher nature. The young of both sexes should realise that self-control of thought and action is essential. Every means of hygienic, intellectual, and religious influence should be used to direct and strengthen both mind and body. For both young men and women, it is hygiene in its largest sense that should be prescribed and enforced, viz. the guidance of the early vital forces, both physical and mental, into natural beneficial directions.

That this view of the sexual function as a human force, to be governed by reason, is the truth, and the modern theory of its being a blind instinct enslaving the individual a falsehood, is proved in many ways.<sup>129</sup>

Here Blackwell made the argument that misinformation about sex was dangerous with hygiene highlighted as a large aspect of sex education for young men and women. She also dealt with some of the emotional or “mental” aspects of sexual activity, as

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<sup>127</sup> Elizabeth Blackwell, *Counsel to Parents*, p. 67.

<sup>128</sup> A further discussion of the role father’s played in the upbringing of their children is explored by Stephanie Olsen in “The Authority of Motherhood in Question: Fatherhood and the Moral Education of Children in England, c. 1870-1900”, *Women’s History Review*, Vol. 18, No. 5 (November 2009), pp. 765-780.

<sup>129</sup> Elizabeth Blackwell, *Counsel to Parents*, p. 70.

previously mentioned in relation to sexual pleasure.<sup>130</sup> The awkward phase of puberty is described as “the earliest dawn of the approaching faculty... [where] self-consciousness is intense”.<sup>131</sup> There was a danger in this phase of life as

The subject of most absorbing interest amongst a people (still animated by a religious sentiment) is love; whilst amongst those who are corrupted and irreligious, it is lust...

The clue to a true knowledge of sexual functions in man and woman is found in this striking peculiarity of the human race, viz. that these functions are largely dominated by the mental action, and that sex in the human being, does not mean simply the action of the physical organs, but also the conjoined mental principle directing these organs.<sup>132</sup>

Lust was seen to be the most obstinate obstacle for Blackwell’s sex education as she advocated abstinence, which will be covered in Chapter 5 in relation to the Malthusians. She pointed out that there were differences to love and lust, mostly in relation to religion which was in keeping with her religious rhetoric as a Christian physiologist. Again, Blackwell referenced the mental aspect of sexual activity as part of her writings on sex education.

Illegitimacy was a concern during the Victorian period that would have come about from a lusty population.<sup>133</sup> In discussing the readiness of a fertile, young person for sex and the consequences of sex, Blackwell underlined an emotional or mental element in sex:

Sex...rests upon a broad, well-marked mental foundation, viz., that moral quality or element of sex which is capable of great development towards good or towards evil: for as simply material satisfaction soon reached the limit which bounds matter, so mental or spiritual enjoyment is capable of indefinite growth.<sup>134</sup>

This was significant even if she included religious or moral aspects to her definition of sex, because Blackwell understood that there was more to sex than the physical act

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<sup>130</sup> This is an aspect of sex education that is only beginning to be considered as part of a standardised sex education approach in the twenty-first century.

<sup>131</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 17.

<sup>132</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 17.

<sup>133</sup> For more information on illegitimacy in this period see Ginger Frost, *Living in sin: cohabiting as husband and wife in nineteenth-century England* (Manchester University Press, Manchester, 2008).

<sup>134</sup> Elizabeth Blackwell, *The Human Element in Sex*, pp. 17-8.



and that it could be enjoyable. The consequences of sex were also alluded to in terms of good and evil. There is another approach that Blackwell took in disseminating knowledge about sex education, focusing on the more biological and scientific elements of sex. On discussing the basics of reproductive science, Blackwell began with

the two factors necessary to reproduction, viz., ova and semen or sperm, exist in separate individuals. The ova or seed or secreted by the ovaries, two small bodies placed within the pelvis of the female. The sperm or vitalising fluid is secreted by the testes, two small bodies placed outside the pelvis of the male.

The organs or parts which produce these two essential secretions, ova and sperm, are tricky analogous in the two sexes. Each part in the female corresponds to a similar part in the male; and at an early period of existence before birth it is impossible to determine whether the sex of the embryo is male or female.

While the male and female organs concerned in the production of sperm and of ova are parallel and in strict correspondence, there is one strikingly deficiency in the male structure. The organ essential to the development of the human being, the organ into which the stimulated ovum (or human seed) must be brought for growth, is entirely wanting in the male structure. There is no rudimentary part corresponding to the uterus, in the male.<sup>135</sup>

There was no discussion here of religion and the moral implications of sex, it was purely about biology. Again, this use of medical terminology has not been explored in the secondary literature and is a key aspect of Blackwell's beliefs or teachings on sex education, especially as it was acknowledged as "unique" by contemporary reviewers of her work.<sup>136</sup> Why this contribution has been overlooked by commentators is not clear, but what is evident is the doctor's ability to discuss human reproduction in an articulate manner.

In a passage explaining reproduction, Blackwell engaged with the key facts in a comprehensible manner, compartmentalising the religious, emotional and medical:

In reproduction the female element or seed – that is the ova which are constantly produced in the female – require to be stimulated by contact with the sperm which is constantly produced by the male, before they can commence the remarkable series of changes and

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<sup>135</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 21.

<sup>136</sup> See the previous section on Religion.

transformations which result in the formation of the embryo, the rudimentary human being.<sup>137</sup>

She used her role as a “Christian Physiologist” at the beginning of her publications to assure her audience that she was a reliable source of information and then moved onto material about reproductive health later on, as seen above. This method was not uncommon and used by other sexual health writers like Richard Carlile, whose work will be discussed in Chapter 5 in relation to the Malthusians. In the following extract Blackwell used the out-dated knowledge of the medical profession as a means of setting the record straight and dismissed common myths:

This quality of great and active vitality appears to be indispensable to the sperm, which in the work of procreation is obliged to traverse long and winding passages, in order to come into contact with the ovum which is advancing to meet it. An intense energy in the special act of procreation is needed to overcome the difficulties which may prevent conception.

The true nature of sperm remained unknown during ages of physiological ignorance. It was regarded as the one essential element in reproduction, planted for growth in the *uterus*, where it was simply nourished by the female. The moving particles contained in it were regarded as animalculae [sic], and called spermatozoa. Fanciful theories as to these particles forming the brain and nervous system etc., of the embryo, were entertained. But all these theories have been swept away by modern investigation. It is now proved that when the substances of sperm and ova mingle, a new action is set up, and an entirely new substance created. Life, in the true sense of separate individuality, only being with the mingling of the male and female elements, and the commencement of a new existence only takes place when the living ova fixes itself in the uterus, and remains there for full growth and final birth. The substance of sperm and the substance of ova possess no sanctity of life apart from their union. They are both produced in lavish abundance, and thrown off from the body in the same way as other unused secretions are thrown off.<sup>138</sup>

The process of conception was described here in detail from the movement of the sperm to the ovum to the ova in the uterus as a fertilised egg. Blackwell stated that neither the sperm nor the egg held any moral value separately, and it was only when they joined together to create life that they possessed “sanctity of life”. As mentioned

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<sup>137</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 23.

<sup>138</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 24.

previously, Blackwell used a method of establishing a baseline of knowledge and the use of the correct terminology for an audience who may not have been entirely aware of the workings of their own bodies, or had any opportunity to learn. There is no use of slang terms or rudimentary language in her texts indicating that Blackwell was projecting the image of a qualified medical professional who was an expert on sex education.

At the beginning of *The Human Element in Sex* Blackwell earned the trust of her readers and then used this trust to move onto medical ground.<sup>139</sup> The final example of Blackwell's work on sex education relates to the basics of conception and pregnancy. Once more, Blackwell kept it simple and did not provide more information than was needed:

The constant production in the female of living germs (ova), which require only a passing act of stimulation by the male, to enter into a state of active and astonishingly rapid growth; the unique change of the small uterus into an enormous and powerful structure, capable of containing a perfect child and sending it forth by tremendous efforts into the outer world; the changes in all the surrounding organs and tissues necessitated by the accomplishment of such a remarkable work in the short space of nine months; and the subjection of this great physical work to the law of individual freedom and perfection, are facts which show the superior complication and importance of the female sexual organisation. The more elaborate processes of menstruation as compared with the lesser work of sperm-emission, show the greater complication of the organs to be kept in good working order in the female than in the male.<sup>140</sup>

The gestation period of the foetus was here explained by Blackwell in a way that empowered the female body and showed women how 'powerful' and 'remarkable' their bodies were. This is in line with the feminist theory laid out in the methodology. By championing women's bodies in her writings on sex education, Blackwell was making a feminist statement that has not been explored by her biographers or gender

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<sup>139</sup> There are similar examples of this in other texts pertaining to sex in the nineteenth century. An exemplary example is Richard Carlile's *Every Woman's Book; or What is Love? Containing most Important Instructions for the Prudent Regulation of the Principle of Love, and the Number of a Family* ([n.pub.], London, 1828).

<sup>140</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 29.

historians. Following on from this the discussion of the ova was crucial here, as she attempted to remove the stigma from menstruation.<sup>141</sup> Her exploration of the process of menstruation for the female will be examined in the next section.

## Menstruation

The topic of menstruation, as part of the history of medicine, is a neglected area with very little secondary literature covering the methods women employed for regulating their monthly cycle or the materials advertised and used to control menstrual bleeding. It is not clear why this is the case as there is a plethora of primary material on the subject, especially within Blackwell's publications. In tackling the taboo topic of menstruation, she wrote that

menstruation in the female is the means adopted by our organisation for securing both the permanent integrity of the various essential generative structures, and their relief from any excess of vitality; so sperm-emission is the natural relief and independent outlet of that steady action of the generative organs in the male, which secures through adult life the constant aptitude for reproduction distinctive of the human race.<sup>142</sup>

Blackwell approached the subject of fluid emissions of both male and female, while discussing menstruation as a means of normalising these bodily processes for the male and female reader. This was a clever method of introducing men or boys to the process of menstruation and, for women or girls to become familiar with the idea of sperm-emission. There was an air of transparency, as is the case for many of her works, where she refused to find the functions of the body embarrassing. She described menstruation and sperm-emission as "the natural health actions of self-balance".<sup>143</sup>

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<sup>141</sup> There is a plethora of secondary literature on menstruation during the nineteenth-century and the etiquette involved. See E. Showalter and E. Showalter, "Victorian Women and Menstruation", *Victorian Studies*, Vol. 14 (1970), pp. 83-9; O. Moscucci, *The Science of Woman: Gynaecology and Gender in England, 1800-1929* (Cambridge University Press, Cambridge, 1990) and Julie-Marie Strange, "The Assault on Ignorance: Teaching Menstrual Etiquette in England, c. 1920s to 1960s", *Social History of Medicine*, Vol. 14, No. 2 (2001), pp. 247-265.

<sup>142</sup> Elizabeth Blackwell, *The Human Element in Sex*, pp. 24-5.

<sup>143</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 25.

As with her other texts on sex education, Blackwell addressed the theme of ignorance, stating:

These natural functions only degenerate into states of disease, through ignorance of physiological law and faulty hygienic conditions on one hand- or through impure thoughts and bad habits acting through the nervous system, on the other.<sup>144</sup> When these natural functions are either injured or unduly stimulated through the brain and nervous system, then they become diseased, producing menorrhoea or leucorrhoea in the female, and spermatorrhoea in the male.

The abuses of sex and the misunderstanding of actual facts, which have led to widespread error on this subject, will be dwelt on later. Every parent, however, who has been able to fulfil the true parental relationship to the child, will realise to some extent the beneficence of this law. The obligatory and premature marriages of daughters, so largely the custom abroad, is one result of error on this subject. A still more dangerous error, is the cruel advice to degrade a woman, and sin against his own higher nature, frequently given to young men.<sup>145</sup>

In this segment Blackwell employed a different technique of communicating the dangers of ignorance by playing on the fears of parents. She also hints at the sexual double standard which she campaigned against during her time with the Anti-CDA movement. The fact that *The Human Element in Sex* was her only text that deals with the topic of menstruation is striking, and that others have not identified this is also remarkable. As the first female doctor, any comment from her about menstruation is worthy of note as lived experience would have set her apart from other, male, doctors writing on the topic.

By addressing both male and female concerns in the same space within her publications, Blackwell made the statement that children should be knowledgeable about all bodies, not just their own. Kate Krug argues that through Blackwell's emphasis on the similarities between male and female reproductive systems, Blackwell based "her model of the body explicitly on the female rather than the male

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<sup>144</sup> Here Blackwell was talking about masturbation which will be explored in the next section.

<sup>145</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 25.

form”.<sup>146</sup> Krug also makes reference to Blackwell’s preference to the one-sex model as analysed by Thomas Laqueur in *Making Sex*.<sup>147</sup> Blackwell placed emphasis on this one-sex model, as it acknowledged female pleasure and the existence of the female orgasm. This is more evident when Blackwell claimed

At the periods of menstruation unused ova are discharged. In a similar manner by natural action, unused sperm is thrown off from time to time, in an entirely healthy and beneficent way by spontaneous separate individual action. As ovulation in the female and sperm-formation in the male are equivalent productions, so menstruation in the female and natural sperm emission in the male, are analogous and beneficial functions.<sup>148</sup>

The forthright manner in which menstruation was dealt highlights the contribution of Blackwell to sex education. At a time when discussing bodily functions was not acceptable to Victorian society, Blackwell found a way to empower the female body by calling it “healthy” and placed female bodily emission on a par with the male. The subsequent mention of “abuse” leads us to the next section with examples where Blackwell focused on the male body, implying that masturbation was almost entirely a male issue.<sup>149</sup>

## Masturbation

As mentioned at the beginning of this chapter, masturbation was noted as a topic of deep consternation for Victorians. This concern stemmed from the belief that it would damage the moral integrity of the child. Blackwell laid down the reasons why she was opposed to masturbation:

It will thus be seen that there are two grave dangers attending the practice of masturbation.

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<sup>146</sup> Kate Krug, “Women Ovulate, Men Spermate: Elizabeth Blackwell as a Feminist Physiologist”, *Journal of the History of Sexuality*, Vol. 7, No. 1 (July 1996), p. 65.

<sup>147</sup> Laqueur explores the female orgasm in relation to the one-sex model further in “Orgasm, Generation, and the Politics of Reproductive Biology”, *Representations*, Vol.14, No. 1 (April 1986), pp. 1-41.

<sup>148</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 24. In this quote it is clear to see Blackwell’s preference for the one-sex model. However, Blackwell inverted the traditional model by placing emphasis on the superiority of the female body over the male.

<sup>149</sup> Frank Mort addresses this idea of male sexual passion and the need for medical observation of particularly lustful males; *Dangerous Sexualities*, p. 61.

The first evil is the effect upon the mind, through the brain and nervous system. The mind is thus prematurely awakened to take in and dwell upon a series of impressions, which awaken precocious sexual instinct. This precocity gives an undue and even dominating power to this instinct over the other human faculties. Thus the precocious stimulus of childhood, even if it has not undermined the individual health, becomes a direct preparation for the selfishness of lust in the adult.

The other grave danger incurred by the practice of masturbation, is the risk of its becoming an overmastering habit, from the ease with which it can be indulged; also from the insidious and increasing power of the temptation when yielded to, and from its association with the times when the individual is alone, and particularly in the quiet hours of the night.

In the adult, nature's marked distinction between the beneficent effect of voluntary healthy relief, and the injurious action of self-induced irritation, is lost sight of. Individual self-control, the highest distinctive mark of the human being is abandoned. In this way the evil habit may become a real obsession leading to destruction of mental and physical health, to insanity, or to suicide.<sup>150</sup>

She believed that there were long term physical and mental health issues concerned with masturbation and consequences, including suicide. While this may seem extreme, there were great concerns regarding masturbation during the nineteenth and early twentieth centuries.<sup>151</sup> Blackwell aptly stated why masturbation was such a problem at this time as "[masturbation] first is the especial temptation of the child".<sup>152</sup> It was thought to be a sexual sin children could perform by themselves and is harder to restrict than sex which, she perceived to be "the temptation or corruption of the adult".<sup>153</sup> Masturbation was harder to control in children as

This vice may infect the nursery as well as the school; and in innumerable cases it induces precocity of physical sensation, and prepares the way for every variety of sexual evil.<sup>154</sup>

Her theory in relation to this concerned the susceptibility of the child to physical pleasures. She claimed that when a child was asked why they masturbated they

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<sup>150</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 37.

<sup>151</sup> See Thomas Laqueur, *Solitary Sex: A Cultural History of Masturbation* (Zone Books, New York, 2003).

<sup>152</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 32.

<sup>153</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 32.

<sup>154</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 32.

responded by saying “it feels nice”.<sup>155</sup> The origin of these practices was mulled over by Blackwell, who

attributed it to the practice which had been innocently pursued of lulling the child to sleep, by laying it face downwards over the lap, and thus with continued movement of hand knee producing unconsciously a long continued pressure upon the genital organs. It is a fact, also, which deserved most serious consideration, that many ignorant women purposely resort to vicious sexual manipulation to soothe their fractious infants. The superintendent of a large prison for women informed me that this was a common practice, and one most difficult, even impossible entirely to break up.<sup>156</sup>

Blackwell determined that ‘ignorant women’ were partly responsible for the unintentional masturbation of children as a soothing practice. She also acknowledged that this was not a class issue, unlike that of hygiene and sanitation, but a problem that affected all aspects of society despite providing the example of mothers in prison.

Masturbation was believed to have been introduced to middle class homes and children by the lower classes through servants and nurses; it was not a practice that would have come naturally to these children. There was a belief at the time that the French, particularly French nurses and nursery maids, had initially encouraged the practice of using masturbation to soothe children.<sup>157</sup> Blackwell stated that

Medical observation proves such injury to infancy is not confined to the lower or to the criminal classes. The habits formed by unrefined or exposed women are brought by servants into our homes. The ignorance or viciousness of nurses, often veiled by respectable demeanour, has injured and even destroyed the children of many a well-to-do nursery.<sup>158</sup>

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<sup>155</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 34.

<sup>156</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 34.

<sup>157</sup> See Andrew J Counter, “Bad Examples: Children, Servants, and Masturbation in Nineteenth-Century France”, *Journal of the History of Sexuality*, Vol. 22, No.3 (2013), pp. 403-425. This says a lot about how Blackwell perceived the lower classes and their sexual practices. It is clear she believed they were morally degraded by their social status, not just through hygiene and sanitation but through ignorance and self-abuse.

<sup>158</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 34. Given that Blackwell had experience in a maternity in Paris in 1850, we must consider whether there is substance to such rumours.



She later commented that “much contradiction of thought exists on this subject even in the medical profession”,<sup>159</sup> which suggested that even within the medical profession there was a division over how to approach this problem. Blackwell usefully provided a definition of masturbation for those in her audience who would have been unfamiliar with the act:

Self-abuse or Solitary Vice, is the voluntary purposed excitement of the genital organs, produced by pressure of friction of those parts, or by the indulgence of licentious thoughts.

The term masturbation does not apply to that involuntary and beneficent actions of the organs, in the adult of both sexes, with which Nature from time to time relieves necessary secretion.

This radical distinction between the independent and benign action of Nature, and the dangerous practice of voluntarily stimulated physical sensation, has not been pointed out by physiological investigators with necessary clearness; nor has the extreme importance of this distinction in the guidance of practical life, been dwelt on, as a distinction vital to the growth of a Christian nation.

This dangerous habit of voluntarily produced excitement, to which along the term masturbation is due, may be formed by both the male and the female, and also by the child, well as the adult.

In the child however – it being immature in body – it is the dependencies of the brain, the nervous system, which come more exclusively into play in this evil habit. The production of ova or sperm, which mark the adult age has not taken place; in the child there are none of those periodic or occasional congestions of the organs which mark the growth or effects or re-productive substance in the adult.<sup>160</sup>

There was a strong link here between these writings on masturbation and her religious belief. She claimed it circumvented “the growth of a Christian nation” and was an “evil habit”, particularly in relation to children. While the Bible does not specifically say anything about masturbation, the reason a Christian physiologist like Blackwell would have seen issue was that it led to the secretion of sperm that could have been used to produce children within the marriage union. She also identified women in this passage, as well as men, indicating that she believed both received pleasure from such practices.<sup>161</sup>

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<sup>159</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 32.

<sup>160</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 33.

<sup>161</sup> Further discussion on female pleasure continues in Chapter 5 in relation to the clitoris as the seat of female pleasure.

Blackwell was not the only physician writing about masturbation or menstruation but she did approach the topic in her own way and did not assume the reader had prior knowledge of the topic. She concluded that too much knowledge regarding the reproductive functions of the body could result in precocious puberty and perpetrated a culture of misinformation:

In the very young child, those essential elements of re-production, sperm and ova, which give such mighty stimulus to passion in the adult, are entirely latent, yet we observe a distinct mental impression produced, leading to an unnatural excitement of the genital organs. The mind is thus rendered impure, and the growing lad or girl develops into a precocious sexual consciousness.

At school a new danger arises to children, from corrupt communication of companions, or in the boy from an intense desire to become a man, with a false idea of what manliness means. The brain precociously stimulated in one direction, receives fresh impulse from evil companionship and evil literature, and even hitherto innocent children of ten and twelve, are often drawn into the temptation.

From the age when the organs of reproduction are beginning slowly to unfold themselves for their future work, the temptation to yield to physical sensation, or mental impression, increases.<sup>162</sup>

The idea that sexual knowledge travelled through peers as dangerous was justified because this manner of education often disseminated incorrect information.<sup>163</sup> As demonstrated throughout this section, ignorance was a key theme throughout these writings. With no formal sex education in schools, and with parents relying on their children picking it up along the way, or more dangerously through practical experience, Blackwell had found the ideal audience for which to publish her writings on sex education in books such as *Counsel to Parents* and *The Human Element in Sex*.

## Conclusion

This chapter has examined the contribution to sex education by Elizabeth Blackwell through analysing her publications and talks. The analysis of reviews written about her

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<sup>162</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 36.

<sup>163</sup> See John L. Rury, "'We Teach the Girl Repression, the Boy Expression': Sexuality, Sex Equity and Education in Historical Perspective", *Peabody Journal of Education*, Vol. 64, No.4 (Summer 1987), pp. 44-58.

texts, followed by a dissection of these works has helped underline her role in this area of medicine. The main argument of this chapter has been that Blackwell's approach was innovative and deliberate as she considered the audience she was writing for, which evolved and expanded overtime, and as such she made her contribution in a number of different arenas. This was not just through publications on sex education but her talks, through her political treatise, texts on women's place in medicine and as a "Christian Physiologist". The existing secondary literature has not considered the contribution Blackwell in relation to sex education. As stated throughout this thesis, many of the primary sources I have consulted have been unused by historians of medicine and the doctor's biographers. While Morantz-Sanchez has identified Blackwell as important within medicine during the Victorian period, as well as using feminist theory, she has not asked the same research questions. Some commentators including Jeffrey Weeks and Frank Mort have referenced Blackwell in their research on attitudes toward sexuality during the nineteenth century but emphasis has not been placed on her publications in shaping such attitudes. Mort has very clearly made the link between medicine and morality but has not remarked on Blackwell's self-identification as a "Christian Physiologist". I have filled these important gaps in the literature by analysing her lesser known writings and by asking different questions about such sources.

I have answered the fourth key question outlined at the beginning of this work concerning the reception of Blackwell's publications. They were ultimately well-received, but there were a handful of periodicals, especially at the beginning of her career, that looked unfavourably on the idea of a female doctor, and questioned her credentials. When answering the third question of her intended audience, it has been concluded that initially the middle classes would have come into contact with her writings. However, the advent of cheaper newspapers and magazines during the nineteenth century meant that Blackwell's readership widened in later years to include the lower classes.<sup>164</sup> This chapter has broadly applied biographical theory

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<sup>164</sup> As will be discussed in Chapter 5, the establishment of the National Health Society by Blackwell in 1871 suggests that she wanted to reach the lowest echelons of society and expel ignorance through

through analysing the reviews of Blackwell's earlier works where public opinion was important in determining the success of her publishing, and potentially medical, career. It is evident that as the years went on she grew in confidence, with her publication record increasing significantly throughout the late-nineteenth century. As well as this, the framework of feminist theory has been used throughout this chapter in shaping analysis of how Blackwell was treated by her reviewers, especially for those publications that diminished her status when referring to her as "Mrs Blackwell". This has also been the case when looking at her publications on the sexual double standard implemented by the Contagious Diseases Acts legislation which called for the enforced inspection of prostitutes while male customers were acquitted of any wrong-doing. Roy Porter's identification of Blackwell as a feminist, discussed in the Literature Review, was made evident when analysing her writings on the female body, menstruation and masturbation.<sup>165</sup>

The language Blackwell used also suggests that she expected an educated, albeit ignorant audience for her texts. A clear and concise method of approaching sex education, where a baseline of medical knowledge was constructed, lies at the heart of her works. It was not just in published format that Blackwell spread her message about ignorance and women in medicine; she also gave many lectures on a variety of topics, many of which were reviewed in national newspapers and medical journals. She placed a high value on the role of women in sex education, not just as medical practitioners, but in their capacity as mothers. This has not been explored by commentators or biographers of the pioneering doctor. The manner in which Blackwell communicated information about the reproductive system to both parents and children in clear and concise terms, along with a tendency toward plain language, suggests that her works were easy to digest and meant to give confidence to parents in talking about sex education. As well as this, she aimed her texts at parents using ages as guidelines for stages of sexual development in their children rather than discussing sex education in an abstract manner.

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practical measures rather than just through print media. This notion has not been addressed by biographers of the doctor.

<sup>165</sup> Roy Porter, *Blood and Guts: A Short History of Medicine* (Penguin Books, London, 2002), p. 52

Blackwell negotiated her role as physician and her identity as a Christian by presenting herself as a “Christian Physiologist” and was transparent about this process in her writings. The same can be said about her political publications where she highlighted the sexual double standard and rallied for the Anti-CDA Movement. There was little wonder that publications such as *The Saturday Review* attempted character assassinations of the first female doctor, who challenged the status quo of medicine as a male preserve. The religious and political aspects of Blackwell’s works highlight her contribution to sex education as well as underlining the feminist and biographical framework employed in this analysis.

Blackwell’s dialogue regarding the emotional aspects of sex, along with the more biological facets of the act is also fascinating. She recognised there was a need to discuss these parallel parts of sex education and was pioneering in this regard. Blackwell tackled the issues of menstruation and masturbation in the same manner as her writings on sex education: in a no-nonsense fashion. Her approach was subtle and addressed parents, but did not scaremonger. She used a variety of approaches ranging from pure biology to addressing the mental and spiritual features of sex. It is clear that she contributed greatly toward sex education practices and much can still be learned from her writings. The next chapter will look at how Blackwell’s professional relationships had an impact on her writings, particularly in relation to moral hygiene and venereal disease, both briefly addressed in this chapter.

## Chapter 4: Networks and Women

### Introduction

This chapter focuses on the networks Blackwell established with other women over the course of her career, from 1849 to 1910. Her position as the first qualified female doctor left her without an existing network of women she could turn to for support, thus she had to create her own. As a result, Blackwell can be seen as the starting point for all female medical networks that built up in America and Britain over the course of the mid to late nineteenth century. The purpose of this work is to answer the fifth key question set out at the beginning of this research as it will determine the importance and influence these networks had on her sex education writings. By using correspondence between Blackwell and those women in her medical network, this chapter argues that there was a culture of tolerance despite the fact that many of these individuals did not get along. This was in order to provide a united front against the male-dominated medical profession that did not welcome the idea of female physicians. The atmosphere within medicine at this time was equal to a “fraternity”,<sup>1</sup> thus making it near impossible for a woman to break ranks.

In works focusing on her contemporaries, like Nightingale and Garrett Anderson, Blackwell is rarely recognised for the impact she had on their professional development and within their network, despite the wide range of sources found at the Library of Congress and Schlesinger Library at Harvard. These sources have been largely ignored by biographers of the pioneering doctor and her contemporaries. The literature on the topic of female medical networks during the nineteenth century is sparse, with very little considering the foundational role of Blackwell in formulating such links between these women. As mentioned before, Regina Markell Morantz has done some research in this field but only in relation to American medical networks where Blackwell is not seen as the starting point for these groups. Yet, within a British

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<sup>1</sup> Elizabeth Hurren, *Dying for Victorian Medicine: English Anatomy and Its Trade in the Dead Poor, c. 1834-1929* (Palgrave Macmillan, London, 2012), p. 19.

context, the secondary literature has focused on the lives of prominent female physicians and has been problematic in linking such women together.

Some biographers of Blackwell and her colleagues have tended to associate networks with friendship.<sup>2</sup> Philippa Levine went even as far to say that “women found kinship with one another”.<sup>3</sup> This equation of female professional relationships with friendship is highly gendered and feeds into stereotypes of professional women. While it is necessary to highlight that many of the exchanges within Blackwell’s female medical network were amicable, others were strictly professional, for example, that between Blackwell and Garrett Anderson. In the secondary literature these female networks are belittled, and have been depreciated in importance through stereotyping. On the other hand, relationships of a significant length - like that of Blackwell and Nightingale - blurred the lines between professionalism and friendship. Elaine Crovitz and Elizabeth Buford also highlight that both these women had “mystical experiences” that persuaded them to take up the gauntlet of medicine, perhaps drawing them closer together.<sup>4</sup> These presumptions are not transposed onto male networks which are seen as more tangible.<sup>5</sup> Mary Ann Elston has also researched this area of women in medicine, but rather than focusing on relationships and correspondence, she has examined institutional development as a means of bringing medical women together.<sup>6</sup>

The networks explored in this chapter must be understood in the context of the increasingly strong literature on female epistolary and practical networks, partly explored in Chapter 1. Leonore Davidoff and Jennie Batchelor have written about

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<sup>2</sup> See Mary Fancourt, *They Dared to be Doctors* and Dorothy Clarke Wilson, *Lone Woman: The Story of Elizabeth Blackwell the First Woman Doctor* (Hodder and Stoughton, Boston, 1970). Sandra Holton has also made this connection in “Kinship and Friendship: Quaker woman’s networks and the women’s movement”, *Women’s History Review*, Vol. 14, No. 3 (2005), pp. 365-384.

<sup>3</sup> Philippa Levine, “Love, Friendship and Feminism in Later 19<sup>th</sup>-Century England”, *Women’s Studies International Forum*, 1990, Vol. 13, No. 12, p. 64.

<sup>4</sup> Elaine Crovitz & Elizabeth Buford, *Courage Knows No Sex* (Christopher Pub. House, London, 1978), p. 22.

<sup>5</sup> See Drury Sherrod, “The Bonds of Men: Problems and Possibilities in Close Male Relationships” in Harry Brod (ed) *The Making of Masculinities: The New Men’s Studies* (Unwin Hyman Ltd, London, 1987), pp. 213-240.

<sup>6</sup> See Mary Ann Elston, ““Run by Women (mainly) for Women’: Medical Women’s Hospitals in Britain, 1866-1948” in Anne Hardy and Lawrence Conrad (eds), *Women in Modern Medicine* (Rodopi, London, 2001), pp. 73- 107.

networks and kinship in this regard, albeit not for this specific time period (1849-1910) as this thesis is framed by biographical theory. Elizabeth Crawford in *Enterprising Women* explains that many networks of women during the nineteenth century were forged through intermarriage and family.<sup>7</sup> This was of particular importance for both Garrett Anderson and Blackwell, who made use of their family network for support while training as doctors.<sup>8</sup> They were in a predominately male environment which was worlds away from the female-dominated private sphere with which they would have been familiar. With this in mind, it is clear to see how important female networks were for supporting medical women, nurses and doctors alike. Essentially, networks, particularly those explored in this chapter, were formed from this realisation that communication amongst one another was the only way forward.<sup>9</sup>

More specific work has been done on the topic of Blackwell's relationships, most notably in an American context. Regina Markell-Morantz highlights the generation gap between Blackwell and Mary Putnam Jacobi,<sup>10</sup> a doctor who worked in the New York Infirmary for Women and Children in New York during 1870, and whose father, George Putnam, published *Laws of Life* in 1852.<sup>11</sup> When Blackwell set out to become a doctor after her graduation in 1849 from Geneva College in New York, medicine was an occupation rather than a science, i.e. a livelihood instead of a chance for experimentation - something which Putnam Jacobi struggled to understand in her studies twenty years later.<sup>12</sup> There was an element of frustration in this relationship, as Jacobi accused Blackwell of always having "disliked, ignored and neglected medicine".<sup>13</sup>

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<sup>7</sup> Elizabeth Crawford, *Enterprising Women: The Garretts and their Circle* (Francis Boutle Publishers, London, 2002), p. 17.

<sup>8</sup> See Mary Fancourt, *They Dared to be Doctors*.

<sup>9</sup> See Barbara Caine, "Feminism, Suffrage and the Nineteenth-Century English Women's Movement", *Women's Studies International Forum*, 1982, Vol. 5, No.6, pp. 537-550.

<sup>10</sup> See Regina Markell Morantz, "Feminism, Professionalism, and Germs: The Thought of Mary Putnam Jacobi and Elizabeth Blackwell", *American Quarterly*, 1982, Vol. 34, No. 5, pp. 459-478.

<sup>11</sup> Julia Boyd, *The Excellent Doctor Blackwell: The Life of the First Female Physician* (Sutton Publishing, London, 2005), p. 241.

<sup>12</sup> Regina Markell Morantz, 'Feminism, Professionalism and Germs', p 461.

<sup>13</sup> Regina Markell Morantz, 'Feminism, Professionalism and Germs', p. 460.



Others held a similar viewpoint. Emily, Elizabeth's sister, stated in one letter: "I know you look on medicine with something of contempt, and there is certainly nothing attractive in the care of miserable, forlorn sick people".<sup>14</sup> It appears that Blackwell was more concerned with bringing equality into medical practice than with the actual practice of medicine, along with a Christian agenda through "moral hygiene".<sup>15</sup> These approaches by Blackwell to medicine brought her into conflict with many high profile medical women in the late nineteenth century, including Mary Scharlieb and Mary Putnam Jacobi. However, this chapter will focus on British connections as the secondary literature for American female networks has been covered in some detail by Regina Morantz-Sanchez. It is for this reason that these women will not be examined in this chapter.

Florence Nightingale, Elizabeth Garrett Anderson, Sophia Jex-Blake and Emily Blackwell have instead been chosen as examples of Blackwell's British female medical network for a variety of reasons. They were pioneers in the field of medicine, attempting to lead the way, in a male-dominated medical sphere, for future generations of nurses, doctors and surgeons during the nineteenth century.<sup>16</sup> Margaret Ghilchuk calls them a "fellowship of women".<sup>17</sup> These women grew up knowing the importance of familial networks, as their mothers, sisters, aunts, etc. formed networks consisting of female family and friends, with whom they could share gossip, seek advice and enter discussion.<sup>18</sup> Yet, the benefits of communication were not just confined to the domestic sphere for women. This group sought out networks of women around them with similar interests and ambitions, usually with a rich benefactress as the matriarch willing to fund their endeavours, as will be seen in the Langham Place Circle later in this chapter.<sup>19</sup> Nightingale, Blackwell and Garrett Anderson were significant figures in

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<sup>14</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 166.

<sup>15</sup> Elizabeth Blackwell, *The Religion of Health* ([n.pub.], Edinburgh, 1878), p. 17.

<sup>16</sup> In *The Evolution of British General Practice, 1850-1914* (Oxford University Press, Oxford, 1999), Anne Digby supports the theory that women "in the face of male hostility...responded by using their own networks to ensure that suitable people were appointed to junior positions", p. 160.

<sup>17</sup> Margaret Ghilchik, *The Fellowship of Women: Two Hundred Surgical Lives* (Smith-Gordon, London, 2011), title page.

<sup>18</sup> Elizabeth Crawford, *Enterprising Women*, p7.

<sup>19</sup> See Vanessa Heggie, "Women Doctors and Lady Nurses: Class, Education and the Professional Victorian Woman", *Bulletin of the History of Medicine*, 2015, Vol. 89, No. 2, pp. 267-292.

the London medical scene, holding sway in the areas of nursing, general practice and surgery. They all had an interest in various aspects of sex, whether through the guises of hygiene, education or sanitation, undoubtedly influencing one another throughout their careers.<sup>20</sup>

Nightingale was perhaps the most recognisable figure of the women identified, due to her work reforming the nursing profession during the mid-nineteenth century and her work in the Crimea. Her relationship with Blackwell is highlighted in *Pioneer Work for Women*.<sup>21</sup> Blackwell showered praise on Nightingale, who provided her with the inspiration and drive to focus her medical teachings on hygiene i.e. sex education. Nightingale was the only person she acknowledged in this regard, indicating that perhaps Nightingale was the most significant member of her network. Elizabeth Garrett Anderson was relatively well-known as the first woman doctor in the United Kingdom in British medical circles, especially in London, with various hospital wings and institutions named after her. She was also an important character in Blackwell's female medical network for various reasons. First of all, Garrett Anderson collaborated with Blackwell on a number of projects including the London School of Medicine for Women (1874) and the Moral Reform Union (1882), which is to be explored in the next chapter. For a long time these two women were the only accredited female doctors in Britain and sought advice from one another both in person and in correspondence.<sup>22</sup> Sophia Jex-Blake was one of the first women doctors in Britain during the nineteenth century and one of the founders of the London School of Medicine for Women along with Blackwell and Garrett Anderson, but left to establish her own school in Edinburgh in 1886.<sup>23</sup> Finally, Emily Blackwell was the second woman in the United States to become a doctor and the sister of Elizabeth Blackwell.<sup>24</sup> They set up the New York Infirmary for Women and Children together in 1857, with Emily continuing her sister's work in New York after Elizabeth left to live permanently in England in 1868.

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<sup>20</sup> See Julia Boyd, *The Excellent Doctor Blackwell*).

<sup>21</sup> See Elizabeth Blackwell, *Pioneer Work in Opening the Medical Profession to Women* (Longmans, London, 1895).

<sup>22</sup> Dorothy Clarke Wilson, *Lone Woman*, p. 403.

<sup>23</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 262.

<sup>24</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 263.

The Nightingale letters to Blackwell cover the period of their relationship, which began in 1851 and lasted until their deaths in 1910. Those communications consulted in this chapter start from 1859, when a firm basis of confidence between the two had built up, until 1898 when Nightingale became too frail to continue writing.<sup>25</sup> The Garrett Anderson correspondence ran for a shorter period of time and were less frequent, potentially due to a more formal and professional relationship, as will be seen below. The letters held at the Library of Congress focus on a specific event in 1894 where Blackwell is mentioned in an editorial piece in the *Gloucestershire Chronicle* about female surgeons.<sup>26</sup> This incident indicates a more formal relationship between Garrett Anderson and Blackwell than that of Blackwell and Nightingale. Whether positive or negative, these relationships ultimately formed the female networks Blackwell built up socially, politically and professionally.

In order to examine these women I will use the theory of Tall Poppy Syndrome, as identified by Anne Mancini and Barbara Pennington.<sup>27</sup> This theory contends that these women wanted to shine individually- they did not want to share their accomplishments with other women who were also emerging in their field and each had their own agenda. Chapter 4 differs from Chapter 2 as it focuses on specific female relationships and support networks in the form of letters, rather than examining the experiences of women doctors through the written works of Blackwell. I will also put forward as second theory, that women like Blackwell, who were the first in their field, had no system of apprenticeship for them to participate in or an understanding of how professional relationships worked.<sup>28</sup> While Jo Manton, in her work on Garrett

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<sup>25</sup> Martha Vicinus & Bea Nergaard (eds), *Ever Yours, Florence Nightingale: Selected Letters* (Harvard University Press, London, 1989), p. 438.

<sup>26</sup> Edith Carrington, "Human Vivisection: Letter to the Editor of the Gloucestershire Chronicle", *Gloucestershire Chronicle*, 2<sup>nd</sup> June 1894, p. 3.

<sup>27</sup> See Peter Doherty, "Time to Champion our Tall Poppies", *Australian Quarterly*, 1998, Vol. 70, No. 6, pp. 54-6 and Anne Mancini & Barbara Pennington, "Tall Poppies in the Workplace: Communication Strategies Used by Envious Others in Response to Successful Women", *Qualitative Research Reports in Communication*, 2011, Vol. 12, No.1, pp. 79-86. This means a tendency to discourage any person who has achieved wealth or great things in public life. This term is generally applied to women who do not want to be usurped or replaced by another woman of similar high-standing.

<sup>28</sup> See Barnes Riznik, "The Professional Lives of Early Nineteenth-Century New England Doctors", *Journal of the History of Medicine and Allied Sciences*, 1964, Vol. 19, No. 1, pp. 1-16. American and British medicine were closely allied during this period.

Anderson, has argued that the only way for many early women doctors to gain experience or gainful employment was to set up their own dispensary,<sup>29</sup> it is clear from the work of Roy Porter that men who wished to pursue medicine did so under this type of system of apprenticeship and flourished accordingly.<sup>30</sup> Pioneer women like Blackwell were unable to partake of this type of fostering activities in their early career because of the misogynistic attitudes surrounding the patriarchal society in which they worked.<sup>31</sup> Both these theories are bolstered by the feminist framework put forward by Dorothy Smith, as set out in the introduction to this thesis.

This chapter will be divided into five sections. First of all, the idea of medical networks will be discussed using Blackwell's experience in New York and the difficulties she faced without the support of other female doctors. This section will also acknowledge the role the Quaker community played in ensuring she had a plentiful client base, particularly during the early 1850s. Secondly, Florence Nightingale will be used as the first emblematic case study in this investigation of Blackwell's female medical network. Their professional relationship is the longest out of the examples put forward, spanning from their first meeting in 1851 and until at least the 1890s. Thirdly, Elizabeth Garrett Anderson's correspondence with Blackwell will be examined in relation to the CDAs and practices at the New Hospital for Women. These two examples provide an interesting reading of their relationship that suggests these women had a frosty interactions despite leading the cause of women in medicine. Sophia Jex-Blake and Emily Blackwell will be examined together as they stood more on the periphery of Blackwell's female medical network. While Blackwell obviously knew her sister, Emily, the longest this does not reflect the depth or usefulness of their relationship. If anything, Blackwell's professional relationship with her sister was the most strained out of those examined in this chapter. Before Blackwell moved to England, her sister had threatened to leave medicine, but once Blackwell moved away there was no more talk of Emily leaving the profession.<sup>32</sup> Finally, the Langham Place

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<sup>29</sup> See Jo Manton, *Elizabeth Garrett Anderson* (Methuen, London, 1965).

<sup>30</sup> Roy Porter, *Blood and Guts: A Short History of Medicine* (Penguin Books, London, 2002), p. 115.

<sup>31</sup> Roy Porter, *Blood and Guts*, p. 115.

<sup>32</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 239.

Circle will be put forward as part of Blackwell's medical network. This group provided support and financial aid to the pioneering doctor both in New York and London and encouraged her to permanently relocate from America to Britain in the later 1860s.

This chapter will generate new research in the form of unused primary sources and the introduction of the Langham Place Circle to the history of medicine, whose literary circle has never before been so intrinsically linked with the medical world. This link between medical and literary women is new and highlights the rise in professionalism amongst women during the late nineteenth century, as well as the importance of networks between women. Some of the letters used here have not previously been analysed, particularly in relation to the key question of how such correspondence could have had an impact on Blackwell's publications on sex education.

## Networks

Mary Fancourt has argued it took several generations of women graduates, doctors and activists to put in place the idea of mentoring through the establishment of institutions like the London School of Medicine for Women in 1874, which were designed solely for the education of women.<sup>33</sup> Both theories, identified in the previous section, play a part in analysing the networks Blackwell formed and the professional relationships she fostered. Tall Poppy Syndrome is of particular interest in relation to the doctor as there was a sense of pride in her success at being labelled a pioneer in the field of medicine and also a hesitancy or unwillingness to encourage other women into her line of work for fear they would steal the limelight. In fact, Freedman argues that "success isolated women....and placed them in an alien and often hostile community".<sup>34</sup> If Blackwell had been given the same treatment as her male colleagues in the initial stages of her career, and had a more positive experience in gaining her medical degree, perhaps she would have been more openly willing to take on the role of mentor earlier on. This is something which will be considered throughout this chapter.

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<sup>33</sup> Mary Fancourt, *They Dared to be Doctors*, p 132.

<sup>34</sup> Estelle Freedman, "Separatism as Strategy: Female Institution Building and American Feminism, 1870-1930", *Feminist Studies*, Vol. 5, No. 3 (1979), p. 522.

Before Blackwell could carry out any of this work, she had to learn some valuable lessons in New York during the 1850s and 1860s concerning networks and their importance.<sup>35</sup> The Quakers in New York provided Blackwell with the principal clientele in her initial medical practice and were supportive of the lectures she gave in 1852 as discussed in Chapter 2. There were also a number of Quakers acting as trustees for the dispensary board of the New York Infirmary for Women and Children in 1857.<sup>36</sup> For this venture Blackwell was advised to “ask the most influential men she knew to act as the clinic’s trustees and consulting physicians...[who] must be prepared to use their influence to support her and not desert her the moment anything went wrong”.<sup>37</sup> This inclusion of a male network for Blackwell should seem surprising, but, in reality, Blackwell lived in a patriarchal society where men held the power and, more importantly, the purse strings.<sup>38</sup> In the political world, this hierarchy of men over women was more complex where women participated in on political reform- as will be seen with the Contagious Diseases Acts. Women were often instrumental in helping pass legislation through lobbying and campaigning for social change, as Blackwell well knew.<sup>39</sup> On the medical front, she had learnt the significance of forming good working relationships with male doctors who held sway and could open doors for her, as seen in Chapter 2, and her mission to gain admission to medical college.<sup>40</sup> What is noteworthy here is lack of mentorship by these male doctors, who merely offered their libraries to Blackwell rather than coaching her personally in medical practice.<sup>41</sup>

There is also an argument to be made for religious affiliations as the basis of networks. Of course, Blackwell’s connection with the Quaker community has been outlined by the likes of Mary Fancourt, Julia Boyd and Frank Mort. However, the location of the

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<sup>35</sup> Peggy Chambers, *A Doctor Alone: A Biography of Elizabeth Blackwell, the First Woman Doctor, 1821-1910* (Morrison & Gibb Ltd, London, 1956), pp. 91-109.

<sup>36</sup> Julia Boyd, *The Excellent Doctor Blackwell*, pp. 188-9. Before the establishment of the infirmary by Blackwell, she had founded the New York Dispensary for Poor Women and Children in 1854, also with the backing of the Quaker community.

<sup>37</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 167.

<sup>38</sup> Julia Boyd, *The Excellent Doctor Blackwell*, pp. 165-8.

<sup>39</sup> See Sarah Richardson “‘You Know Your Father’s Heart’: The Cobden Sisterhood and the Legacy of Richard Cobden” in Anthony Howe & Simon Morgan (eds) *Rethinking Nineteenth Century Liberalism: Richard Cobden Bicentenary Essays* (Ashgate, Cornwall, 2006), pp. 229-247.

<sup>40</sup> Julia Boyd, *The Excellent Doctor Blackwell*, pp. 69-84.

<sup>41</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 73.

dispensary, and later infirmary, meant that a large number of Irish and German immigrants were to form the greater part of the practice, alongside her Quaker patients.<sup>42</sup> It was at this stage that it was recommended to Blackwell that she “should gain the confidence of one or two Catholic priests”.<sup>43</sup> As this was the period directly in the aftermath of the Irish Potato Famine (1845-52), masses of Irish were arriving in New York, flocking to the poor quarters, often relying on the Catholic community in the area for support and advice; as they would have done in their former homeland.<sup>44</sup> This was a shrewd move by Blackwell and proved that making links with religious communities like the Quakers, who were enthusiastic about Blackwell’s approach to moral hygiene, was a useful way of tapping into a new source of income. Given that Blackwell was separated from her family network during the initial New York years, it was crucial that she received this beneficial advice.

It could be argued that she felt that she had earned her achievement more than the others who came after her and was less willing to help them. However, she did mentor Elizabeth Garrett Anderson, through providing encouragement and support with her thesis and also career advice,<sup>45</sup> possibly due to the networking opportunities she saw within the Garrett family.<sup>46</sup> It is difficult to say what her motives were in this case but clashes with Garrett Anderson, which will be explored later, over aspects of women in medicine during the 1890s and the Contagious Diseases Acts during the 1870s and 1880s, perhaps also indicate a sense of disappointment in her successor. Even so, Blackwell had a large part to play in revolutionising medicine (i.e. sanitation and hygiene) in England with the establishment of the London School of Medicine for Women, alongside Elizabeth Garrett Anderson and Sophia Jex-Blake. This institution helped foster an environment that was conducive for women who wished to pursue a career in medicine and free from “harassment and heckling” from male students,<sup>47</sup> as

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<sup>42</sup> Ishbel Ross, *Child of Destiny: The Life Story of the First Woman Doctor* (Victor Gollancz Ltd, London, 1950), pp. 182-3.

<sup>43</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 167.

<sup>44</sup> See Ronald H. Beyor & Timothy J. Meagher (eds.) *The New York Irish* (JHU Press, Baltimore, 1996).

<sup>45</sup> Jo Manton, *Elizabeth Garrett Anderson*, p. 189; Elizabeth Crawford, *Enterprising Women*, p. 53.

<sup>46</sup> See Mary Fancourt, *They Dared to be Doctors*.

<sup>47</sup> Dorothy Clarke Wilson, *Lone Woman*, pp. 419-20.

experienced by Jex-Blake, who attempted to study medicine in Edinburgh during the early 1870s.

## Florence Nightingale

The relationship between Nightingale and Blackwell has not been as well-documented in the secondary literature as one might think. The most recent commentary on this affiliation has come from Blackwell's biographer, Julia Boyd in her short 2009 article where she suggests that the affiliation between these women was at times fraught.<sup>48</sup> Certainly, Blackwell's biographers, like Boyd, have attributed to Nightingale the honour of inspiring the pioneering doctor's work on hygiene and sanitation, but Nightingale's biographers have not placed Blackwell in such high-standing. This has much to do with the celebrity of 'the Lady of the Lamp' during the nineteenth century, along with the plethora of correspondence she produced over her lifetime; other, more often male, figures have taken prominence in the story of Nightingale. The female networks the celebrated nurse built up over the course of her career are often forgotten or undocumented in favour of the patriarchal figures of power who dominated the late-nineteenth century.

Yet, their first contact in November 1850 appeared to have gone well, with the two women discovering much in common.<sup>49</sup> On meeting Nightingale, Blackwell recorded that she found her to be "one of my most valued acquaintances".<sup>50</sup> Their initial friendship consisted of hours "spent by [the] fireside in Thavies Inn, or walking in the beautiful grounds of Embley, discussing the problem of the present and hopes of the future".<sup>51</sup> It was through this relationship that Blackwell later admitted that "to her, chiefly, I owed the awakening to the fact that sanitation is the supreme goal of medicine, its foundation and its crown".<sup>52</sup> When they eventually had to part in May 1851, Blackwell recorded in her diary that they did so in tears.<sup>53</sup> Their next

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<sup>48</sup> Julia Boyd, "Florence Nightingale and Elizabeth Blackwell", *The Lancet*, Vol. 373 (2009), p. 1516.

<sup>49</sup> Elizabeth Blackwell, *Pioneer Work*, p. 169.

<sup>50</sup> Elizabeth Blackwell, *Pioneer Work*, p. 176.

<sup>51</sup> Elizabeth Blackwell, *Pioneer Work*, p. 176.

<sup>52</sup> Elizabeth Blackwell, *Pioneer Work* p. 143.

<sup>53</sup> Mary Fancourt, *They Dared to be Doctors*, p. 65.



documented meeting is in a letter from Elizabeth to Emily Blackwell in February 1859.<sup>54</sup> During this stay, Blackwell visited Nightingale and they discussed schemes involving nursing, which was continued via correspondence that will be explored later in this section.

Millicent Fawcett, in her preface to a posthumous edition of Blackwell's *Pioneer Work*, contemplated the relationship between Blackwell and Nightingale. She stated that they resembled one another in a number of ways:

they were within months of the same age; they both had the sense of vocation; the strong religious feeling as the base and root of all their work; the same intense distaste to the ordinary life of young ladyhood, wasting time over inane conversation, paying calls and making babies which no one wanted; the same feeling that they had got to do what each eventually did do in the way of raising the standard of women's work; the same intense joy and satisfaction in her appointed task when once she had established the right and power to do it.<sup>55</sup>

Yet, this was where the similarity ended. Both had a reason to envy the other in terms of family life. The Nightingales were wealthy, but they opposed their daughter's notion of becoming a nurse.<sup>56</sup> The Blackwells were supportive of Elizabeth's ambition, even if they were unable to provide the financial means to help her achieve her dreams.<sup>57</sup> At the time Blackwell and Nightingale first met in 1850, Nightingale had not yet gone to the Crimea, but Blackwell had already succeeded in gaining her medical degree and had earned her status as the first qualified female medical doctor in the world.<sup>58</sup> The fact remained that despite being awarded the title of M.D. in 1849, Blackwell was still exploring her speciality in medicine in the 1850s.<sup>59</sup> As mentioned before, Blackwell was heavily persuaded by Nightingale towards sanitation and the important role it should play in treating patients.<sup>60</sup> This included "clean air, clean water, pure food,

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<sup>54</sup> Elizabeth Blackwell, *Pioneer Work*, p. 163.

<sup>55</sup> Millicent Fawcett in Elizabeth Blackwell, *Pioneer Work*, pp. vii-ix.

<sup>56</sup> Elizabeth Blackwell, *Pioneer Work*, p. ix.

<sup>57</sup> Elizabeth Blackwell, *Pioneer Work*, p. ix.

<sup>58</sup> Peggy Chambers, *A Doctor Alone*, p. 86.

<sup>59</sup> See Elizabeth Blackwell, *Pioneer Work*.

<sup>60</sup> Peggy Chambers, *A Doctor Alone* p. 95.

temperance, soberness, and chastity”.<sup>61</sup> From this we can see how Blackwell saw her work in sex education as ‘moral hygiene’ and through this her views on sex education.

Throughout their correspondence, both Nightingale and Blackwell discussed Nightingale’s ideas on sanitation and hygiene that swayed Blackwell’s path in medicine. The first incidence of this came on 7 March 1859, where Nightingale opened with:

My dear friend,  
I do not want to prevent you from making any use of my “ideas” as you please. After they have become yours, they are no longer any more mine than yours. There is no copyright in “ideas”.  
But I think the course you propose to take (in your next lecture) is a very dangerous one for the \_\_\_\_ of your own “ideas”. I mean i.e. that think it may quite prevent you carrying out your own plan.<sup>62</sup>

It was clear that Blackwell was open about ‘making use’ of her friend’s ideas about sanitation. She did give credit where it was due, even if Nightingale did not want to be associated with Blackwell's projects.<sup>63</sup> These were usually projects associated with nursing hospitals or establishing hospitals for women in the London area.<sup>64</sup>

This dismantling of Blackwell’s ideas concerning building such institutions could also be an example of “Tall Poppy Syndrome”. Indeed, in a letter dated 10 February 1859 Nightingale quashed Blackwell’s notion about the establishment of a hospital several times. She wrote:

My dear friend,  
You ask me for my counsel; and in a matter of such importance, I will not hesitate to give it at once. I would lay down two points as essential in establishing a sanitary professorship.

1. That it should be attached to an established hospital
2. That the sanitary professor should not be the Director of the Hospital (but the Superintendent of the Nurses)

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<sup>61</sup> Millicent Fawcett in Elizabeth Blackwell, *Pioneer Work*, p. xiii.

<sup>62</sup> Florence Nightingale, *Letter to Elizabeth Blackwell*, 7<sup>th</sup> March 1859.

<sup>63</sup> Florence Nightingale, *Letter to Elizabeth Blackwell*, 7<sup>th</sup> March 1859. For more information on the projects Nightingale put her name to see Sandra Holton, “Feminine Authority and Social Order: Florence Nightingale’s Conception of Nursing and Health Care”, *Social Analysis: The International Journal of Social and Cultural Practice*, No. 15, Gender and Social Life (August 1984), pp. 59-72

<sup>64</sup> Julia Boyd, *The Excellent Doctor Blackwell*, pp. 249-263.

This is the result of my long experience, and a conclusion not lightly made.

That all hospitals will ultimately be in the country, I have empathetically said, both in and out of print. In this therefore I am not likely to differ from Madame de Noailles- but I should say that the way to order, not to help this desirable consummation would be to begin with a small pottering women's hospital "on a farm in the country".

Think what £5000 is! (about £150 per annum or a hospital!!)...

...Should I live, I have thought a Sanitary Professorship might be most advantageously attached there.<sup>65</sup>

Here Nightingale emphasised her experience in this area despite Blackwell having qualified as a medical professional ten years previously. It appears that the nurse's time in Crimea was valuable to the pioneering doctor but why, we are not sure. The confidence with which Nightingale provided her "counsel" was astonishing considering that she lacked a professional qualification in this field. This was just one of the many examples of Tall Poppy Syndrome displayed in the Blackwell/Nightingale correspondence. Some have suggested that the nurse was a controlling figure who clashed with many doctors throughout her career,<sup>66</sup> but perhaps she found in Blackwell a more compliant figure:

To answer your two questions however, as you have put them, I think Lord Brougham too old for a Trustee. I think either Lord Ashburton or Lord Grenworth would do very well for a Trustee, very ill for a Counsellor. The former is still in the east.

2. I could not act as one of your advisors, because I entirely deprecate the principle of the thing proposed to you.

Were I in health, I would give my best advice, even where I anticipated possible failure. But what I told you is perfectly sure, people bring me anxieties for my sick holiday, any one of which would overwhelm a person in perfect health.

In justice to the Army, to India, therefore I can undertake nothing not entirely my business.<sup>67</sup>

Again Nightingale placed emphasis on her experience and networking abilities by suggesting the names of trustees who would have been beneficial to Blackwell's

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<sup>65</sup> Florence Nightingale, *Letter to Elizabeth Blackwell*, 10<sup>th</sup> February 1859.

<sup>66</sup> Elizabeth Anionwu, "A history that lives on: Florence Nightingale and Mary Seacole first met in the Crimea. Elizabeth Anionwu describes how they overcame personal battles to get there", *Nursing Standard*, Vol. 26, No. 5 (October 2011), p. 18.

<sup>67</sup> Florence Nightingale, *Letter to Elizabeth Blackwell*, 10<sup>th</sup> February 1859.

scheme of establishing a women's hospital in London. Nightingale excused herself from such a notion by citing health reasons, which plagued her for most of her adult life.<sup>68</sup> She did not agree with the project proposed by Blackwell and insinuated that she felt failure was on the horizon for such a hospital. The nurse went further by stating:

If you wish to know why I feel so certain of failure (for schemes which do not give that element of stability to which a number of jarring interests, paradoxical as it may sound, contributes more than anything) I will refer you to the enclosed proof- although it relates exclusively to nurses [It is not for publication, I will ask you to return it to me]

It is the result of much anxious consideration and burnt in experience. Nothing would ever induce me to undertake anything when I could not have, jealous and warning elements (and men too) to my staff up to their work.

At the same time take this only for what it is worth.<sup>69</sup>

More evidence of what can be interpreted as Tall Poppy Syndrome is displayed here on the part of Nightingale by attempting to undermine the project Blackwell proposed. The pioneering doctor was trying to further the cause of women in the medical profession but the nurse saw this as a conflict of interest for her plans to make nursing a respectable career. It did not occur to the Crimean veteran that both could occur side-by-side. In spite of these objections, Blackwell was later successful in founding two hospitals for female physicians in both New York and London.

In the following extract she acknowledged that women of all ages suffered opposition in their pursuit of any employment in the medicine, either as nurses or doctors. This relates to the materials Blackwell published on the entrance of women into the medical profession, as seen in both Chapter 2 and 3.

I hurt very much to what themselves feel they can do: that is, no what girls of sixteen, nor what elderly ladies of fortune and rank, who are just as inexperienced as girls of sixteen, feel can be done, but what people like you and me, that is middle-aged women who have struggled with every kind of opposition in the world feel they themselves can do. This is a very good guide.

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<sup>68</sup> See Barbara M. Dorsey, "Florence Nightingale: Her Crimean Fever and Chronic Illness", *Journal of Holistic Nursing*, Vol. 28, No. 1 (March 2010), pp. 38-53 which provides a detailed breakdown of all the illnesses and symptoms Nightingale experienced. At this point in her life she was experiencing symptoms including paralysis.

<sup>69</sup> Florence Nightingale, *Letter to Elizabeth Blackwell*, 10<sup>th</sup> February 1859.

I should feel certain of failure in doing what you propose to do (supposing even that I had your physiological and medical knowledge) while the opposition of the authorities...might make you feel certain of failure, therefore I say take this only for what it is worth- each man (and woman) must measure his own calling.<sup>70</sup>

This letter is capable of many readings but in this context it appears that these were words designed to quell Blackwell's confidence in her plans and also to distance Nightingale from such a scheme. Failure was also mentioned four times in this letter in relation to Blackwell's endeavour. Nightingale provided some useful advice to Blackwell based on her own experience of the men associated with Boards of Trustees and the medical sphere in general. However, the tone of the letter was informal in places- almost as if Nightingale was brushing aside Blackwell's ideas and the letter was her putting space between them. In this Nightingale's tone appears helpful throughout, but also patronising, through emphasising Blackwell's lack of experience. Again, this letter could be interpreted in many ways, but when taking in consideration Nightingale's letters to others about Blackwell, it is hard not to come to the conclusion that Nightingale simply tolerated her.

As mentioned before, Nightingale's ideas were linked to sanitation and hygiene- the cornerstones of Blackwell's work on sex education- which were examined in Chapter 2. During the time these women were writing, the most popular theory for diseases in medicine was linked to morality.<sup>71</sup> It was through this vein of thought that the likes of Nightingale and Blackwell arrived at the conclusion that morally clean living could be encouraged by a physically clean body and environment.<sup>72</sup> Blackwell's self-identification as a "Christian Physiologist" was linked to the idea of morality.<sup>73</sup> As we have seen in previous chapters she saw her writings as a part of the greater Christian good in encouraging people, particularly those of the lower classes, to live better if not cleaner lives.<sup>74</sup> Basic sanitation and hygiene practices were a key part of her teachings,

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<sup>70</sup> Florence Nightingale, *Letter to Elizabeth Blackwell*, 10<sup>th</sup> February 1859.

<sup>71</sup> See Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England since 1830* (New York, Routledge, 2000).

<sup>72</sup> See Elizabeth Blackwell, *The Religion of Health* ([n.pub.], Edinburgh, 1878).

<sup>73</sup> Elizabeth Blackwell, *The Human Element in Sex: Being a Medical Enquiry into the Relation of Sexual Physiology to Christian Morality* (J.A. Churchill, London, 1884) p. 9.

<sup>74</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 9

which ultimately led to a sex education concerned with self-care and awareness of the evils of sexual urges.<sup>75</sup> Nathan Roth argued that Blackwell struggled with her own sexual libido and used these texts on sex education as a means of funnelling her desires into an appropriate forum.<sup>76</sup> I do not agree with statement by Roth, instead I believe that her writings came a wish to educate about sex education.

Nightingale's ideas were not the only facet of their relationship. She had found herself well connected after the Crimean War- something Blackwell made full use of when asking for information and advice. This was, for the most part, evident in relation to the Contagious Diseases Acts where, in a series of letters dating from 1870 to 1871, Nightingale provided Blackwell with the numbers of soldiers admitted with venereal disease as well as the names and addresses of key contacts involved with the Acts:

Inspection of troops for syphilis were matter of regulation before our Royal Commission, presided over by Sidney Herbert, in 1857, and were carried out on throughout the service. Under this system the following were the results:

Admissions for Venereal per 1000	1857-8	1858-9
	441	463

The practice was abolished by our new Medical Regulations issued by Sidney Herbert in October 1859 after he became Secretary of State for War.

[N.B. Medical Officers objected to the practice as degrading and useless- they preferred trusting to voluntary application on the part of the men]

The following were the result of the new method:

Admissions per 1000	1863-4	1864-5
	307	291

The Foot Guard have their own usages and inspections are carried out in two of the Regiments- not in the third- with the following results:

Admissions per 1000	1865-7	
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<sup>75</sup> See Elizabeth Blackwell, *The Human Element in Sex*; Elizabeth Blackwell, *Pioneer Work*.

<sup>76</sup> Nathan Roth, "The Personalities of Two Pioneer Medical Women: Elizabeth Blackwell and Elizabeth Garrett Anderson", *Bulletin of the New York Academy of Medicine*, 1971, Vol. 47, No. 1, pp. 67-79.

<u>Inspected Regiments</u>	Primary Syphilis	Secondary Syphilis
Grenadier Guards	195.4	19.5
Coldstreams	159.2	33.5
<u>Non-Inspected Regiment</u>		
Scots Fusiliers	75.5	20.2

This evidence, as you will see, strongly confirms the view held by nearly all who really understand the subject that the “Inspections” were as utterly useless as they were degrading to the men and to the officers and that voluntary application and appeal to honour have greater success.<sup>77</sup>

It was obvious from this letter that Nightingale was well informed and well-connected, otherwise Blackwell would have sourced these figures for herself. She was also willing to associate herself with causes linked with sanitation, as with the case of venereal diseases in the army. She wrote to Blackwell on the issue of the Contagious Diseases Acts, which was linked with the rise of syphilis, both primary and secondary, in the army, and something with which both Nightingale and Blackwell disagreed.

The Acts, which will be dealt with in the next chapter, were a great cause of concern for those women with medical knowledge, as they knew first-hand “the cruelty of forced examinations”.<sup>78</sup> Nightingale made some sound reasoning for her rejection of the Acts that she submitted to Blackwell for her deliberation:

[I am] submitting my reasons to your consideration, as follow:

1. The act should go. Government may get rid of its perplexity in a moment by ceasing to interfere beyond its function. For in going out of its way for any unwise purpose, it necessarily becomes and remains perplexed
2. I am sorry to say the causes of Prostitution are perfectly well known. They can be dealt with mainly only by moral means. In distinct cases of seduction, the man, not the woman; should bear all the weight. All ‘procuring’ should be felony. [the law however would meet only the minority of cases]

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<sup>77</sup> Florence Nightingale, *Letter to Elizabeth Blackwell*, 1<sup>st</sup> February 1870.

<sup>78</sup> Florence Nightingale, *Letter to Elizabeth Blackwell*, 6<sup>th</sup> May 1871.

3. It is impossible to make 'voluntary infection' a crime. It would extend to both sexes- and it animus could never be proved.
4. Compulsory locking up under women is as bad as under men. The great bulk of the prostitute class as not accessible either for locking up
5. The Police law at present allows the police to clear the streets and known houses can be shut up.<sup>79</sup>

Here Nightingale made reference to the causes of prostitution- as set out by William Acton.<sup>80</sup> However, she believed that the men who solicited women should be held responsible rather than the women who were driven to such employment. This is in line with Blackwell's writings on the matter, analysed in both Chapter 3 and 5. Nightingale also believed in the Christian mission to save such fallen women and that provision should have been made through the Poor Law to aid such cases:

The only suggestion that can be made is the old, old story – the one founded on human duty to the erring and diseased i.e. making provision by means of dispensaries and wards under the Poor Law for the treatment of all poor women who present themselves voluntarily- taking means through the Police to inform the poor- and then let Christian women take their share in dealing with their fallen sisters in the way of gentleness and considerate charity. The Act has failed in India. At best it has produced no sensible effect as you will see in the Annual Report of the Sanitary Commissioner with the Government of India. And in spite of Army Medical Dept. it will fail here.<sup>81</sup>

Earlier in the letter Nightingale stated "Be a woman ever so vicious, she has in alienable personal rights; which none but such idiots as social legislator would venture to interfere with".<sup>82</sup> Furthermore, in calling such legislators "idiots", she demonstrated the comfortable epistolary relationship these women enjoyed, at least with issues upon which they agreed. This is not the type of language a person of Nightingale's social standing and position would have used in the public sphere. The letter also suggested that Nightingale agreed with Blackwell on the sexual double standard the CDAs made law, as explored in the previous chapter.

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<sup>79</sup> Florence Nightingale, *Letter to Elizabeth Blackwell*, 6<sup>th</sup> May 1871.

<sup>80</sup> See William Acton, *Prostitution, Considered in its Moral, Social and Sanitary Aspect, in London and other large cities, with Proposals for the Control and Prevention of its Attendant Evils* (Frank Cass, London, 1857). This will be explored further in the next chapter.

<sup>81</sup> Florence Nightingale, *Letter to Elizabeth Blackwell*, 6<sup>th</sup> May 1871.

<sup>82</sup> Florence Nightingale, *Letter to Elizabeth Blackwell*, 6<sup>th</sup> May 1871.



In another letter Nightingale offered Blackwell some sage advice about the “Association”, i.e. the Anti-Contagious Diseases Acts Movement, who should continue their campaign but called their actions “amateur”<sup>83</sup> throughout their correspondence:

I have greatly deplored the doctrinaire, not to say amateur, mode of action of the Association, not because I feel less but because I have a strong conviction than any of them against the C.D. Acts.

When I compare the thorough action of the two Royal Commissions which I worked, in which every fact or so called fact or statistic was lifted to the backbone, in which no opinion of any kind, certainly not medical opinion, was admitted as mere opinion in matters which were matters of fact.

I feel a sort of despair at the working of the Association in which anything but opinion is invoked. The other side is no better which is a comfort. But it will be a mere battle of the Frogs and Mice i.e. of mere talk and opinion.

Believe me, Mr Maclaren’s evidence is too precious, if it can be lifted and found undeniable, to be treated by amateur in this way. If the Association required professional assistance, they should refer the Police Report, with Mr Maclaren’s statement to some disinterested statistical authority- Dr Farr for instance and ask his conclusions.

I wish so well to every opponent of the C. D. Acts that I regret that they do not take it up (as I did in Army Sanitary Reform i.e. not as subsidiary or magazine or newspaper work but as the most serious work of life to strain every nerve for, as a General does in a campaign, with professional ability and devotion- without which they will do little good. And I regret that I am entirely unable, overdone as I am with business for this most urgent war and most dreadful crisis ever known in the history of civilised mankind- to put my experience), in the only way it would be worth putting, at the disposal of the Association.<sup>84</sup>

As with the nursing hospital, Nightingale distanced herself from one of Blackwell’s projects and attempted to shake her confidence in this undertaking, despite supporting the idea behind the issue. This episode demonstrated elements of Tall Poppy Syndrome with Nightingale’s effort to dissuade Blackwell.<sup>85</sup> Nightingale may have been jealous of Blackwell’s charge into this important, and politically motivated, movement, as Nightingale was not well enough to leave her rooms.<sup>86</sup> She referred to

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<sup>83</sup> Florence Nightingale, *Letter to Elizabeth Blackwell*, 13<sup>th</sup> October 1870.

<sup>84</sup> Florence Nightingale, *Letter to Elizabeth Blackwell*, 13<sup>th</sup> October 1870.

<sup>85</sup> See Anne Mancini & Barbara Penington, ‘Tall Poppies in the Workplace’.

<sup>86</sup> See Barbara Dorsey, ‘Florence Nightingale’.

the Anti-Contagious Diseases Acts Movement, led by Josephine Butler, as amateur-not once but twice- and insinuated their unprofessional approach to the campaign. Nightingale went further to express her regret that the work of the Association, and that of Blackwell through affiliation, was not worthy of the cause, in her view. However, Nightingale did not always limit her strong convictions to one Blackwell; towards the beginning of her friendship with Elizabeth Blackwell, Nightingale took the time to write to Emily Blackwell on 12 May 1856 with her musings on who she considered to be the ideal candidate in advancing the status of women in the medical profession. This would have been around the time Elizabeth's sister was contemplating becoming a doctor. Such a woman "must have both natural talent and experience and...knowledge of medicine and surgery".<sup>87</sup> Nightingale acknowledged that sacrifices needed to be made by such a woman, as "she must be entirely above all flirting or then desiring to marry...she must be above all personal feelings, hopes and fears".<sup>88</sup>

This was a long list of prerequisites for any women willing to pursue medicine and surgery as a professional career. Indeed, the person Nightingale was looking for bore remarkable resemblance to the sister of the recipient of the letter, Elizabeth Blackwell, which may well be considered a compliment, however, a shrewd interpretation of this would consider the public nature of these letters within a network, which were often kept and shared. Nightingale may have anticipated that Emily's sister would have read this letter too. Certainly, Blackwell never married and debated the decision in her autobiography, *Pioneer Work in Opening the Medical Profession to Women* (1895), quite openly and endeared her to Nightingale.<sup>89</sup> In any case, Nightingale offered Emily the opportunity to go to the Crimea with her, which she refused.<sup>90</sup> If she had accepted, the course of Elizabeth Blackwell's career in relation to sex education and moral hygiene would have been slowed significantly and the New York Infirmary for Women and Children may not have existed. Emily was the co-founder of the infirmary and without her help such a project would have fallen to the wayside or taken place on a

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<sup>87</sup> Florence Nightingale, *Letter to Emily Blackwell*, 12<sup>th</sup> May 1856.

<sup>88</sup> Florence Nightingale, *Letter to Emily Blackwell*, 12<sup>th</sup> May 1856.

<sup>89</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p.151.

<sup>90</sup> Peggy Chambers, *A Doctor Alone*, p. 117.

much smaller scale. This letter shows how the idea of a female medical network worked and had the potential to have an impact upon Blackwell and sex education.

Dorothy Wilson explores another side to the Nightingale/ Blackwell relationship when, only four years later, Nightingale wrote in a letter to John Stuart Mill stating that

female M.D's have taken up the worst part of a male M.Dship of fifty years ago. The women have made no improvement, they have only tried to be men, and they have succeeded only in being third-rate men.<sup>91</sup>

Perhaps this may explain why Nightingale set the standard so high for a female doctor in her letter to Emily Blackwell. It was strange that she laid out her thoughts on the ideal female doctor to someone so close to the first recognised medical woman.

Nightingale may have been hinting at her disapproval of Elizabeth Blackwell or, as Wilson terms it, "contempt" for her.<sup>92</sup> As mentioned in the introduction, many female doctors that came after Blackwell, such as Mary Putnam Jacobi, were unimpressed with the pioneering doctor who was more interested in helping social campaigns than practising medicine. In citing that the ideal female doctor should have 'natural talent and experience', Nightingale may have been referring to Blackwell's tendency to shy away from the real work of the medical profession, hiding behind her publications and activism. Nightingale's comment also hinted that professional jealousies had been growing for some time. This may suggest why Nightingale held high standards for potential female doctors in her mind, as she would never have accepted their equal status to men in the field of medicine.

Later letters from Nightingale were addressed to a "Miss Blackwell".<sup>93</sup> By not conferring and denying the hard-earned title of doctor on Blackwell, Nightingale provided more evidence of her idea of the female doctor being 'third-rate'. In another letter from Florence Nightingale to a Dr Sutherland she claimed that "I have no great faith in Miss Blackwell".<sup>94</sup> Again, she did not confer Blackwell's title on her- even in

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<sup>91</sup> Florence Nightingale, *Letter to John Stuart Mill*, 12<sup>th</sup> September 1860 in Wilson, *Lone Woman*, p. 369.

<sup>92</sup> Dorothy Clarke Wilson, *Lone Woman*, p. 370.

<sup>93</sup> Florence Nightingale, *Letter to Elizabeth Blackwell*, 13<sup>th</sup> October 1870.

<sup>94</sup> Florence Nightingale, *Letter to Dr Sutherland*, 12<sup>th</sup> July 1872, Florence Nightingale Museum.

conversation with other medical professionals. What can be interpreted from this is the lack of respect Nightingale felt for Blackwell at this time in their relationship. This evidence suggests that Nightingale was much more confident than Blackwell about how to manipulate the patriarchal structure of society at the time. The fact that Nightingale put Blackwell down, in the letters that we know of, suggests that Nightingale was trying to establish herself as the real medical authority amongst the emerging female medical professionals of the age. Blackwell had a medical degree, but Nightingale had contacts who were just as, if not more, useful. I demonstrate that Nightingale attempted to outmanoeuvre Blackwell and belittle her in the eyes of the medical establishment. It seems plausible given the way in which Nightingale persuaded Blackwell against campaigns with which she wanted to be associated.

The last letter the Library of Congress holds for their relationship dates from 15 December 1898. It is not known if this is the last letter of their relationship or if their friendship extended past 1898. While the letter is incomplete, its focus was completely on Nightingale and her activities. Little reference was made to Blackwell or what she was doing, although Nightingale thanked her for a previous letter. With her usual Nightingale style, she mentioned several prominent people with whom she had come into contact, such as the Professor of the Jesuit College in Nancy, France, as well as the Duchess of D'uzes - an influential contact of Nightingale's - to highlight her elevated position on the Continent.<sup>95</sup> This is a type of behaviour associated with Tall Poppy Syndrome, as Nightingale was showing off her powerful friends in a bid to show Blackwell who was the more powerful of the two. It appeared that at this stage in their relationship Blackwell had stopped asking her friend for advice because Nightingale no longer had any worth to her; or because Blackwell had developed enough confidence in her own ideas, or has found more reliable medical women for her network.<sup>96</sup>

The relationship between Elizabeth Blackwell and Florence Nightingale is another area in the history of women in medicine that has been disregarded. There is little analysis

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<sup>95</sup> Florence Nightingale, *Letter to Elizabeth Blackwell*, 15<sup>th</sup> December 1898.

<sup>96</sup> See Elizabeth Blackwell, *Pioneer Work*; Dorothy Clarke Wilson, *Lone Woman*.

of their correspondence in the existing secondary literature while Nightingale's biographers have generally focused on the male associations she had throughout her lifetime. In answering the fifth key question about the influence Blackwell's professional relationships had on her publications regarding sex education, it has been shown that Nightingale's influence went further than publications. She acted as an advisor for the pioneering doctor in other areas of her career such as the establishment of training centres for female doctors and the Contagious Diseases Acts.

## Elizabeth Garrett Anderson

The relationship between Elizabeth Blackwell and Elizabeth Garrett Anderson has also been neglected, despite the strong connection between them in their choice of occupation and pioneering spirit. As laid out in the Literature Review, only a handful of historians, such as Mary Fancourt and Nathan Roth, have attempted to analyse these women and the progress of their careers side by side, with Roth dismissing all work done on these women by those who are not "medically qualified".<sup>97</sup> While Fancourt in *They Dared to be Doctors* considers this connection between the two women, her work does not make use of letters between them deposited at the Library of Congress.<sup>98</sup> In fact, these sources have been neglected by all of Blackwell's biographers and Garrett Anderson's biographers have not gone as far as this work to investigate the role Blackwell had in helping Garrett Anderson pursue medicine as a career, though Fancourt does state that they had a "warm respect" for one another, but there was never "a really deep friendship between them".<sup>99</sup>

As documented by both Fancourt and Jo Manton, Garrett Anderson's first encounter with Blackwell would have been through an article in *The Englishwoman's Journal* on 1<sup>st</sup> April 1858.<sup>100</sup> This was a feature-length piece of twenty pages written by Anna Blackwell, Elizabeth Blackwell's oldest sister, who documented the doctor's struggle to become the first women to obtain a medical degree and the establishment of an

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<sup>97</sup> Nathan Roth, 'The Personalities of Two Pioneer Women', p. 67.

<sup>98</sup> See Mary Fancourt, *They Dared to be Doctors*, Bibliography.

<sup>99</sup> Mary Fancourt, *They Dared to be Doctors*, p. 126.

<sup>100</sup> Elizabeth Crawford, *Enterprising Women*, p. 43.

Infirmery in New York.<sup>101</sup> It was during this time that Blackwell visited London to see her old associate Florence Nightingale, whose advice she still valued.<sup>102</sup> She was also in London to place her name on the new Medical Register and took the opportunity to deliver a series of lectures inspired by those she delivered in New York on the physical education of girls.<sup>103</sup> Garrett Anderson, who attended one of Blackwell's lectures as advertised in *The Englishwoman's Journal*, was fascinated by a woman who had presumed to break down social norms by leading the charge for the advancement of women in the medical profession.<sup>104</sup> They remained in contact throughout the next ten years while Blackwell resided in New York, with Garrett Anderson often asking her "mentor" for professional advice.<sup>105</sup> She was interested in many of the same facets of sex education as Blackwell- she knew that teaching young people about their bodies was highly important, particularly for young women and mothers.<sup>106</sup> While the younger doctor was more active in the surgical field of hygiene and sanitation, she still agreed with Blackwell on these ideas, though not necessarily 'moral hygiene'.<sup>107</sup> Unlike Blackwell, Garrett Anderson saw her work as part of a wider political women's movement rather than a call to arms for Christian physiology.<sup>108</sup>

Very little of their correspondence survives but there is evidence of a good relationship through their work in the New Hospital for Women (1872), the London School of Medicine for Women (1874) and the Moral Reform Union (1882).<sup>109</sup> They also clashed on a multitude of issues, the most serious of these being the Contagious Diseases Acts.<sup>110</sup> Garrett Anderson believed that the Acts could have gone further in

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<sup>101</sup> Anna Blackwell, "Elizabeth Blackwell", *The Englishwoman's Journal*, 1<sup>st</sup> April 1858, pp. 80-100.

<sup>102</sup> Elizabeth Blackwell, *Pioneer Work*, p. 150.

<sup>103</sup> Dorothy Clarke Wilson, *Lone Woman*, p. 371.

<sup>104</sup> Mary Fancourt, *They Dared to be Doctors*, pp. 92-3.

<sup>105</sup> Peggy Chambers, *A Doctor Alone*, p. 379.

<sup>106</sup> Elizabeth Crawford, *Enterprising Women*, p. 47.

<sup>107</sup> Elizabeth Crawford, *Enterprising Women*, pp. 43-53.

<sup>108</sup> Mary Fancourt, *They Dared to be Doctors*, pp. 126-7.

<sup>109</sup> Dorothy Clarke Wilson, *Lone Woman*, p. 441. Mary Fancourt in *They Dared to be Doctors* also covers their relationship and associations.

<sup>110</sup> Sheila Rowbotham, *Hidden from History* (Pluto Press, London, 1973), p. 52.

demanding the compulsory rather than voluntary treatment of prostitutes,<sup>111</sup> and stated that:

I have found that two-thirds of the whole number of patients treated for this class of disease are suffering from no fault of their own, and though it is obvious that this proportion is higher than it would be in a dispensary which received men as well as women, I believe it would not be an exaggeration to say that, among the poor, the number of innocent people who suffer from the worst and most lasting forms of the disease is greater than the number of the guilty.<sup>112</sup>

She saw the CDAs as a means to end and as a necessary measure to prevent “innocent people”, namely the wives and children of the infected, from contracting venereal diseases.<sup>113</sup> As a practicing doctor and surgeon with “an extensive private practice”,<sup>114</sup> she regularly saw the daily reality of unchecked vice in the form of congenital syphilis in young children and babies, wives infected by their husbands and, of course, the prostitutes themselves.<sup>115</sup> Prevention through quarantine in the Lock Hospital was “the prostitute’s best hope of retrieval and the only way to prevent the infection of innocent people” in Garrett Anderson’s mind, as no definite cure was available.<sup>116</sup> It is possible to argue then that she agreed with William Acton’s recommendation for quarantine in his 1857 book *Prostitution, Considered in its Moral, Social and Sanitary Aspect, in London and other large cities, with Proposals for the Control and Prevention of its Attendant Evils*.

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<sup>111</sup> Lise Shapiro Sanders, “‘Equal Laws Based upon an Equal Standard’: the Garrett Sisters, the Contagious Diseases Acts and the sexual politics of Victorian and Edwardian feminism revisited”, *Women’s History Review*, Vol. 24, No. 3 (May 2015), p. 396

<sup>112</sup> Elizabeth Garrett, *An Enquiry into the Character of the Contagious Diseases Acts of 1866-1869* (Association for Promoting the Extension of the Contagious Disease Act, 1866, to the Civil Population of the United Kingdom, London, 1870), pp. 6-7. Sanders suggests that by standing with the medical establishment, Garrett Anderson was being shrewd and considering her future within the profession whereas Blackwell was more impassioned by the cause. Garrett Anderson also had a practice treating women who were infected whereas Blackwell had a refined middle-class clientele and was faced with the reality of the situation.

<sup>113</sup> Julian B. Carter in “Birds, Bees, and Venereal Disease: Towards an Intellectual History of Sex Education”, *Journal of the History of Sexuality*, Vol. 10, No.2 (April 2001), pp. 231-249, provides photographic evidence of congenital syphilis in a baby to illustrate the damage venereal disease caused to ‘innocent people’.

<sup>114</sup> Roy Porter, *Bodies Politic: Disease, Death and Doctors in Britain, 1650-1900* (Cornell University Press, New York, 2001), p.193.

<sup>115</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 263.

<sup>116</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 270.

On the other hand, Blackwell was more interested in pursuing moral and social reform through publishing her works and became involved in campaigns associated with these causes. As she was not in direct contact with these often hopeless cases and had a private practice consisting mainly of the middle classes, the reality of the situation was perhaps lost on her.<sup>117</sup> The implication of this clash was that the double standard that afforded men the opportunity to gain sexual experiences with prostitutes, while women were expected to be chaste, pure and virginal before their marriage. The Acts proposed punishing the prostitutes rather than pursuing the clients, who also helped spread venereal disease.<sup>118</sup> Nonetheless, these women understood the amount of pressure that was on them to present “to the world a united front”, but Boyd claims that “behind this façade there lurked a good deal of professional jealousy”.<sup>119</sup> I would agree with this statement, considering the evidence presented.

Another episode that was captured in their correspondence was from June 1894. Blackwell had given an interview in *The Daily Chronicle* on 15 May 1894 regarding vivisection and surgery which had made its way to both the *British Medical Journal* on 26 May<sup>120</sup> and the *Gloucestershire Chronicle* through a letter to the editor on 2 July.<sup>121</sup> Blackwell had expressed some views concerning surgery and women surgeons that contravened Garrett Anderson’s opinions on the practice of surgery within London hospitals. This interview linked to Blackwell’s views on sex education through her understanding of “the moral element of our nature”,<sup>122</sup> meaning she viewed vivisection and unnecessary surgery on the same level as the sexual deviance and immoral living against which she campaigned. Garrett Anderson took offence to this as both she and the New Hospital for Women were indirectly referred to, where she regularly performed ovariectomies (removal of the ovaries), a procedure that many medical professionals and anti-vivisectionists, like Blackwell, opposed.<sup>123</sup> It was also at

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<sup>117</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 267; Fancourt, p. 138.

<sup>118</sup> See William Acton, *Prostitution, Considered in its Moral, Social and Sanitary Aspect*.

<sup>119</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 250.

<sup>120</sup> “The Daily Chronicle on “Human Vivisection””, 26<sup>th</sup> May 1894, pp. 1143-4.

<sup>121</sup> Edith Carrington, *Human Vivisection*, p.3.

<sup>122</sup> Edith Carrington, *Human Vivisection*, p.3.

<sup>123</sup> See Mary Ann Elston “Women and Anti-Vivisection in Victorian England, 1870-1900” in Nicolaas A. Rupke (ed) *Vivisection in Historical Perspective* (Croom Helm, London, 1987), pp. 259-94. It has been suggested that Garrett Anderson performed such operations to show off to her male colleagues. More



this time that surgery on female bodies was becoming a popular means for treatment for women especially for nervous conditions.<sup>124</sup> Often these therapies were harmful, unneeded and an unnecessary intrusion on the female reproductive system by male, and sometimes female, physicians.

In response to Blackwell's interview and the letter in the *Gloucestershire Chronicle*, Garrett Anderson wrote a series of letters throughout June 1894 to Blackwell demanding an explanation. The tone of these letters, covering the course of several days, is incendiary. The first opened with:

Dear Dr Blackwell,  
I had read your "interview" in the Chronicle. If you have been misreported you should have corrected the report. I expected you to bring your charges out on Tuesday evening when we could have answered them. As you did not do so I was to asking you grounds for your charged and I think you ought to give me an explicit answer. I send you a copy of the report of your statements and I have put marks against the parts on which I wish evidence and I again beg you to answer my questions.  
Yours Faithfully  
E G Anderson

I should be glad to have the report and my paper of question returned.<sup>125</sup>

Two days later, when Blackwell did not reply, Garrett Anderson again wrote:

Dear Dr Blackwell,  
It has occurred to me that your opinions as expressed in the "interview" may have been based upon facts connected with medical women in America, or in Scotland, or Ireland or with the provinces of England. You may have facts about much which I have not come across. I know the medical women in London and I am certain that not one of them has done anything to justify your remarks. They see through timidity and self-doubt and perhaps inertia and indolence. So far from having operated too much Mrs Scharlieb, Mrs Boyd and myself are the only women who have done any great operations at all, in public or private. Mrs Marshall, Mrs Aikens, Miss Cook and Miss McCall, Miss Walker and Miss Webb have I believe never done

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information about this incident can be found in Claire Brock, "Surgical Controversy at the New Hospital for Women, 1872-1892", *Social History of Medicine*, Vol. 24, No. 3 (2011) pp. 608-623.

<sup>124</sup> See Lisa Appignanesi, *Mad, Bad and Sad: A History of Women and the Mind Doctors from 1800 to the Present* (Virago, London, 2008).

<sup>125</sup> Elizabeth Garrett Anderson, *Letter to Elizabeth Blackwell*, 9<sup>th</sup> June 1894.

anything even as important as amputation of a breast, much less an abdominal section.

Mr Sela Cheriots operated twice in Birmingham- both patients recovered.

I am certain that no medical woman in London has done the same important operation fifty times.<sup>126</sup>

These two letters suggest a tense working relationship between the women. There was also a suggestion in this letter that Blackwell was an outsider within the medical profession. To many within medicine, Garrett Anderson was leading the charge for women in medicine in England as she had studied there while Blackwell had studied and practised in New York instead. Martindale sings Garrett Anderson's praises in *The Woman Doctor* stating that "is it difficult to do justice to her statesmanship, her originality, her courage and her steadfast determination and perseverance".<sup>127</sup> When displaying these qualities, it is hard not to imagine Garrett Anderson as the leader of female doctors, at least in London.

The topic of surgery was difficult for Elizabeth Blackwell, due to the loss of her eye while working in a maternity hospital in Paris in 1850, and was something she did not speak about with many people.<sup>128</sup> With this terrible incident, Blackwell's dream of becoming both the first female doctor and surgeon was destroyed and eventually fulfilled by Garrett Anderson in 1865.<sup>129</sup> There was a possibility that Blackwell harboured some resentment toward her protégée or felt frustrated at her inability to reach her perceived full potential.<sup>130</sup> This episode, concerning women surgeons, resulting in ill-tempered correspondence ended on 15 June 1894 with Garrett Anderson realising that Blackwell was too stubborn to back down:

I am sure you did not mean to state what was not true to the interviewer, but I think you ought to have made careful and prolonged enquiries before speaking as you did and that if you had done so you would have found it impossible to say what you did say. As it stands it is impossible to say anything about the points indicated

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<sup>126</sup> Elizabeth Garrett Anderson, *Letter to Elizabeth Blackwell*, 12<sup>th</sup> June 1894.

<sup>127</sup> L. Martindale, *The Woman Doctor and Her Future* (London, The Mayflower Press, 1922), p. 63.

<sup>128</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 238. It was only in letters to Emily Blackwell, Elizabeth's sister that Blackwell referred to her "white eye"; Elizabeth Blackwell, *Letter to Emily Blackwell*, 12<sup>th</sup> May n.d.

<sup>129</sup> Elizabeth Crawford, *Enterprising Women*, p. 45.

<sup>130</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 244.

in my earlier letter when I sent you the report of the interview but that there is not a morsel of formulation in fact for what you said as medical women in London are concerned.<sup>131</sup>

During this time, Blackwell recorded in her diary that she needed to reply to “that disagreeable woman”.<sup>132</sup> Given their close working relationship at the London School of Medicine for Women it was more than likely that this was a marriage of convenience for both women, as they struggled in the male-dominated medical sphere.<sup>133</sup> Until now, some commentators, such as Fancourt and Manton, have painted a much warmer affiliation between the two women, yet, using these examples of primary evidence, I would argue that they had a tense working relationship. However, by making Blackwell Professor of Diseases of Women in 1874, in her role as Dean of the London School of Medicine for Women, Garrett Anderson made a clear statement in relation to her views on Blackwell’s sex education.<sup>134</sup> This position allowed Blackwell to provide all the students coming through the school with her brand of sex education or moral hygiene.

Despite the fact their professional interests were tentatively aligned in the form of sanitation and hygiene, their strong personalities would have resulted in disagreements. While the relationship between Blackwell and Nightingale bore the hallmarks of Tall Poppy Syndrome, the relationship with Garrett Anderson was more candid. They had enough respect for one another to speak honestly, but still had the ability to work together over the period of almost forty years. This is a new conclusion since their working relationship has not been as important to their biographers, who have been more concerned with documenting these women’s lives. I have gone beyond their biographies and investigated the correspondence that exists in order to answer the research question of how Blackwell’s works on sex education were guided by her affiliation with Garrett Anderson. When they worked together they achieved great things including the London School of Medicine for Women where Blackwell was able to influence the curriculum on sex education as Professor of Diseases of Women.

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<sup>131</sup> Elizabeth Garrett Anderson, *Letter to Elizabeth Blackwell*, 15<sup>th</sup> June 1894.

<sup>132</sup> Elizabeth Blackwell, *1894 Diary*, 12<sup>th</sup> June.

<sup>133</sup> See Mary Fancourt, *They Dared to be Doctors*.

<sup>134</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 261.

However, in reference to the Contagious Diseases Acts, they were in opposition to one another, with Blackwell highlighting the need for female physicians to actively resist the legislation, as will be seen in Chapter 5.

## Sophia Jex-Blake & Emily Blackwell

From the Blackwell letters held at the Library of Congress it is clear that Sophia Jex-Blake and Emily Blackwell were significant for Elizabeth Blackwell in terms of networking. These primary sources also highlight issues concerning women and the building of networks at this time. Blackwell set up two very different institutions with each of these women; one to provide healthcare for the poor of New York and the other for the education of women doctors in London. While the link to sex education is not immediately obvious in each case, both were central to Blackwell's contribution to sex education.

The family was an important starting point for the Blackwells in creating a network. Within the Blackwell family archive there is a plethora of correspondence which suggests that the Blackwells were a close knit group who provided Elizabeth with her first experience of a network. With this in mind, it makes sense that Emily would be the foundation of Elizabeth's professional links in New York as Blackwell still had "no medical comradeship" within New York City during the early 1850s.<sup>135</sup> Boyd has pointed out the reliance Elizabeth placed on her sister throughout her biography of the doctor.<sup>136</sup> During Elizabeth's time in New York during the 1850s, Emily was a great source of support and encouragement to her sister, especially given the plans Elizabeth had made for the two of them to establish a medical practice in New York.<sup>137</sup> They exchanged frequent letters throughout their professional lives, but the letters of the 'early years' are perhaps the most telling. Emily formed Elizabeth's initial medical network, both in terms of emotional and professional support.

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<sup>135</sup> Peggy Chambers, *A Doctor Alone*, p. 99.

<sup>136</sup> See Julia Boyd, *The Excellent Doctor Blackwell*.

<sup>137</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 260.

In one letter from Elizabeth, it was indicated that she felt isolated in New York while trying to set up her own medical practice:

Neither have I a particle of other medical news to communicate, for it is one of the most difficult point to contend with at present that we have no particle of medical sympathy. This medical solitude is really awful at times and should even thankfully turn to any decent women to relief it, if I could find one.<sup>138</sup>

Blackwell's "medical solitude" was evidence that the patriarchal medical establishment was not in support of her ambitions and she knew in order to counteract this, she must find female medical companions.<sup>139</sup> In another letter to Emily, during Elizabeth's visit to London in 1859, she writes of Madame de Noailles and Lady Bryon- two figures who were instrumental in helping Blackwell establish networks with medical women in Britain. It was ultimately due to the strength of these networks that Blackwell felt comfortable and confident enough to relocate to Britain in 1868. The letter, from Elizabeth's 1858/9 visit to England, indicated the financial support she received from Madame de Noailles:

What I want to say now is that I have secured the £1000 for us, and you can imagine how immensely I am relieved I feel at having done so. I wrote Madame De N a kind but rather aggrieved letter telling her I was sorry she had made such an offer as the interest is only of the endorsement money, as I took interest in that matter as an excellent thing for women, and that I was going Bank of America. Then I asked her if she would appoint you and me Trustees of that £1000, and allow it to remain in our hands, the interest to be used in the Infirmary, as the principal to be accrued in case we should want to use it in any future work in England. Yesterday came her answer, heartily consenting, and begging me to commence a little sanatorium in connexion with our hospital.<sup>140</sup>

This letter was written a few months after some of the Florence Nightingale correspondence seen earlier in this chapter. Madame de Noailles and finance are both mentioned in the same context for the establishment of a sanatorium outside of New York City.

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<sup>138</sup> Elizabeth Blackwell, *Letter to Emily Blackwell*, 12<sup>th</sup> May c. 1850s.

<sup>139</sup> This notion of isolation or loneliness is explored further in the next section and has been explored in Chapter 2.

<sup>140</sup> Elizabeth Blackwell, *Letter to Emily Blackwell*, 15<sup>th</sup> May 1859.

Blackwell later specified that this money from Madame de Noailles came at a cost or with terms attached, as well as a lack of general support from this network of women:

I am sorry to say that I think it is extremely doubtful what I got for they have as yet shown no notion of helping our American plans. Still my time will not have been thrown away, if I get only this money result, with interest that may lead to something more. You can imagine how much anxiety and awkwardness I have had in backing out as it were, from the prospective, which was necessitated by Madame de N's change but the little trial has shown me the people in such a light that it has a little disgusted me, and I no longer feel the wish to stay in England, except for Anna and Howard, and the most sweet country. Ill-natured gossip began to circulate. People were utterly inefficient and Lady Byron though quite proudly, has not lifted a little finger to support me. There are no efficient helpers as yet found for such a work as it was proposed to carry out- it all rested on use. Still there is much true interest, capable of being grandly worked and I don't want to have it drop- I tried for an ongoing action, to work for us over here but found t'was [sic] vain, for want of a head, so this is the plan, I am maturing; there are things to be done, and I think I have found the people to do them, independent of organisation, from real, and I hope, permanent interest in the thing.<sup>141</sup>

It is interesting that Lady Byron was noted for not lifting 'a little finger' to support her. This correlated with Boyd's analysis of the relationship between Byron and Blackwell in that Byron's support was more symbolic than practical.<sup>142</sup> What is also of particular note was the disregard Blackwell felt for English society and the gossip it relished. What gossip is unclear, but this was a common theme in the letters she received while living in England. Both Garrett Anderson and Jex-Blake mentioned rumour or gossip at one stage in their correspondence to Blackwell. This was perhaps indicative of the way news travelled within particular gender and medical networks, and the personalities of the people that dominated these networks.

Elizabeth also asked her sister for help looking for materials relating to her life's work: sex education. The following was written at some stage after meeting Florence

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<sup>141</sup> Elizabeth Blackwell, *Letter to Emily Blackwell*, 15<sup>th</sup> May 1859. The amount Blackwell wrote about is equivalent to around £43,000 in today's money.

<sup>142</sup> See Julia Boyd, *The Excellent Doctor Blackwell*.

Nightingale and concerned the topic of sex education, birth control and the Neo-Malthusians- also known as “The Nichols”- who will be dealt with in the next chapter:

Bear in mind too to collect all the information you can about maternity, the relations of the sexes and kindred topics- we have a vast field to work in this direction, for reliable forcible information is desperately needed in the world on these topics, and I feel as if it were peculiarly our duty to meet this want- there is much vain thought given to these matters, here. The Nichols set are making desperate efforts to spread their detestable doctrine of abortion and prostitution under spiritual and scientific guise- they are pleasing agents with the advertisements of their books at the doors of the conventions now being held here, worded in the most specious and attractive manner. I would really send you one, if the paper were not so thick- another writer on the other hand is circulating a book to prove that sexual intercourse should take place solely for the sake of parentage...I want facts, scientifically accurate observations, past and present, on all that bears on these matters, and I beg you if you come across any magazine articles, or books worth anything on these subjects, to procure them for me.<sup>143</sup>

Blackwell’s admittance of ignorance on the topic is thought-provoking and to a degree ground-breaking.<sup>144</sup> This letter would have been written after Blackwell’s publication, *The Laws of Life*, in which she wrote about hygiene and sanitation as part of sex education. Perhaps it was in writing the lectures that later formulated the book that Blackwell realised how little she knew about the physiological aspects of “the relations of the sexes”. It is also possible that Blackwell understood the importance of “facts” when trying to convince others. Her mention that sex should only take place only for conception is also interesting here as it highlighted her role as a “Christian Physiologist”, as explored in the previous chapter. In discussing this with her sister, Blackwell knew that she was speaking with someone who shared the same religious background and beliefs as herself. This was important due to how she saw her religious role in medicine.

As would be expected from the first woman to practice medicine, Blackwell sat at the centre of many of the female-led medical networks that existed from the mid to late-

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<sup>143</sup> Elizabeth Blackwell, *Letter to Emily Blackwell*, 12<sup>th</sup> May c. 1850s.

<sup>144</sup> The topic of Blackwell’s ignorance is covered in Chapter 2.

nineteenth century. Through the introduction we saw that she formed a relationship with Sophia Jex-Blake as a result of the founding of the New York Infirmary for Women and Children in 1857.<sup>145</sup> Jex-Blake was a medical student at the infirmary and stayed in contact with Blackwell throughout the 1860s and 70s with the establishment of the school for women.<sup>146</sup> Their relationship was cordial and seemingly informal. A letter Jex-Blake sent to Blackwell in 1880 highlights the relaxed nature of their relationship:

Dear Dr Blackwell,  
Can you give me any information as to the writer of the enclosed letter? And can you tell me the name of the avenue where she lives, which I cannot read-  
I rather like the letter, but will wait to hear from you before answering it- Please return it-  
We are all very tired and thankful to be near the end of term. I am hoping to come to London next month and may perhaps have the pleasure of seeing you.  
Believe me,  
Yours Truly,  
S. Jex-Blake<sup>147</sup>

This was the only instance of correspondence between the two women in the Library of Congress Blackwell collection, but this letter suggested a favourable relationship and a more positive example of the female medical network in comparison to Blackwell's relationship with Garrett Anderson.

In another letter from Jex-Blake to Blackwell there was a degree of deference and respect- something not obviously evident in the other correspondence found in this chapter between medical women:

Dear Dr Blackwell,  
I suppose rumour very seldom does report things correctly, so I do not wonder that you have been misinformed about the action which we are on the point of bringing against the Senatus. It is not one of breach of promise (what fun Punch would make of it if it were!) but simply an Action of Declarator whereby we pray one of the Judges of Session to declare that the Senatus is bound to complete out education, according to the declared opinion given by the Lord Advocate of Scotland.

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<sup>145</sup> This was also where Blackwell came into contact with Mary Putnam Jacobi.

<sup>146</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 247.

<sup>147</sup> Sophia Jex-Blake, *Letter to Elizabeth Blackwell*, 15<sup>th</sup> March c. 1880.



In the brief space of a letter it would be impossible for me to submit to you all the facts and grounds on which our intention is based, tho' I should be glad to explain them in detail if you were on the spot, but you will be glad to hear that not only are the whole of the students here of the same mind as myself on this point, but our determination is strengthened by the advice and concurrence of some of the wisest heads in Edinburgh, including those of friendly Professors. I hope therefore that you will believe that, though you find a difficulty at a distance from the field of action in concurring in our present step, you would probably do so if all the facts of the case were as thoroughly before you as they are before us and our counsellors. It is just because I find that London friends are so little au courant of the facts that I am hoping to give an explanatory lecture when in town next month, and I need not say how doubly glad I shall be to give every explanation and information to you to whom all of us medical women owe so much gratitude and respect as our pioneer and forerunner. Believe me,  
Yours Truly,  
S. Jex-Blake.<sup>148</sup>

In this letter Jex-Blake explained to Blackwell the problems she experienced at the University of Edinburgh while studying for her medical degree and her plans to explain herself to the public. In addition to this, Jex-Blake acknowledged the pioneer spirit of Blackwell and thanked her for the work she did in encouraging women enter the world of medicine. When considering the other medical women in this chapter, such as Florence Nightingale and Elizabeth Garrett Anderson, it was clear that this kind of esteem was not easily granted to Blackwell but Jex-Blake believed that all medical women owed "gratitude and respect" to the pioneering doctor. These women had achieved huge things by themselves and did not owe a great deal, or did not see themselves owing much, to Blackwell in terms of professional development and accomplishment. On the other hand, Jex-Blake saw Blackwell as the woman who set everything in motion, on both sides of the Atlantic, with her bold move to study medicine and obtain a medical degree.

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<sup>148</sup> Sophia Jex-Blake, *Letter to Elizabeth Blackwell* in Shirley Roberts, *Sophia Jex-Blake: a woman pioneer in nineteenth-century medical reform* (Routledge, London, 1993) p. 126.

## ‘Lady Bountifuls’ and the Langham Place Circle

Blackwell’s move to England in 1868 was a real turning point both professionally and socially. The period during the 1850s was a particularly low point, as she struggled to establish herself in New York as a mainstream doctor and dispel rumours that she was an abortionist.<sup>149</sup> She often received hostile letters<sup>150</sup> and had to fend off unwanted male attention on her walks home from various patients’ houses late at night.<sup>151</sup> A word used frequently by Blackwell’s biographers to describe this period is ‘isolation’.<sup>152</sup> Two of her biographers use the expression ‘lone’ in the title of their works, highlighting the adverse environment that surrounded Blackwell at this time. During 1850 and 1851 Blackwell gained work experience at La Maternité in Paris and St. Bartholomew’s Hospital in London, revelling in her celebrity position as the first female doctor. She was welcomed with open arms, principally by the middle and upper classes of London society.<sup>153</sup> One particular group who received Blackwell in London was the “Langham Place Circle”, who believed in the work she was doing in relation to sex education and educating women in medicine.<sup>154</sup> This is where she cemented a network of supportive, financially secure, liberally-minded women -or “Lady Bountifuls”<sup>155</sup> - including Lady Byron, Barbara Leigh Smith and the Comtesse de Noailles who all proved their worth over decades of correspondence.<sup>156</sup> Despite the fact that the circle were not medically trained they did fund medical projects led by women and were involved with campaigns to improve public health. The link between this group of women as part of an all-female medical network has not been made previously in the secondary literature.

The Library of Congress and the Schlesinger Library hold letters from members of the group, all of whom were wealthy and influential women who supported Blackwell in

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<sup>149</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 253.

<sup>150</sup> See Peggy Chambers, *A Doctor Alone*; Ishbel Ross, *Child of Destiny*.

<sup>151</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 164.

<sup>152</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 163.

<sup>153</sup> Peggy Chambers, *A Doctor Alone*, pp. 66-71.

<sup>154</sup> Jo Manton, *Elizabeth Garrett Anderson*, p. 49.

<sup>155</sup> Vanessa Heggie, ‘Women Doctors and Lady Nurses’, p. 273.

<sup>156</sup> Peggy Chambers, *A Doctor Alone*, pp. 138-142.

various forms. For example, in July 1859, the Comtesse, daughter of a British MP and French aristocrat, agreed to fund a sanatorium just outside of New York in conjunction with Blackwell's Infirmary.<sup>157</sup> Elizabeth Blackwell wrote to her sister, Emily, about the Comtesse referring to her as "Mad de N"<sup>158</sup> many times, even more so during her visit to England in 1859. As mentioned in the previous section, the Comtesse provided the Blackwells with £1000 for their hospital in America and was a source of financial support for Blackwell in Britain too. Elizabeth wrote of the erratic and "crazy mood"<sup>159</sup> of her benefactor to Emily and even that "She [the Comtesse] distinctly told me at Mentone that she thought it would be undignified of me to lather fear for medical monies", but had "spoken of [being] the professor, and being the director of the hospital".<sup>160</sup> This can be read in two ways. First, the relationship between Blackwell and the Comtesse can be seen as intimate enough to discuss the 'undignified' nature of Blackwell's plans in such an open manner, and secondly that Blackwell was willing to put up with rude behaviour in order to obtain the money for her hospital. Regardless, this relationship mirrors others explored in this chapter and many more outside it.

Another significant member of the Langham Place Circle was Barbara Bodichon, later Barbara Leigh Smith who had financially beneficial connections for Blackwell. Bodichon was a prominent women's rights activist and cousin of Florence Nightingale, who persuaded her father to donate £500 towards the founding of a women's hospital in the hope of establishing Blackwell in London.<sup>161</sup> Not all the support the pioneering doctor received from the Langham Place Circle was financial. Lady Byron, wife of poet Lord Byron, "never offered more than her substantial social network and the occasional generous donation".<sup>162</sup> Elizabeth provided evidence in her letter to Emily of Byron's input in helping her raise funds during her England visit in 1859.<sup>163</sup> Her

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<sup>157</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 214.

<sup>158</sup> Elizabeth Blackwell, *Letter to Emily Blackwell*, 15<sup>th</sup> April 1859.

<sup>159</sup> Elizabeth Blackwell, *Letter to Emily Blackwell*, 15<sup>th</sup> April 1859.

<sup>160</sup> Elizabeth Blackwell, *Letter to Emily Blackwell*, 15<sup>th</sup> April 1859.

<sup>161</sup> See Pam Hirsch, *Barbara Leigh Smith Bodichon: Feminist, Artist and Rebel* (Chatto & Windus, London, 1998). This suggests that these women acted as patrons of Blackwell.

<sup>162</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p.195.

<sup>163</sup> Elizabeth Blackwell, *Letter to Emily Blackwell*, 15<sup>th</sup> April 1859.

valuable contacts were of great benefit until her death in 1860, and aided the Blackwell's in spreading the word about their projects in New York to the London elite.<sup>164</sup> These initial links ensured the success of Blackwell's visit to London during 1850 and 1851, as she vowed to return to the capital in the future as a more permanent fixture.<sup>165</sup> The return to New York in 1851 only reminded her how alone she really was in her endeavour to bring hygiene and sanitation to the working classes.

When Blackwell returned to London in 1859, a letter awaited her signed by fifty names: "a roll call of some of the most distinguished and enlightened women in England, including Lady Noel Byron, Barbara L. Smith Bodichon, Mary Howitt, Theodosia Lady Monson, Bessie Parks, Emily Gurney, and the Countess [sic] de Noailles".<sup>166</sup> The letter read:

Dear Madam,  
We wish to offer you a heartfelt welcome on your return to England. We have heard of you unrelenting exertions during your eight years' absence, to open the study and practice of medicine to women. We have appreciated the zeal, judgment, and perseverance you have shewn [sic] in following your noble object, and we are encouraged by the success attending your efforts to hope that in this your native land obstacles similar to those you have experienced in the United States may be overcome, if we can be assisted by a fuller knowledge of the course you have pursued. It seems also most desirable that the public should be better instructed as to the benefits which would result from the diffusion of sounder physiological views among parents, teachers, and women in general, than are commonly held. Knowing your qualification for explaining the laws of health and the means of preventing or mitigating disease, we venture to suggest that you should give, during your stay in London, a short course of lectures on these subjects, as also upon the advantages of opening the medical profession to women, and the best means of accomplishing that object. Should you kindly comply with our request, we engage to provide the necessary accommodation. We are, Madam,  
Your friends.....<sup>167</sup>

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<sup>164</sup> Elizabeth Blackwell, *Letter to Emily Blackwell*, 15<sup>th</sup> April 1859.

<sup>165</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 221.

<sup>166</sup> Dorothy Clarke Wilson, *Lone Woman*, p. 359.

<sup>167</sup> Dorothy Clarke Wilson, *Lone Woman*, pp. 358-9.

This letter recognised the efforts of Blackwell in establishing a centre for women to study medicine in New York as well as the vigour with which she pursued the cause of helping these women become doctors. The group also saw Blackwell as British by referring to England as her 'native land' which is of importance for the manner in which she has been memorialised, to be explored in the conclusion of this thesis. Secondly, this group agreed with the pioneering doctor in expunging ignorance in relation to sex education and "the laws of health", as seen in the previous chapter. Finally, the letter acknowledged Blackwell as the person to open the medical profession to women as well as a mentor for Elizabeth Garrett Anderson and Sophia Jex-Blake.

These women were responsible for helping Blackwell establish herself in London during her first visit in 1850-1.<sup>168</sup> Blackwell's next visit to London during 1858 and 1859 gave her "the chance to strengthen old friendships and broaden her social network".<sup>169</sup> Elston argues that many of these women were brought together through the establishment and development of organisations and institutions associated with vice and moral reform, such as Victoria Street Society for the Protection of Animals liable to Vivisection (VSS) founded in 1875, the Ladies Humane-Education Committee (LHEC) established in 1869 and the Ladies National Association (1869).<sup>170</sup> As these societies often had common aims, revolving around vice in one form or another, there was often an overlap of membership, meaning that if a woman was a member of one, she usually was a member of another.<sup>171</sup> The Langham Place Circle were no different. These ladies came together after the Married Women's Property Committee in 1855 to provide a forum for women "to discuss and organise political action".<sup>172</sup> Herstein goes as far to claim the circle "created the feminist network and concrete agencies which carried reform on into the seventies and eighties".<sup>173</sup>

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<sup>168</sup> Dorothy Clarke Wilson, *Lone Woman*, p. 359.

<sup>169</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p.220.

<sup>170</sup> Mary Ann Elston, 'Women and Anti-vivisection', p. 267.

<sup>171</sup> Mary Ann Elston, 'Women and Anti-vivisection', p. 267.

<sup>172</sup> Sheila Herstein, "The Langham Place Circle and Feminist Periodicals of the 1860s", *Victorian Periodical Review*, 1993, Vol. 26, No. 1, p. 24.

<sup>173</sup> Sheila Herstein, 'The Langham Place Circle', p. 27.

As mentioned at the beginning of this section, Blackwell's move to England in 1868 marked a significant shift in the formation and growth of her relationships, especially those that she had cultivated during her stay there between 1850 and 1851 and between 1858 and 1859.<sup>174</sup> To her benefit, while practising medicine in New York, Blackwell learned to move "quietly in all the circles interested in art, literature, music, philanthropy, and education".<sup>175</sup> After all, these circles involved people with the funds available for the New York Infirmary for Women and Children. On moving to London, she later employed these tactics when attempting to find funding and trustees for the London School of Medicine for Women.<sup>176</sup> This move also marks a change in the focus of Blackwell's writings and the flourishing of her publishing career. While her publications initially alluded to the moral ethics surrounding, and gender inequality within medicine, there was a clear move to sex education in the years following her move abroad.<sup>177</sup> This can potentially be attributed to the networks Blackwell built up around her in London and the company she kept. Her involvement with the Moral Reform Union (1882) and the Anti-Contagious Diseases Acts Movement (1869) will be explored further in the next chapter but it is worth noting here that chastity as part of sex education was a core component of these organisations in combatting vice and encouraging moral hygiene.

## Conclusion

At the beginning of this chapter the question of whether Blackwell's medical networks influenced her works on sex education was presented. Florence Nightingale, Elizabeth Garrett Anderson, Emily Blackwell and Sophia Jex-Blake were put forward as examples of a British female-led medical network due to the fact that Morantz-Sanchez has covered Blackwell's involvement with an American equivalent previously.

Within the secondary literature there has been little emphasis of the pioneering doctor encouraging more women into medicine through networks. Much of the focus in relation to female physicians during the nineteenth century has been on individual

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<sup>174</sup> See Julia Boyd, *The Excellent Doctor Blackwell*.

<sup>175</sup> Peggy Chambers, *A Doctor Alone*, p. 133.

<sup>176</sup> Peggy Chambers, *A Doctor Alone*, p. 134.

<sup>177</sup> See Elizabeth Blackwell, *The Human Element in Sex*.

lives and not on drawing links between these women. Elizabeth Crawford has carried out some work in this regard but only within the Garrett Anderson family who were a political dynasty during the late nineteenth century. This chapter also answered the question in relation to such a network and its influence on Blackwell's publications which is an important part of determining the overall question of her contribution to sex education. As seen in the letter by Jex-Blake, it was the belief that female physicians owed the doctor gratitude and respect for her great achievement in breaking into medicine.

The relationships between the women in this network were often fraught which may have been due to the pioneering doctor's tendency to be more involved with social and moral campaigns rather than medical practice. After examining the existing correspondence it is clear that these women learned to tolerate each other and provide a united front to the public, but not in private. Within this network there existed an ultimate goal for the advancement of women which meant that strong personalities, and the egos that went with them, had to be cast aside. Despite having created a precedent for women wanting to become doctors, Blackwell was not always afforded praise by her medical sisters. Some of the women training to be doctors had high expectations of the pioneer of medicine and found themselves disenchanted by Blackwell, like Mary Putnam Jacobi.<sup>178</sup>

What is to be garnered from this chapter is the considerable influence each of the emblematic case studies had on the development of Blackwell's work in sex education. The first relationship to be examined was Nightingale who provided the initial foundation of Blackwell's medical network and also the inspiration for her life's work in sex education in the vein of hygiene and sanitation. Through Nightingale, Blackwell made important connections with valuable contacts that would not have been possible otherwise, including the woman involved with the Langham Place Circle, such as Barbara Leigh Smith, the Comtesse de Noailles and Lady Byron. Still, the

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<sup>178</sup> See Regina Markell Morantz, 'Feminism, Professionalism and Germs'.

correspondence of Nightingale and Blackwell has evidence of 'Tall Poppy Syndrome'. These women saw a use for one another and exploited this.

Secondly the relationship with Elizabeth Garrett Anderson was introduced using correspondence from their discussions regarding the CDAs and vivisection. The language in these letters can be seen as inflammatory and offers an insight to how these women worked together, despite having conflicting views on these matters. The third case study examined was an exploration of Blackwell's relationships with both Sophia Jex-Blake and Emily Blackwell. These studies were more amiable than the evidence presented for Nightingale and Garrett Anderson. This may be due to the high regard with which Jex-Blake held Blackwell and also the productive working relationship Elizabeth had with her sister Emily. Finally, the Langham Place Circle were studied as part of this female medical network. Despite not actually being nurses or doctors, the Circle believed in Blackwell's work in encouraging women to join the medical profession and in her advice regarding sex education. They also delivered financial support for the pioneering doctor and provided a space for the doctor to hold lectures and talks.

There was a permeating culture of tolerance that appears to have existed within the female medical network. A united front was crucial in getting support and funding from all-male boards and trustees. This chapter has also shown that women of all interests were willing to come together and support one another. This is not a link that has been widely explored before, particularly between the Langham Place Circle, who were mostly preoccupied with literature and the arts, and the first woman doctor, Blackwell. The networks Blackwell developed initially were often formed out of desperation and urgent need for help in order to make a living, as can be seen with the Quaker community in New York. However, with age, experience and growing prestige Blackwell was able to be more selective with her associations, like the Langham Place Circle, and to what causes she lent her name, such as anti-vivisection. The establishment of the New York Infirmary for Women and Children in 1857 with Emily Blackwell and the London School of Medicine for Women in 1874 with Sophia Jex-Blake and Elizabeth Garrett Anderson were key markers in setting down Blackwell's



contribution to sex education and excellent examples of the networking opportunities of which Blackwell made use. To reiterate an earlier point, it was due to the strength of these networks in Britain, with these women, that made Blackwell feel assured to return in 1868.

We have learnt that the early years of women practising medicine were difficult, not just because of public perception, lack of mainstream support and funding, but also the fragility of the networks keeping medical women together. These conclusions help challenge the notion that the patriarchal medical establishment was indomitable and highlight that women, even as early as the mid-nineteenth century, were permeating the male-dominated medical workplace. Overall, and most importantly, Blackwell utilised the women in her medical network to help deepen her knowledge and interest in sex education.

As stated before, Blackwell's contribution to sex education can be seen in the institutions she helped found, as well as the books she published. It could be argued that these institutions are part of Blackwell's contribution or legacy as they helped bring "moral hygiene" to the lower echelons of society by practical means, rather than through textual guidance which was aimed at a higher class of audience. The poorer clients Blackwell tended to in New York had little or no education in the way of hygiene or sanitation. These patients were often postnatal and lived in squalid conditions.<sup>179</sup> Blackwell's understanding of sex education arose from first-hand experience of what was needed in terms of hygiene and sanitation, which is reflected in her publications.<sup>180</sup> The London School of Medicine for Women brought sex education into the public forum in a different manner. With Blackwell's position as Professor of Diseases of Women, she was able to inform and mould her students' understanding of sex education.<sup>181</sup> In order to improve upon the general public's knowledge of sanitation and hygiene, even "moral hygiene", educating women

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<sup>179</sup> Peggy Chambers, *A Doctor Alone*, p. 105.

<sup>180</sup> See Elizabeth Blackwell, *The Laws of Life, with special reference to the physical education of girls* (Putnam, New York, 1852).

<sup>181</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 263.

doctors in these issues was crucial. Blackwell position at the London School of Medicine for Women during the 1870s and 80s put her in a prime position to impart her knowledge and way of thinking to new generations of medical women.<sup>182</sup>

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<sup>182</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 261.

## Chapter 5: Blackwell's Organisations and Associations

### Introduction

Like many middle class women in the nineteenth century Elizabeth Blackwell was involved with a range of social reform movements including, and not limited to, the Moral Reform Union, the National Health Society, the Anti-Contagious Diseases Act Movement and the Ladies Sanitary Association.<sup>1</sup> Despite having her own medical practice in London, raising her adopted daughter, working with Elizabeth Garrett Anderson in Anderson's own hospital and writing numerous articles, books, pamphlets and talks relating to sex education, hygiene and sanitation, Blackwell still found the time to devote herself to these movements. This chapter argues that Blackwell's contribution to sex education extended beyond her writings through her affiliation with these societies and organisations and made an impact upon the general public through an expansion of their knowledge of sex education through moral hygiene and sanitation.

The purpose of this chapter is to answer the sixth question set out in the Introduction concerning Blackwell's contribution to sex education outside of publication. In order to do this I will examine her association with the Anti-Contagious Diseases Acts Movement, the Malthusian League, the National Health Society and the London School of Medicine for Women. All of these organisations have been mentioned briefly within the thesis, but here they will be explored in detail by using Blackwell's publications and other underused primary source material. This chapter does not strictly follow a biographical framework as her activity with many of these groups outlined above came within a short timeframe of about ten years between the mid-

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<sup>1</sup> The links between these organisations and societies can be found in Brian Harrison, "State Intervention and Moral Reform in nineteenth-century England", in *Pressure from Without in early Victorian England*, ed. Patricia Hollis (Hodder & Stoughton, New York, 1974), p. 319.

1860s through the 1870s, although the Anti-CDA Movement continued well into the 1880s.

There is a plethora of secondary research into the Contagious Diseases Acts and the subsequent groups who both opposed and supported the legislation. Judith Walkowitz, Catherine Lee and Philippa Levine have all made significant contributions in this field, but have focused very little attention on the part Blackwell played in opposing the Acts. In protesting against the CDAs, and as the first qualified female physician, this should deserve more comment and investigation of her role. While the CDAs have been discussed in Chapter 3, in relation to sex education, the focus here will be on how Blackwell helped to repeal them.

The literature relating to a coherent history of the Malthusian League during the mid to late-nineteenth century is superficial, and when looking for evidence of Blackwell's interaction with the group, there is even less research in this area. While the Malthusians are generally referenced in history of eugenics literature, there are only two articles that are relevant to this chapter; F. D'arcy's article "The Malthusian League and the Resistance to Birth Control Propaganda in Late Victorian Britain" and F.H. Amphlett-Micklewright's "The Rise and Decline of English Neo-Malthusianism". Both of these create a narrative history of eugenics. Angus McLaren's *Birth Control* has also been prolific on this topic but does not specifically focus on the Malthusian movement. I will make use of new primary source material through Blackwell's writings and fill in the existing gap by connecting the pioneering doctor with a group that promoted sexual activity and advice manuals on sex.

There is considerably less information on the formation of the London School of Medicine for Women and the National Health Society. As was discussed in the last chapter in relation to female medical networks, Blackwell was one of the founders of the medical school and this institution is generally only mentioned in reference to the female doctors who helped establish it. There currently exists two histories of this

school, published in 1922 which is only eight pages long<sup>2</sup> and another which is an amateur history of the institution by a medical professional.<sup>3</sup> While I do not seek to provide a more extensive history of this organisation, I will explore the impact Blackwell had on sex education through her association with this institution within a biographical framework. The history of the National Health Society has similarly been neglected with even less secondary literature in existence. Most of the information provided in this chapter for the society has come from the original records kept by the group which was founded by Blackwell in 1871.

The chapter has a number of interlocking sections. First, we will investigate Elizabeth Blackwell's links with the Anti-Contagious Diseases Act Movement and the disagreements she had with Acton concerning them. Blackwell's publications in relation to prostitution, the age of consent and the sexual double standard will be analysed in this section. These texts deal with ideas surrounding sexual morality which is directly in line with her other texts on sex education. Extracts of the Contagious Diseases Act and its various amendments will also be examined in this section. Secondly, the Neo-Malthusians and the message they endeavoured to spread will be surveyed in relation to birth control and family size limitation. Blackwell was strongly opposed to the message of the Neo-Malthusians and campaigned against them verbally and in published text.<sup>4</sup> These works will be examined, along with the publications of prominent Neo-Malthusians Annie Besant and Charles Bradlaugh.<sup>5</sup> The third section will examine the establishment of the National Health Society by Blackwell in 1872 and the actions of the organisation will be contemplated in relation to the work she conducted on sex education. Blackwell's diminishing involvement with the society will be analysed in relation to her declining health in the 1870s and 1880s.<sup>6</sup>

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<sup>2</sup> London School of Medicine for Women, *London (Royal Free Hospital) School of Medicine for Women (University of London)*, ([n.pub.]. London, 1922).

<sup>3</sup> See Neil McIntyre, *How British Women Became Doctors: the story of the Royal Free Hospital and its Medical School* (Wenrowave Press, London, 2014).

<sup>4</sup> See Elizabeth Blackwell, *A Medical Address on the Benevolence of Malthus, contrasted with the corruptions of Neo-Malthusianism* (1888) & Francis William Newman, *The Corruption now called Neo-Malthusianism with notes by Dr E Blackwell* (Burt & Sons, London, 1889).

<sup>5</sup> See Michael Mason, *The Making of Victorian Sexual Attitudes* (Clarendon Press, Oxford, 1994).

<sup>6</sup> See Elizabeth Blackwell, *Pioneer Work in Opening the Medical Profession to Women* (Longmans, London, 1895).

Finally Blackwell's association with the London School of Medicine for Women will be highlighted and how her role within the school helped her influence generations of new women doctors.

This chapter aims to place Blackwell into the existing gap in secondary literature.

There are a number of books and articles written on the topics of the Anti-Contagious Diseases Act Movement and the Malthusian League but many of these have failed to incorporate her into the historical narrative, while this chapter will assert Blackwell's voice where it has been forgotten previously. She wrote many texts and pamphlets on topics relating to the Malthusian League and the Contagious Diseases Acts, but their contribution to contemporary debate has also been ignored. In relation to the National Health Society and London School of Medicine for Women, this chapter will fill a much larger gap in the literature where only biographers of Blackwell and those who helped her have documented her role in establishing these two organisations. Dorothy Smith and Barbara Caine have both suggested that women have been written out of history because of a patriarchal agenda and throughout this thesis it has become that Blackwell has fallen victim to this. The history of medicine and women's history have both failed Blackwell in this regard despite the tremendous lengths she went to in order to ensure women could train as doctors in the United Kingdom and the provision of information to the public for sanitary care.

## Contagious Diseases Acts

The Contagious Diseases Acts, or CDAs, were a contentious issue for moral reformers and the medical profession alike during the 1870s and 80s.<sup>7</sup> The Act was initially titled "The Prevention of Contagious Diseases at certain Naval and Military Stations" or "The Contagious Diseases Prevention Act" in 1864 and laid out an interpretation of the terms of the Act. In this case, for example, "Contagious Disease" meant "Venereal

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<sup>7</sup> For an introduction to the Contagious Diseases Acts and social reform during the nineteenth-century see Catherine Lee, *Policing Prostitution 1856-1886* (Pickering & Chatto, London, 2013); Philippa Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire* (Routledge, London, 2003) & Judith Walkowitz, *City of Dreadful Delight: Narratives of Sexual Danger in Late-Victorian London* (Virago Press Ltd, London, 1992).

Disease”, “public place” meant a “thoroughfare or other public street or place, or a room or other Place of public Resort”; and “Prostitution” included “Solicitation”.<sup>8</sup> It appears that throughout the implementation of the CDAs, these terms remained in use. Under Clause 10, the Act stated that:

If any common Prostitute is in any public Place, within the Limits of any Place to which this Act applies, for the Purpose of Prostitution, any Superintendent or Inspector of the Police or Constabulary authorized to act in that Place, having good Cause to believe that such common Prostitute has a Contagious Disease, may, by Order in Writing signed by him, direct a Constable to take her into Custody, and to bring her, as soon as reasonably be, before a Justice of the Peace, to be dealt with according to the Law.<sup>9</sup>

This clause indicated the prevailing prejudice that any prostitute was believed to already have been infected by a venereal disease. Also, the use of the term ‘common prostitute’ shows that there was a hierarchy of prostitution believed to be in place at this time. It may have been believed that only those of the lowest ranking would have been infected, possibly due to the class of their clientele. The procedure for apprehending and processing any women suspected of being a “common prostitute” was laid out in clear detail, taking into consideration a range of scenarios:

Any woman being brought before a Justice as aforesaid, it appears to the to the Justice that she is a common Prostitute, and was in such a public Place as aforesaid for the Purpose of Prostitution, the Justice, for the Purpose of obtaining Medical Testimony as to her having a Contagious Disease, may, if he thinks fit, require her to be examined by a legally qualified Medical Practitioner...if it is proved to the Satisfaction of such Justice that the Woman so brought before him is a common Prostitute, and that, having a Contagious Disease, she was, at the Time of her Arrest, in a public Place as aforesaid for the Purpose of Prostitution, the Justice may order her to be taken to a Certified Hospital, there to remain until cured...If it is proved to the Satisfaction of such Justice that the Woman so brought before him is a common Prostitute, and that, knowingly having a Contagious Disease, she was, at the Time of her Arrest, in a public Place...she shall be deemed guilty of an Offence against the Act, and the Justice may order her to be taken to a Certified Hospital, there to remain until cured, and may further adjudge her to be imprisoned, in case of a First Offence for any Term not exceeding *One Month*, and in case of

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<sup>8</sup> HL Parliamentary Act, 1864, a Bill for the Prevention of Contagious Diseases at certain Naval and Military Stations, p. 1.

<sup>9</sup> The Contagious Disease Act, 1864, p. 3.

a Second or subsequent Offence for any Term not exceeding *Three Months*, such as Imprisonment to commence from the Time of her legally quitting the Hospital.<sup>10</sup>

There are a few points to note from this extract. First, the woman's fate was decided by the men around her. From the Constable to the Justice to the Medical Examiner, the woman accused of being a prostitute was handled by men of an elevated status and presumably coerced into submitting to their will. Judith Walkowitz makes the point that one of the main reasons that some opposed the CDAs campaigned so vehemently was due to the intended physical subjugation of women at the hands of men.<sup>11</sup> The second point of note is that a legally qualified Medical Practitioner was required to examine the woman. The Medical Act of 1858, studied in Chapter 2 with the professionalisation of the medical trade, is seen in full effect in this instance.<sup>12</sup> The language did not make provision for a male or female doctor to perform the examination, but at this stage in medical professionalisation, Blackwell was very much on her own in the United Kingdom until Garrett Anderson qualified in 1865 and was one of the only doctors in the country who opposed the Contagious Diseases Act. It should also be noted that there was considerable emphasis on the notion of a public place in the wording of the legislation. It appears that when the accused prostitute entered the public sphere she was leaving the preferred domain of woman in the domestic sphere and this was worthy of punishment in itself.<sup>13</sup>

Later amendments to the Act had greater specificity regarding the treatment of women in custody, particularly in relation to their detention and submission to medical examination. The 1868/9 amendment stated that any woman suspected of being a prostitute and having a contagious disease should be detained for no longer than five days but if such a woman was unable to submit to examination due to

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<sup>10</sup> The Contagious Disease Act, 1864, p. 3.

<sup>11</sup> Judith Walkowitz, *Prostitution and Victorian Society: Women, Class and the State* (Cambridge University Press, Cambridge, 1980), Chapter 4.

<sup>12</sup> See Chapter 2.

<sup>13</sup> Kristine Swenson in *Medical Women and Victorian Fiction* (University of Missouri Press, London, 2005), makes the argument that female doctors were considered equivalent to prostitutes because of their knowledge of sex, *Medical Women*, pp. 89-91. This relates to Blackwell's earlier struggle in New York where she was thought to be practising as an abortionist, indicating that women with superior knowledge of sex were a threat to the patriarchal structure in place.



drunkenness she could be held for “a period not exceeding twenty-four hours”.<sup>14</sup> The examinations were called “instrumental rape”<sup>15</sup> by those who wished to see the Acts repealed and provided a harrowing view of the trauma experienced by a woman forced to undergo such a procedure. The legislation also highlighted the sexual double standard whereby women were examined, but their male customers were let go unpunished and infected. Josephine Butler, angered by the sexual double standard and treatment of accused women, led the movement against the Contagious Diseases Acts when she undertook the leadership of the Ladies’ National Association for the Repeal of the Contagious Diseases Acts in 1869.<sup>16</sup>

There is evidence of correspondence between Blackwell and Josephine Butler, who was mentioned previously in a letter by Florence Nightingale in Chapter 4. One letter, undated, from Butler to Blackwell was a quick note to discuss the doctor’s attendance at the North of England Council for the Education of Women in Leeds.<sup>17</sup> In this correspondence, she expressed her desire for Blackwell to attend the event as Butler was speaking on “the sanitary education of women; the teaching of physiology in girl’s schools”.<sup>18</sup> She also implied that she needed Blackwell’s advice concerning the Social Science Health Committee “as they [are] some of the worst opponents on C.D.A matters.”<sup>19</sup> This suggests that Blackwell’s opinion was valued by the female leader of the Anti-CDA Movement, indicating that women were more likely to support one another in such causes. Another undated letter further cements this theory whereby Butler admitted her ignorance on certain topics and asked Blackwell for her advice, in this particular instance, on hypnotism.

Blackwell wrote several works concerning to the CDAs during the 1870s and 80s.

*Medicine and Morality* (1881), *The Purchase of Women* (1887) and *Wrong and Right*

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<sup>14</sup> An Act to amend the Contagious Diseases Act, 1866, p. 1.

<sup>15</sup> Ornella Moscucci, *The Science of Woman: Gynaecology and Gender in England 1800-1929* (Cambridge University Press, Cambridge, 1990), p. 123.

<sup>16</sup> Anne Summers, ““The Constitution Violated”: The Female Body and the Female Subject in the Campaigns of Josephine Butler”, *History Workshop Journal*, Issue 48 (Autumn, 1999), p. 3.

<sup>17</sup> This council was established in 1867 with heavy involvement from Butler.

<sup>18</sup> Josephine Butler, *Letter to Elizabeth Blackwell*, 19<sup>th</sup> June n.d.

<sup>19</sup> Josephine Butler, *Letter to Elizabeth Blackwell*, 19<sup>th</sup> June n.d.

*Methods of Dealing with Social Evil* (1883) all relate to Blackwell's views on this legislation as covered previously in Chapter 3. She also published her talks both in the United Kingdom and in America, highlighting the issue of the treatment of prostitutes under the Acts and underling the sexual double standard enshrined in the legislation. In *Rescue Work in Relation to Prostitution and Disease*, a paper given before the Association for the Advancement of Women in New York in 1881, Blackwell attempted to drum up support for the involvement of American women in campaigning against the CDAs.<sup>20</sup> In the same year Blackwell published *Medicine and Morality*, a small pamphlet also printed in *The Modern Review*, whereby she discussed the role of medicine in policing morality. Blackwell specifically mentioned the Contagious Diseases Act in this tract stating that

There are right and wise ways of doing this [regulating vice]...it is only necessary now to point out clearly the dangerous departure from accepted principles of right, which must ensure the repeal of the Contagious Disease Acts in a free and just nation- a nation whose practical ability will also ensure the introduction of necessary, but when those injurious Acts are repealed. The dangerous tendencies of various legislative acts have not been brought home to the careful consideration of the general Profession...then only will they become responsible for the maintenance of any injurious medical legislation.<sup>21</sup>

Blackwell advocated the repeal of the CDAs and believed that the medical profession had a role in bringing this about. The "right and wise ways" of regulating vice to which Blackwell referred in this text were furthered explored in *Wrong and Right Methods of Dealing with Social Evil*.<sup>22</sup> As discussed in Chapter 3, Blackwell railed against the sexual double standard enshrined in the CDAs. She claimed that "the fundamental error that one sex govern the sexual relations of both [men and women], is a corrupting fallacy, which has proved destructive of a national life in the past".<sup>23</sup> Evidently Blackwell believed both the prostitutes and their customers should have been subjected to

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<sup>20</sup> This was not the first occurrence of this paper as Blackwell also read this address at the Conference of Rescue Works in London in June 1881. Blackwell also had the British version of this talk published in London in the same year.

<sup>21</sup> Elizabeth Blackwell, *Medicine and Morality* (W. Speaight & Sons, London, 1881), p. 13.

<sup>22</sup> In 1882, *The Sentinel* printed an article on a meeting of the Moral Reform Union where Blackwell gave a reading of her work *Wrong and Right Methods of Dealing with Social Evil* (D. Williams, Hastings, 1883). It was noted that the meeting was attended by a "large and influential assembly of ladies".

<sup>23</sup> Elizabeth Blackwell, *Wrong and Right Methods of Dealing with Social Evil*, p. 5.

medical examination and treatment, highlighting the undercurrent of a sexual double standard within Victorian society. She believed that Britain had become a “state of unchecked evil”.<sup>24</sup> The following concerns were highlighted as evidence of this evil:

1. Coffee houses and taverns are often used as brothels and assignation places, and registry offices as decoys
2. Even the very young are left practically defenceless. They are corrupted in infancy, and vast numbers of children are encouraged in vice by their parents for the sake of gain
3. The streets are filled with vicious men and women, native and foreign, playing a vile trade, and tempting the innocent
4. The police are left without instructions, by their superiors, to arrest individuals when they find them actually engaged in the most demoralising acts
5. The magistrates seem often to be without sufficient power (or are not sufficiently stimulated by public opinion) to punish offenders when the offence is a sexual one
6. Brothels are treated as inviolate, except in searching for unlicensed liquor
7. At Somerset House certificates of birth are given without hesitation and enquiry, even when it is strongly suspected that they will be used for fraudulent purposes.<sup>25</sup>

Blackwell implied that there were several issues that had an impact upon the effective implementation of the CDAs, including fraudulent activities, lack of authority for magistrates and enforcement for police along with the unwillingness of the public to follow the rule of the law.

In *Medicine and Morality* she examined the range of systems in place across Europe as a means of dealing with prostitution and venereal disease. The first system which she claimed to be employed in London was “letting social vice run alone”.<sup>26</sup> The second method mentioned by Blackwell, and employed in Brussels, was termed “the female regulation system”.<sup>27</sup> This system appeared similar to the one laid out in the Contagious Diseases Acts, but involved the registration of women who were prostitutes. Registration served as a means of providing regulation; nevertheless the

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<sup>24</sup> Elizabeth Blackwell, *Wrong and Right Methods*, p. 10.

<sup>25</sup> Elizabeth Blackwell, *Wrong and Right Methods*, p. 9. Somerset House issued certificates for births, deaths and marriages.

<sup>26</sup> Elizabeth Blackwell, *Wrong and Right Methods*, p. 8.

<sup>27</sup> Elizabeth Blackwell, *Wrong and Right Methods*, p. 14.

key to this system was acceptance. By implementing this arrangement the prostitute becomes an “accepted member, or trader, of the community; and the whole powerful system of accepted and regulated female prostitution follows as a necessary result”.<sup>28</sup> However, Blackwell acknowledged that discriminatory attitudes towards women prevented any meaningful advances toward the regulation of prostitution:

As the indiscriminate intercourse of the sexes necessarily produces disease, this is the first evil which demands attention as sanitary science advances. The first necessary step in regulating the trade in vice, therefore, is to register those who engage in indiscriminate sexual intercourse. But vicious men carry on promiscuous intercourse, and consequently originate and spread disease. Men, however, will not be registered. The State is, therefore, compelled at the outset to leave the most important half of the trade unregulated- that half namely, that injured the innocent, the unfallen- and that half that supplied all the capital of the trade, the money without which it could not be continued for a week.<sup>29</sup>

The sexual double standard that the CDAs emphasised was here criticised and challenged by Blackwell, noting that men would escape registration despite their role in spreading venereal disease. She proposed a series of measures to counteract the CDAs and treat men and women equally. These included providing free medical care to those infected. As well as this, solicitation and brothels needed to be suppressed and dealt with by a competent police force.<sup>30</sup> There was a medical aspect to what Blackwell proposed, indicating that she believed the medical world had a significant role to play in tempering the rates of venereal infection. In Blackwell’s eyes, the government too had a role in prosecuting brothels, as well as developing a clearer system for law enforcement to follow.

However, the CDAs did not just affect women in Britain. They also had an impact on the British Empire. In *The Responsibility of Women Physicians in relation to the Contagious Disease Acts*, a talk given in London in 1897, Blackwell considered the role of female physicians in the Empire to aid those infected with venereal disease.<sup>31</sup>

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<sup>28</sup> Elizabeth Blackwell, *Wrong and Right Methods*, p. 17.

<sup>29</sup> Elizabeth Blackwell, *Wrong and Right Methods*, p. 26.

<sup>30</sup> Elizabeth Blackwell, *Wrong and Right Methods*, p. 40.

<sup>31</sup> Kristine Swenson, *Medical Women*, p. 163.

Blackwell claimed that the armies of the world were “nurseries of... venereal disease”.<sup>32</sup> Given that this text was published over ten years after the Acts were abolished in Britain, it is evident that there was still a problem with venereal disease in other parts of the Empire. In the introduction to the text she stated that

I have always felt that the National Repeal Societies made a mistake in relaxing efforts after the first check which the C.D. Acts suffered in 1886...it showed that the great campaign against perverted sex was then only beginning.<sup>33</sup>

In Blackwell’s view, once the campaign to repeal the CDAs had been won in Britain, the pressure to fully repeal the legislation eased.<sup>34</sup> She mentioned the Dufferin Fund was a medical movement for women physicians to become involved with to help “our Indian sisters”<sup>35</sup> in the fight against venereal disease.<sup>36</sup> Blackwell placed significant focus on the treatment of syphilis, particularly for female patients in this tract, indicating that this was the prevalent disease in India. She saw it as her duty “as the oldest Woman Physician”<sup>37</sup>, and co-founder of the London School of Medicine for Women, to encourage and guide the younger generations of women doctors in their work:

To us, medical women, has been opened the path of scientific medical knowledge, which, as science, embraces both mind and body; and it is by our advance, independently, but reverently in that path, guided by our God-given womanly conscience, that we shall be able to detect clearly the errors in relation to sex, which lie at the root of our present degeneracy.<sup>38</sup>

Venereal disease had become a concern after the Crimean War, when soldiers began reporting ill health due to infection.<sup>39</sup> Florence Nightingale, famous for her role in

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<sup>32</sup> Elizabeth Blackwell, *The Responsibility of Women Physicians in relation to the Contagious Diseases Acts* (Hastings, 1897), p.4.

<sup>33</sup> Elizabeth Blackwell, *Responsibility of Women Physicians*, p. 1.

<sup>34</sup> Philippa Levine argues that this was not the case and continued pressure came from Josephine Butler, *Prostitution, Race and Politics*, pp. 93-99.

<sup>35</sup> Philippa Levine, *Prostitution, Race and Politics*, pp. 93-98.

<sup>36</sup> For more information about the Dufferin Fund and its association with the Contagious Diseases Acts see Maneesha Lal, “The Politics of Gender and Medicine in Colonial India: The Countess of Dufferin’s Fund, 1885-1888”, *Bulletin of the History of Medicine*, Vol. 68, No.1 (Spring 1994), pp. 29-67 and for more information on the impact of the CDAs within the empire see Ann Laura Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule* (University of California Press, Berkeley, 2010).

<sup>37</sup> Elizabeth Blackwell, *Responsibility of Women Physicians*, p. 2.

<sup>38</sup> Elizabeth Blackwell, *Responsibility of Women Physicians*, p. 15.

<sup>39</sup> Pamela Cox, “Compulsion, Voluntarism, and Venereal Disease: Governing Sexual Health in England after the Contagious Disease Acts”, *Journal of British Studies*, Vol. 46, No.1 (January 2007), p. 95.

treating soldiers during the war, would have influenced Blackwell in joining the Anti-CDA Movement when sharing her first-hand account of the suffering of soldiers infected in Crimea. In the previous chapter we saw that these two women corresponded on the issue of venereal disease within the army and the failure of the army to sufficiently deal with the ensuing crisis. Given how much Nightingale influenced Blackwell's career interests it is not surprising that they adopted similar views, but not necessarily the same approaches, to the CDAs. Blackwell stood on the opposing side of this legislation against many of her medical colleagues, failing to fall in line with the rest of the medical professionals who supported the Acts. The opinion of the medical profession in regard to the CDAs was illustrated in a letter William Acton wrote to the *BMJ* in 1870:

Sir- it was very satisfactory for the medical supporters of the Contagious Disease Acts to learn...that the editor fully coincided with the views taken by the heads of the profession, that "prevention of disease is a very adequate motive why those surgeons who believe in the efficacy of the measures contemplated by the Act should be willing to carry out its provisions, and, however disagreeable, there would be nothing degrading in such duties."...you assert, that "every one not of the profession must almost necessarily regard such duties as disgusting, and be ready to infer that none but the coarser and inferior portion of our members will be willing to undertake them"...and the promoters of the Contagious Disease Act naturally look to you, who have so often lent your pages to the elucidation of the subject, for support in their endeavour.

I have no hesitation in asserting that medical men are primarily responsible for the prejudice with which the public regard this question and all cognate evils... the treatment of these affections [has] lapsed from legitimate practitioners into the hands of itinerant vendors of quack medicines...We have much prejudice to overcome on this score, for an erroneous notion is still deeply rooted in the public mind that educated men do not like to treat these ailments...<sup>40</sup>

Acton made a few interesting points about both the CDAs and those groups that were protesting against the Acts. First of all, he set out that the 'heads of the profession' had declared that there was nothing degrading about the examination of the women suspected of prostitution and infection. The degradation of the women involved in the

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<sup>40</sup> William Acton, "It is not Incumbent of the Medical Profession to Remove Certain Popular Prejudices in Reference to the Contagious Disease Act?", *British Medical Journal*, 2<sup>nd</sup> April 1870, pp. 350-1

examination process was a key point championed by the anti-CDA Movement. Acton clarified this by further elaborating that anyone not in the profession would consider such examinations as “disgusting” and regard any person willing to carry out these procedures as coarse and “inferior”. He cast aside all of the claims by the anti-CDA Movement about the barbaric treatment of women by doctors. There was also a discussion here about prejudice and the responsibility of the medical profession to remove such prejudice, particularly in relation to the treatment of venereal diseases.

...My private opinion is, and I hope to have it supported by you, that the discussion of these matters by medical men has now satisfactorily shown that the Contagious Diseases Act is but a division of a still larger question- Prostitution, which again, cannot be discussed, much less settled, without our possessing considerable knowledge of the kindred questions of *Illegitimacy and Infanticide*...the public press is about to follow the example of the medical journals...Our opponents believe that their energy and agitation will have sufficient influence not only to prevent the extension of the existing Contagious Disease Act to the civil population, but even to effect its repeal...“The Ladies’ Anti-Contagious Diseases Association” now admits that the condition of their fallen sisterhood requires investigation, and they take blame themselves for having so long neglected it. To conclude...professional men must be prepared to take their part in the discussion; and Government must look to surgeons to carry out the preventive and sanitary measures which our special knowledge may recommend for the alleviation of the sufferings of women who are often more sinned against than sinning.<sup>41</sup>

It was Acton’s opinion that prostitution was not the only issue requiring attention by the medical profession, but also illegitimacy and infanticide. In fact, many exam papers for the Royal College of Surgeons in Edinburgh and the Royal College of Physicians in London asked specifically about infanticide and the possible methods employed in the untimely expiration of infants throughout the nineteenth century.<sup>42</sup> He presented venereal disease as a danger to the public as it “concerns the very life and future of the history of the nation”. Acton also noted that the press were now in line with the medical profession’s thinking regarding the CDAs and this was an important step

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<sup>41</sup> William Acton, *Prostitution Considered in its Moral, Social and Sanitary Aspect, in London and other large cities, with Proposals for the Control and Prevention of its Attendant Evils* (Frank Cass, London, 1857), pp. 350-1.

<sup>42</sup> This has been found through assessing the exam papers of these institutions.

forward in cultivating public opinion. The mention of the Ladies' Anti-Contagious Diseases Association as the "opponents" of the medical profession indicated Acton's motive in writing this letter. He wished to discredit their efforts by claiming they had begun to rethink their approach to their "fallen sisterhood". He implied the association was disorganised, out of touch, and most importantly, that the job of protecting the public from venereal disease should be left to the qualified professionals. Acton was perhaps one of the most visible, if not well-known, medical man who advocated the CDAs.<sup>43</sup> His letter, in support of the CDAs, was in conjunction with the stance of the *BMJ* (and therefore the BMA). This position was underlined as "a step towards the continental system of registering, and therefore recognising, prostitutes"<sup>44</sup>, indicating that the British government was following the lead of other countries in Europe also affected by venereal disease.<sup>45</sup>

Ivan Crozier claims that Acton's *Prostitution Considered in its Moral, Social and Sanitary Aspects* brought him to prominence within medical circles in the mid-nineteenth century.<sup>46</sup> However, it underlined the fact that Acton believed women were "passionless"<sup>47</sup> in that "they yield to desires in which they do not share".<sup>48</sup> Therefore women who engaged in prostitution did so purely for the financial benefit.<sup>49</sup> Acton's

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<sup>43</sup> There has been considerable debate regarding the importance of Acton to nineteenth century medicine or whether his place amongst his peers has been inflated by later historians. Roy Porter and Lesley Hall in *The Facts of Life: The Creation of Sexual Knowledge in Britain, 1650-1950* (Yale University Press, London, 1995) refer to the earlier work of F.B. Smith in *The People's Health, 1830-1970* (Holmes & Meier, Michigan, 1979) where Acton is referred to as being on the "vociferous lunatic fringe" (p. 295). Also see Steve Marcus, *The Other Victorians: A Study of Sexuality and Pornography in Mid-Nineteenth-Century England* (Transactions Publishers, London, 1966) pp. 1-33.

<sup>44</sup> "Leading Articles", *British Medical Journal*, 17<sup>th</sup> December 1864, p. 681.

<sup>45</sup> See Philippa Levine, *Gender and Empire* (Oxford University Press, Oxford, 2004).

<sup>46</sup> Ivan Crozier, "William Acton and the history of sexuality: the medical and professional context", *Journal of Victorian Culture*, Vol. 5, No. 1 (2000), p. 13.

<sup>47</sup> Erna Olafson Hellerstein, Leslie Parker Hume & Karen M. Offen (eds), *Victorian Women: A Documentary Account of Women's Lives in Nineteenth-Century England, France, and the United States* (The Harvester Press, Brighton, 1981), p. 175. There are a number of editions of Acton's text and his opinion of female pleasure changes throughout. See Bland.

<sup>48</sup> William Acton, *Prostitution Considered in its Moral, Social and Sanitary Aspects*, p. 20. See also Len Platt, *Joyce and the Anglo-Irish: A study of Joyce and the Literary Revival* (Rodopi, Amsterdam, 1988), p. 228 and Jeffery Weeks, *Sex, Politics and Society: The Regulation of Sexuality since 1800* (Longman, London, 1981) pp. 41-2.

<sup>49</sup> This is the argument Acton made implying that women only turned to prostitution as a last resort to feed and clothe themselves and their families. In fact there is very little evidence to support this argument as can be seen in David Innes Williams, *The London Lock: A Charitable Hospital for Venereal*



argument that women felt no sexual excitement was unfounded, with little evidence to suggest how he arrived at such a conclusion. Blackwell took this as an opportunity to demonstrate how the poor sexual treatment of women could cause them to become 'passionless'.

Blackwell suggested that men failed to recognise the value of the clitoris as the seat of female sexual pleasure.<sup>50</sup> Blackwell addressed the mental or psychological element in sex that impacted on a woman's ability to feel pleasure during sex, including "injury from childbirth, or brutal or awkward conjugal approaches"<sup>51</sup> and that elements of foreplay such as "kisses and caresses"<sup>52</sup> should be used by the male to stimulate and excite their sexual partner. Blackwell may well have been referring to the wedding night experience of many women which some considered to amount to rape.<sup>53</sup> Sexual practices will be explored further in the next section, in relation to the Malthusian League, with Annie Besant's autobiography, where she described her ignorance of sex before her marriage.<sup>54</sup> The work of George Drysdale will be examined in relation to Neo-Malthusian beliefs. Drysdale and Acton clashed over the topic of female sexual pleasure while Acton argued women found little pleasure from sexual activities, Drysdale predicated that women and men felt both equal desire and pleasure.<sup>55</sup>

## The Malthusian League

The beliefs of Neo-Malthusianism in the mid to late nineteenth century were loosely based on Thomas Malthus' *Essay on the Principle of Population* (1798). Malthus advocated the use of moral restraint as a means of controlling the population,

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*Disease, 1746-1952* (Royal Society of Medicine Press Ltd, London, 1995) where many women used prostitution as a means to earn a little extra money, not solely out of destitution.

<sup>50</sup> Elizabeth Blackwell, *The Human Element in Sex: Being a Medical Enquiry into the Relation of Sexual Physiology to Christian Morality* (J.A. Churchill, , London, 1884) , p. 21. This feeds into Blackwell's main concern about ignorance and sex education.

<sup>51</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 50.

<sup>52</sup> Elizabeth Blackwell, *The Human Element in Sex*, p. 50.

<sup>53</sup> See Peter Cryle, "'A Terrible Ordeal from Every Point of View': (Not) Managing Female Sexuality on the Wedding Night", *Journal of the History of Sexuality*, Vol. 18, No.1 (January 2009), pp. 44-64 for more information on female experiences on the wedding night.

<sup>54</sup> See Annie Besant, *An Autobiography* (T. Fisher Unwin, London, 1893).

<sup>55</sup> Roy Porter and Lesley Hall, *Facts of Life*, p. 150.

preventing starvation and unrest.<sup>56</sup> The Neo-Malthusian movement, later called the Malthusian League, was founded in 1877 by C.R. Drysdale.<sup>57</sup> This was the same year that Charles Bradlaugh and Annie Besant reproduced Charles Knowlton's *Fruits of Philosophy* cheaply for British audiences. Knowlton highlighted the advantages of using birth control for family limitation and was found to be in violation of the Obscene Publications Act of 1857. George Drysdale, brother of C.R. Drysdale, was a prominent Neo-Malthusian who wrote *Elements of Social Science: or Physical, Sexual, and Natural Religion, an Exposition of the True Cause and Only Cure of the Three Primary Social Evils: Poverty, Prostitution and Celibacy, by a Doctor of Medicine* in 1854 which underlined the key neo-Malthusian views concerning early marriage and the benefits of exercising sexual virility over self-imposed celibacy.<sup>58</sup>

Malthus' original thesis was an economic theory and proposed the use of 'moral' forms of contraception.<sup>59</sup> Neo-Malthusians still believed in the economics behind Malthus' theory but "combined them with advocacy of contraceptive techniques".<sup>60</sup> The Malthusian League favoured Charles Knowlton's *Fruits of Philosophy: or The Private Companion of Young Married People*, originally published in 1832, as the means of spreading their message about family limitation through contraception and as a way of helping the lot of impoverished families that struggled because of their size and lack of efficient birth-control measures.<sup>61</sup> Knowlton advocated the use of douching as the chief method of contraception. He recommended "solutions of alum and of

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<sup>56</sup> Stephen Garton, *Histories of Sexuality: Antiquity to Sexual Revolution* (Equinox, London, 2004), pp. 105-6. Alison Bashford and Joyce E. Chaplin consider the global influence and implications of Malthus' work in *The New Worlds of Thomas Robert Malthus: Rereading the Principle of Population* (Princeton University Press, Oxford, 2016), Introduction.

<sup>57</sup> Lesley Hall, *Sex, Gender and Social Change in Britain since 1880* (Macmillan Press, London, 2000), p. 27.

<sup>58</sup> See George Drysdale, *Elements of Social Science: or Physical, Sexual, and Natural Religion, and Exposition of the True Cause and Only Cure of the Three Primary Social Evils: Poverty, Prostitution and Celibacy, by a Doctor of Medicine* (E. Truelove, London, 1864). Despite Drysdale practising as a doctor, the medical profession did not advocate the use of contraceptives as a means of family limitation.

<sup>59</sup> Susanne Klausen and Alison Bashford, "Fertility Control: Eugenics, Neo-Malthusianism, and Feminism" in Alison Bashford and Philippa Levine (eds), *The Oxford Handbook of the History of Eugenics* (Oxford University Press, Oxford, 2010), p. 99.

<sup>60</sup> Susanne Klausen and Alison Bashford, 'Fertility Control', p. 99.

<sup>61</sup> See Patricia Hollis, *Women in Public, 1850-1900* (Routledge, London, 2013), Part 5 Birth Control.

“astringent vegetables. [such] as white oak bark, hemlock bark, red rose leaves, green tea, raspberry leaves or roots””.<sup>62</sup> Further instructions on these solutions included:

1. Of Alum, to a pint of water, a lump as large as a large chestnut
2. Of Sulphate of Zinc, to a pint of water, a large thimble full
3. Of Sal Eratus, to a pint of water, two common sized *even* teaspoons full
4. Of good Vinegar, to a pint of water, four or five greatspoons [sic] full
5. Liquid Chloride of Soda, to a pint of water, four or five greatspoons full<sup>63</sup>

Presumably the appeal of Knowlton to Besant, Bradlaugh and the rest of the Malthusian League came from the fact that Knowlton thought birth control should be in the hands of women.<sup>64</sup> The ingredients Knowlton advised were also relatively easy to obtain as domestic products, which was another part of his text’s appeal. D’Arcy makes the strong point that while the Neo-Malthusians produced thousands of pamphlets, not only by Knowlton but also by Besant, there is little evidence that these were ever understood or taken seriously by the general public.<sup>65</sup>

In contrast to Knowlton, Besant’s *An Autobiography* (1893), drew on her own sexual experiences, instead of medical knowledge, to discuss her views on Neo-Malthusianism. On the topic of her marriage, she recalled

I married in the winter of 1867 with no more idea of the marriage relation than if I had been four years old instead of twenty. My dreamy life, into which no knowledge of evil had been allowed to penetrate, in which I had been guarded from all pain, shielded from all anxiety, kept innocent on all questions of sex, was no preparation for married existence, and left me defenceless to face a rude awakening.<sup>66</sup>

Besant believed that her earlier experience of sex could have been less of shock had she been exposed to a text like Knowlton’s *Fruits of Philosophy*. She also implied that her sexual experiences after her marriage were painful and filled her with anxiety. It is clear that this ‘rude awakening’ left a lasting impact:

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<sup>62</sup> Richard Knowlton, *Fruits of Philosophy* (1877), p. 78 in Norman E. Himes, *Medical History of Contraception* (Schocken Books, New York, 1970), p. 227.

<sup>63</sup> Richard Knowlton, *Fruits of Philosophy* (1877), p. 82 in Himes, p. 228.

<sup>64</sup> Norman Himes, *Medical History of Contraception* (Schocken Books, New York, 1970), p. 229.

<sup>65</sup> F. D’Arcy, “The Malthusian League and the Resistance to Birth Control Propaganda in Late Victorian Britain”, *Population Studies*, Vol.31, No. 3 (November 1977), p. 433.

<sup>66</sup> Annie Besant, *Autobiography*, pp. 70-1.

None the less, such ignorance is a fact in the case of some girls at least, and no mother should let her daughter, blindfold, slip her neck under the marriage yoke.<sup>67</sup>

She also published *The Laws on Population* in 1878, which was supposed to serve as an alternative to Knowlton's book that existed within the environs of the Obscene Publications Act. Besant withdrew it from circulation in 1890, but, by this time, 175,000 copies had been purchased.<sup>68</sup> In this text Besant engaged with Malthus' ideas regarding overpopulation and, to a larger extent, Darwinism. The developments in medicine over the course of the nineteenth century were keeping those alive who should be dead through "natural checks",<sup>69</sup> leading to overpopulation and inevitable overcrowding.<sup>70</sup>

Blackwell argued for later marriage, while the Neo-Malthusians argued for "early marriage with the use of contraceptive measures".<sup>71</sup> And while there is a plethora of literature on the trial of Annie Besant and Charles Bradlaugh, along with the rise and fall of the Malthusian League, this section will focus on Blackwell's links to and her writings against Neo-Malthusianism through her views on sex education.<sup>72</sup> In Chapter 3 the message of her sex education texts was examined, with a key aspect being abstinence and late marriage. However, she also abhorred ignorance and false knowledge. She felt this was just as damaging to sexual health as masturbation or sexual precociousness in children. The medical profession stood alongside Blackwell in their opposition to the Neo-Malthusians.<sup>73</sup> Despite being aware of the issues large working-class families faced, doctors believed that it was not their place to suggest

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<sup>67</sup> Annie Besant, *Autobiography*, p. 71.

<sup>68</sup> Angus McLaren, *Birth Control in Nineteenth-Century England* (Croom Helm, London, 1978), p. 108.

<sup>69</sup> Annie Besant, *The Law of Population: Its Consequences and its Bearing upon Human Conduct and Morals* (Freethought Publishing Company, London, 1887), p. 13.

<sup>70</sup> Annie Besant, *Population*, pp. 10-16.

<sup>71</sup> Roy Porter and Lesley Hall, *The Facts of Life*, p. 148. Blackwell argued that 25 was prime age for reproduction.

<sup>72</sup> This is a long neglected aspect of Blackwell's work on sex education by historians of medicine, sex and biographers of Blackwell. For more information about the Malthusian League see P. Fryer, *The Birth Controllers* (Stein and Day, New York, 1965); J.A. Banks, *Prosperity and Parenthood: A Study of Family Planning among Victorian Middle Classes* (London, Routledge, 1954); J.A. & Olive Banks, *Feminism and Family Planning in Victorian England* (Schocken Books, New York, 1964); F.H. Amphlett-Micklewright, "The Rise and Decline of English Neo-Malthusianism", *Population Studies*, Vol. 15, No. 1 (July 1961), pp. 32-51.

<sup>73</sup> F. D'Arcy, *The Malthusian League*, p. 434; Angus McLaren, *Birth Control*, Chapter 7.

birth control to their patients and that it was a private matter.<sup>74</sup> The medical profession was not the only group opposed to Neo-Malthusianism. The Society for the Suppression of Vice, the Social Purity Alliance, and the Moral Reform Union throughout the 1870s to the 1890s maintained “a bitter hostility to the birth controllers, denouncing their message as ‘damnable vice’ and ‘corruption’”.<sup>75</sup> It was along these lines that Blackwell wrote her treatise against Neo-Malthusianism.

Another Malthusian ideal Besant addressed was the idea of early versus late marriage, put forward by Blackwell, who believed the 25 was the best age to marry. Here she argued that

The majority of men and women will never consent to remain single during the brightness of youth, when passion is strongest and feelings most powerful, and to marry only when life is half-over and its bloom and its beauty have faded into middle-age.<sup>76</sup>

A sizeable portion of this text also draws on the effects lack of family limitation and birth control had on women’s bodies, including prolapse and miscarriage, indicating that Besant drew on her own experiences as a mother.<sup>77</sup> This is in direct conflict with Blackwell’s writings in *The Human Element in Sex*, seen in Chapter 3, where she argued that this passion was not necessarily positive, often leading to unwanted pregnancy and unhappiness.

When engaging with these primary materials about sex it is important to think back to the research questions asked at the beginning of this thesis; the most important of these being the contribution of Blackwell sex education. She engaged in debate with the Malthusians, refuting their claims and correcting misinformation by using her position as a qualified doctor. This also marks Blackwell’s contribution outside of publication to sex education as she sought to discredit the movement. As mentioned at the beginning of the chapter, the secondary material on the Malthusian League is

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<sup>74</sup> Angus McLaren, *Birth Control*, Chapter 7. The Malthusian League did eventually develop its own medical branch toward the end of the nineteenth century.

<sup>75</sup> F. D’Arcy, *The Malthusian League*, p. 436.

<sup>76</sup> Annie Besant, *Population*, p. 29.

<sup>77</sup> Annie Besant, *Population*, Chapter 2.

sparse but by using the materials this group produced in relation to Blackwell, especially Besant's outlook, I have provided a new perspective on debates surrounding sexual activity in the late nineteenth century.

Besant did discuss methods of contraception, drawing on the text of *Fruits of Philosophy*. In many ways, her approach to this mirrored that of the pioneering doctor as she despaired that women were in "complete ignorance of their own bodies".<sup>78</sup> She also provided medically accurate information about the female reproductive system like Blackwell:

The passage leading from the exterior of the body to the mouth of the womb varies from four to five inches. At its upper end, projecting into it, is the mouth of the womb, which is normally closed by two thick lips...fertilisation depends on the active element, the spermatozoa, from the male reaching the ova(eggs) of the female, and this can only occur by the spermatozoa making their way through the mouth of the womb into its interior cavity. This mouth opens slightly from time to time during sexual excitement, and thus makes it possible for the spermatozoa to work their way in. If then the mouth of the womb can be kept closed, or in any way guarded, no fertilisation can take place.<sup>79</sup>

This passage is significant as she both mirrored the medical language of Blackwell in disseminating sexual knowledge and prescribed to the doctor's argument that women experienced sexual pleasure. Following this, Besant provided an updated recommendation for the types of birth control or "checks" that could have been employed. Knowlton's mixtures of vinegar, zinc and alum were put to one side and replaced by "the soluble pessary [sic], the india-rubber pessary, and the sponge".<sup>80</sup> Interestingly, these three methods appear to have come with Besant's own seal of approval, perhaps indicating that recommendations were perceived as more reliable than professional advice:

There is no difficulty in the use of any one of these checks; they are, I believe, thoroughly reliable if ordinary care is used to place them in

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<sup>78</sup> Annie Besant, *Population*, p. 32.

<sup>79</sup> Annie Besant, *Population*, p. 32.

<sup>80</sup> Annie Besant, *Population*, p. 32.

position; and they have the enormous advantage of being entirely in the hands of the woman and of being absolutely unobtrusive.<sup>81</sup>

Both advocated the increased knowledge of the mother on matters relating to sex and the transmission of this knowledge to both sons and daughters in an equal fashion, thereby negating the sexual double standard. Despite the contrasting views of these two women, one through lived experience and the other through medical expertise, they both arrived at the same conclusion concerning the dissemination of sexual knowledge by dispelling ignorance. The same can be said for their views on the beneficial role of women in medicine. Besant remarked on the hypocritical nature of the argument that women should not be involved with politics, medicine or sanitation reform:

It is unfeminine to be a doctor, but feminine to be a nurse. It is unfeminine to mix drugs, but feminine to administer them. It is unfeminine to study political economy, but feminine to train the future Statesmen. It is unfeminine to study sanitary laws, but feminine to regulate the atmosphere of the nursery, whose wholesomeness depends on those laws. It is unfeminine to mingle with men at the polling booth, but feminine to labour among them in the field and the factories. In a word, it is unfeminine to know how to do a thing, and to do it comprehending, wisely and well; it is feminine to do things of whose law and principles we know absolutely nothing, and to do them ignorantly, foolishly and badly.<sup>82</sup>

In this regard Besant was similar to Florence Nightingale who also set out a list of what would make the ideal female physician. The mention of sanitary laws is also interesting here considering this was Blackwell's speciality in medicine. Indeed she also agreed with Blackwell about the important role women played as mother and wife in the family unit:

If you want your wife to be your toy, or your drudge, you do perhaps wisely in shutting up her ideas within the four walls of your house; but if you want one who will stand at your side through life, in evil reports as well as in good, a strong, large-hearted woman, fit to be your comfort in trouble, your counsellor in difficulty, your support in danger, worthy to be the mother of your children, the wise guardian

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<sup>81</sup> Annie Besant, *Population*, p. 32. Claire Jones explores the consumerism of contraceptives further in "Under the Covers? Commerce, Contraceptives and Consumers in England and Wales, 1880-1960", *Social History of Medicine*, Vol. 29, No. 4 (November 2016), pp. 734-756.

<sup>82</sup> Annie Besant, *On the Political Status of Women- A lecture delivered in the Co-operative Hall* (Trubner & Co, London, n.d.), p. 6.

and trainer of your sons and daughters, then seek to widen women's intellects and to enlarge their hearts by sharing with them your grander plans of life, your deeper thoughts, your keener hopes.<sup>83</sup>

There are two texts where Blackwell directly addressed the Neo-Malthusian: *A medical address on the benevolence of Malthus, contrasted with the corruptions of Neo-Malthusianism*, published in 1888; and published notes in Francis William Newman's *The Corruption now called Neo-Malthusianism* in 1889.<sup>84</sup> In Newman's book, Blackwell linked the Neo-Malthusian cause to the Contagious Diseases Acts through the 1857 Divorce Act.<sup>85</sup> She claimed that through the legislation "marriage fidelity shall be no longer binding in men",<sup>86</sup> legalising a sexual double standard and thus paving the way for the CDAs in the next decade by "bringing about promiscuous intercourse as its direct result".<sup>87</sup> Blackwell believed the recommendations of the Malthusian League, for early marriage had the potential danger of teaching men "to repudiate fatherhood and... [accustom] women to despise motherhood and shrink from the trouble involved in the bearing and nurturing of children".<sup>88</sup>

None of Blackwell's biographers have focused on this link between Blackwell, Besant and the Malthusian League and existing histories of eugenics have also omitted Blackwell from this narrative against the work of the Neo-Malthusians. There has been a recent revival of interest in Malthus and the Neo-Malthusian movement, led by Alison Bashford in the form of *The Oxford Handbook for the History of Eugenics* with Philippa Levine in 2010 and *The New Worlds of Thomas Robert Malthus* with Joyce E. Chaplin in 2016. Yet both of these texts fail to mention the outspoken views of Blackwell, a notable female doctor, against the Neo-Malthusian movement, at a time when the medical profession opposed their teachings. The next section examines Blackwell's contribution to sex education through the National Health Society, a

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<sup>83</sup> Annie Besant, *Political Status of Women*, p. 12.

<sup>84</sup> This text was published by the Moral Reform Union who also published a number of Blackwell's works.

<sup>85</sup> Elizabeth Blackwell in Francis William Newman, *The Corruption now called Neo-Malthusianism with notes by Dr E Blackwell* (Burt & Sons, London, 1889), p. 6.

<sup>86</sup> Elizabeth Blackwell, *The Corruption*, p. 6.

<sup>87</sup> Elizabeth Blackwell, *The Corruption*, p. 6.

<sup>88</sup> Elizabeth Blackwell, *The Corruption*, pp. 6-7.



similarly neglected area of Blackwell's professional accomplishments. There exists very little secondary literature on this society, with even less information provided by Blackwell in her autobiography, despite founding it herself. This society is an example of the lack of recognition Blackwell has received for her work on social and medical reform through moral hygiene and sanitation.

## National Health Society

In her autobiography, *Pioneer work in opening the medical profession to women*, Blackwell briefly noted the establishment of the National Health Society (NHS) on 6 July 1871 as "a small meeting...to consider the important subject of a steady and wide diffusion of sanitary knowledge among all the people".<sup>89</sup> In fact, Blackwell was the founding member of this society, which served as a means to spread her message about moral hygiene and sanitation through practical means rather than just through publication. The motto of the society, referred to in Chapter 3, was "Prevention is better than cure".<sup>90</sup> The first meeting also set out the objects of the group in holding monthly meetings, establishing classes and lectures at moderate fees, the delivery of free lectures in London and the foundation of a reference library and information office.<sup>91</sup>

Blackwell was ambitious from the outset with this project. Writing to Mary Putnam Jacobi in December 1872 she expanded upon these objects, linked to sanitation:

My little Health society meets at my house every Thursday afternoon. It is at present only an opportunity for which I try to gather materials for future work, using my influence to create an interest in Sanitary topics and instruct those who come. I am not sure yet in which direction it will chiefly grow.<sup>92</sup>

Blackwell appeared to be confident in her undertaking and the reach of her influence. At the time the NHS was established, Blackwell had only been living in London for four

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<sup>89</sup> Elizabeth Blackwell, *Pioneer Work in Opening the Medical Profession to Women* (Longmans, London, 1895), p. 199.

<sup>90</sup> Elizabeth Blackwell, *Pioneer Work*, p. 199.

<sup>91</sup> *First Annual Report*, National Health Society (1872), p. 4.

<sup>92</sup> Julia Boyd, *The Excellent Doctor: The Life of the First Female Physician* (Sutton Publishing, London, 2005), pp. 234-5.

years. This suggests that the networks she built up on previous visits to Britain over course of the 1850s and 60s had considerable power and benefited the female doctor through the provision of financial and professional support, as I noted in previous chapters. Later reports of the society indicated that its aims had expanded to include

the diffusion of sound sanitary knowledge among households, the means by which they have sought to attain that object are, besides the public monthly meetings of the society- the delivery of courses of lectures on health.<sup>93</sup>

The idea of lectures held monthly around London and the country suggested that the society wanted to reach as many people as possible, particularly if such lectures were intended to be free. The other classes mentioned with a fee would have been aimed at a higher class of audience and with a doctor of prestige in order to draw in a crowd.<sup>94</sup>

In the *Fourth Report* of the group in 1877, it was stated that the lectures were attended by almost 3,000 people over the course of a year.<sup>95</sup> The constitution of the organisation was set out in the *Second Annual Report* as follows:

1. This society is formed to unite and organise voluntary efforts for the collection and diffusion of well-established sanitary knowledge, which bears on the physical and moral welfare of all classes of society
2. It will also be in accordance with the aims of this society to give support to practical efforts for carrying out the laws of health in daily life
3. It is invited that the co-operation of both men and women in its work
4. In forming voluntary Branch Societies it will endeavour to work according to the divisions of the country into health districts; hoping to enter into friendly relations with the existing Sanitary Authorities
5. It will be the special aim of the society to promote sanitary knowledge in families and households, whose influence will thus afford the best support and guidance to sanitary legislation<sup>96</sup>

There was a clear emphasis on the transmission of sanitary knowledge by the society, indicating that Blackwell had set it up in a bid to bring her message about ignorance and moral hygiene to a larger audience. It was hoped that the Ladies' Sanitary Association would co-operate by "affording to the new society the advantage of their

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<sup>93</sup> *Second Annual Report*, National Health Society (1873), p. 6.

<sup>94</sup> There is evidence of this in the *Fourth Annual Report* where W.H. Corfield, Professor of Hygiene and Public Health at the University College, London delivered a complete course of lectures (p. 8).

<sup>95</sup> *Fourth Annual Report*, National Health Society (1877), p. 7. These lectures were delivered by Miss Pearson and Miss McLaughlin.

<sup>96</sup> *Second Annual Report*, National Health Society (1873), p. 3.

experience in all matters connected with its object".<sup>97</sup> The Association declined the invitation to be involved with the organisation, but their publications were used widely as inspiration for the work of the society.

The NHS provided Blackwell with the opportunity to promote her publication *The Religion of Health*, originally published in 1871.<sup>98</sup> This text made more use of quantitative data, using statistics and figures to underline points regarding poor health and highlight the mission of the NHS. This is noteworthy, as her previous works had taken on an empirical or experiential approach. There was a considerable depth and breadth of knowledge displayed by Blackwell in this pamphlet, making use of government documentation regarding mortality and disease in the major cities of Britain:

The statistics of all our large towns demonstrate the great and unnatural destruction of life that takes place in these centres of civilisation, where the highest medical skill is found, and placed freely at the call of poor as well as rich. The natural death-rate at present is 17 per thousand, i.e., that under the most favourable conditions, as amongst the upper classes in our healthiest cities, in the healthiest country districts, 17 out of every thousand persons die each year all the world over, a lower mortality being exceptional; but the following was the death-rate of our chief cities (1868), instead of the natural rate of 17 per thousand: Bristol, 23; London and Birmingham, 24; Dublin, 25; Edinburgh, 27; Liverpool, 29; Glasgow, 30; Manchester, 32.<sup>99</sup>

This shift toward use of government documents indicated a heavy influence by Florence Nightingale, who used statistics and figures to great advantage throughout her own career. Blackwell employed hard evidence to support her claim that cities were unhealthy for the people who lived in them, regardless of class. Blackwell believed that many of the problems faced by the public which influenced the mortality rate included poor knowledge of hygiene and sanitation. She claimed that

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<sup>97</sup> Minute Book of the Executive Committee, National Health Society, 6<sup>th</sup> July 1871.

<sup>98</sup> Blackwell suggested promoting her pamphlet at a meeting of the National Health Society on 2<sup>nd</sup> November 1871 and members volunteered to circulate them. Other texts published by the society include *National Health Society's Penny Cookery Book* by Edith A. Barnett (Allman & Son, London, 1879) which provided 101 recipes for cheap, wholesome food that required little preparation or many ingredients.

<sup>99</sup> Elizabeth Blackwell, *The Religion of Health* ([n.pub.], Edinburgh, 1878), pp. 7-8.

As many as ten persons are often crowded into a sleeping room not twelve foot square; the external walls are too thin, the rooms too small, no ventilation, brick or tile floors.; cottages are frequently built in marsh situations, and by stagnant water, or at the foot of hills where there is no free circulation of air; the spot is chosen on account of the small value of the land, and its uselessness for agricultural purposes...the conditions of labour are injurious and repulsive, whether from exhausting hours of toil, unhealthy work-places, squalid homes, or dreary monotony of toil, the workers of either sex will inevitably seek relief from hopeless drudgery in the excitement of vicious indulgences... Every housekeeper knows the extreme difficulty of obtaining a healthy servant; nine-tenths of those who apply for a situation are suffering from some chronic form of disease, which, if they belonged to a different class of society, would place them in the list of permanent invalids. There is no more frequent cause of the ill-health of domestic servants than the damp and sunless rooms in which they pass so much of their time, owing to the injurious practice of building dwelling-houses, both in town and country, without a cellar under the whole house, drained and ventilated from side to side. No room is fit for human habitation which has not a six-foot cellar, dry, with amply through ventilation, underneath it. It seems surprising that, in a damp climate like ours, with rheumatism and scrofula prevailing everywhere, this necessity has not been perceived.<sup>100</sup>

The ill health of servants was an issue here, as they traversed the class divide, bringing disease with them to the homes of the upper classes. She made recommendations regarding the preferable accommodation of the lower classes, including better drainage and ventilation, due to the poor climate of Britain, in order to combat rheumatism and scrofula, but failed to challenge the poor working conditions she outlined or the “vicious indulgences” she mentioned. While the main issues Blackwell highlighted were in relation to poor housing conditions and unregulated working conditions, she also linked this to the sexual development of children through the figure of the ailing mother:<sup>101</sup>

Those classes of society who are able to command every physical appliance that wealth will purchase are often, from their kind of suffering, more dangerously diseased than the labouring classes. I need only mention the spread of luxury, the delay of marriage, the

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<sup>100</sup> Elizabeth Blackwell, *Religion of Health*, p. 10.

<sup>101</sup> As seen in Chapter 3 the figure of the mother was considerably important in the writings of Blackwell as the moral guidance of children and the prime educator of her children about sex.

frail progeny of unsuitable unions, to show how inextricably the mind and body are blended in all that concerns health.

The general deterioration of health prevailing in all classes and both sexes is most strikingly seen among women. It is proved by the increase of nervous and special diseases, the prevalence of scrofula by general fragility of constitution, and inability to bear the unavoidable burdens of life.

The health of the mass of educated women is a matter of serious national concern. These women form the heart of the nation: they mould its family life; they create society; they exercise an unbounded influence on the lower classes. If the health of the mother breaks down, family happiness is destroyed; so if the health of this class of a people is deteriorated, the welfare of the nation is imperilled, both in the present and the future.<sup>102</sup>

As with *The Human Element in Sex*, Blackwell used the mother as the central figure for regulating morality within the family unit. The deterioration of the mother's health was a serious threat to the protection of the family from the perils of vice, as well as "the welfare of the nation". Blackwell believed mothers were the key to saving the lower classes from moral degradation and improving the lot of the lower echelons of society. The education of women was the crucial cornerstone in the improvement of moral hygiene and sanitation- the fundamental aspect of the NHS. Blackwell also argued that, without the correct guidance from mothers, children would lack a moral compass, prematurely engaging in sexual activities which could result in unwanted pregnancy and unnecessarily early marriage:

Young parents enter upon the heavy responsibilities of family life, in deplorable ignorance of their duties to one another, and to their children. As parents it is their first duty to secure right conditions of health for the infant, or the child, and for youth, until they leave the parental roof. Each age demands a varying set of conditions, which become continually more complicated as the necessities of the mind increase in proportion to the physical wants. The conditions that will keep an infant in perfect health will not suffice to secure the health of the boy or girl of fifteen.<sup>103</sup>

Blackwell used themes also present in *The Human Element in Sex* but, as *The Religion of Health* was published over two decades previous to this, it is plain that Blackwell used her experience with the NHS to inform her later works. From this extract we can

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<sup>102</sup> Elizabeth Blackwell, *Religion of Health*, p. 11.

<sup>103</sup> Elizabeth Blackwell, *Religion of Health*, p. 11.

see that Blackwell believed the working classes were the social group which most needed the help of both the government and the medical profession. The harsh working conditions, high mortality, poor sanitation and lack of moral guidance were a recipe for disaster in Blackwell's mind and it is possible that she believed that the NHS could make a difference through lectures and pamphlets.

From December 1871 difficulties were beginning to arise inside the NHS with the suggestion that Mrs Edwin Chadwick be elected President of the Society, alongside Blackwell and Dr Corfield as Vice Presidents.<sup>104</sup> Also, from September 1872 onward, the committee minutes began to note the absence of Blackwell from meetings. When examining the minutes of the society it became evident that she took an increasingly diminishing role, going from president to ordinary committee member to disappearing from the society's records altogether. She was succeeded as Chair of the NHS by Ernest Hart, who took up the post between 1872 and 1897, and was also the editor of the *British Medical Journal* from 1866 to 1898, indicating that the society was well placed within medical circles.<sup>105</sup>

Little analysis has been carried out, by biographers of Blackwell, into why her attendance at meetings and lack of participation occurred. As seen in the previous chapter on female medical networks Blackwell was a difficult person to work with and it would be easy to presume that a clash of personalities led to her waning involvement with the society she established. However, more sinister forces were at work. Blackwell noted in her autobiography that between 1876-8 she suffered from "atrocious biliary colic",<sup>106</sup> which resulted in her relocation to the French Riviera, where she wrote *The Moral Education of the Young, considered under Medical and Social Aspects*. The NHS continued to function for many decades after Blackwell stepped aside. This proved that she had a lasting effect on sex education through

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<sup>104</sup> Minute Book of the Executive Committee, National Health Society, 9<sup>th</sup> December 1871.

<sup>105</sup> Clare Hickman, "'To brighten the aspect of our streets and increase the health and enjoyment of our city': The National Health Society and urban green space in late-nineteenth century London", *Landscape and Urban Planning*, Vol. 118 (October 2013), pp. 112. Ernest Hart was also involved with the initial establishment of the London School of Medicine for Women, examined in the next section.

<sup>106</sup> Elizabeth Blackwell, *Pioneer Work*, p. 201.

moral hygiene and sanitation, yet this has been ignored by historians of medicine and Blackwell's own biographers.

In examining Blackwell's writings linked to the society, it is evident that she had clear ideas on how to improve the moral hygiene and sanitation of not just the working classes but all within society. In answering the questions posed at the beginning of this chapter regarding her contribution outside of publication, I have argued that Blackwell did not feel her initial books on the topics of sex education or moral hygiene and sanitation were reaching a wide enough audience. I have filled the current gap in the literature surrounding the NHS and what others have written about Blackwell by identifying the motives behind its formation. In setting up the NHS, she wanted to prevent rather than cure the issues that occurred within cities. As seen in the minutes of the society the lectures and classes held by the society were well attended and aimed at a range of classes. These events also took into consideration the financial means of attendees, with emphasis placed on female attendance and pamphlets aimed at women. Blackwell saw that women were the key to improving the health of the family through education. Formal education of women was also important and Blackwell used her influence in helping to establish the London School of Medicine for Women. This school would educate women who wanted to study medicine, but could not afford to or did not want to train abroad. At this school Blackwell positioned herself to teach these women about sex education through the topic of gynaecology and influence large numbers of female doctors for thirty years.

## London School of Medicine for Women

The London School of Medicine for Women was founded by Sophia Jex-Blake, Elizabeth Garrett Anderson and Elizabeth Blackwell in 1874 as a means of providing an alternative for women who wanted to study medicine in a safe environment. While the school has been discussed in previous chapters, it is relevant here as it provided a lasting contribution of Elizabeth Blackwell through the provision of a medical education for women but also as a platform for Blackwell to spread her message about sex education as Professor of Women's Health. However, many biographers of

Blackwell and Garrett Anderson claim that they were reluctant to join the committee to establish the medical school, but did so in order to provide a united front for the movement for the medical education of women. The school was established in reaction to Jex-Blake's own experience at the University of Edinburgh where she was pelted with rubbish by fellow students on one occasion.<sup>107</sup> While these women have been accredited with establishing the school by both primary and secondary sources, there exists one publication from 1886 that challenges this narrative. *Aesculapia Victrix* by Robert Wilson claims that a Dr Astie was the one who expedited the process of setting up the institution. This underlines the theory put forward in the introduction of this thesis that there have been attempts to write women out of the historical record. However, Dr Astie is not mentioned by Blackwell in her autobiography.

Instead, Blackwell praised Garrett Anderson and Jex-Blake for their "intelligent and persevering efforts".<sup>108</sup> In fact, the relationship between Garrett Anderson and Jex-Blake was fraught when establishing the school. These women had clashed previously on a number of concerns, including Garrett Anderson's decision to marry<sup>109</sup> and continue practising medicine and Jex-Blake's libel case with the University of Edinburgh.<sup>110</sup> However, it was Jex Blake's militant approach to furthering the cause for the medical education of women that disturbed Garrett Anderson.<sup>111</sup>

Jex-Blake's involvement with the London School of Medicine for women threatened its success and survival. Blackwell and Garrett Anderson believed that while progress was important, reform needed a "cautious approach".<sup>112</sup> In the months leading up to the founding of the medical school, Garrett Anderson and Jex-Blake engaged in a bitter war of words in *The Times*. Garrett Anderson fired the first shot on 5 August 1873:

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<sup>107</sup> Kristine Swenson, *Medical Women*, pp. 89-90.

<sup>108</sup> Elizabeth Blackwell, *Pioneer Work*, p. 199.

<sup>109</sup> William Knox, *The Lives of Scottish Women: Women and Scottish Society, 1800-1980* (Edinburgh University Press, Edinburgh, 2006), p.85.

<sup>110</sup> William Knox, *The Lives of Scottish Women*, p. 81.

<sup>111</sup> See Claire Brock "Elizabeth Garrett Anderson and the professionalism of medical publicity", *International Journal of Cultural Studies*, Vol. 11, No. 3(September 2008), pp. 321-342 for more information about Garrett Anderson and Jex-Blake's struggle to see eye to eye.

<sup>112</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 255.



Nothing succeeds like success; and if we could point to a considerable number of medical women quietly making for themselves the reputation of being trustworthy and valuable members of the profession, the various forms which present opposition now takes would insensibly disappear, and arrangements would be made for providing female medical students with the advantages which it appears hopeless to look for at present in this country.<sup>113</sup>

Here Garrett Anderson made the point that, while medical women are valuable members of the medical profession, their success needed to be without drama or fanfare. Garrett Anderson also suggested that women gain their medical degrees from outside the United Kingdom due to the opposition of the idea of the London School of Medicine for Women.

Blackwell wrote on the back of the first prospectus for the school in 1874 that she intended to forward it onto her sister Emily. She noted on this prospectus that the school was a result of Jex-Blake's energy and enthusiasm; however, she also remarked that "her [Jex-Blake's] name would have damaged the chances of the school".<sup>114</sup> This note refers to the actions of Elizabeth Garrett Anderson in removing Jex-Blake from the original executive committee of the school due to her fiery temper.<sup>115</sup> Blackwell stated the purpose of the school too:

This school is only to prepare women for the License of the Apothecaries Hall- the very lowest step of the ladder- but as this License is open to them and would put them on the Register- and every other door is shut tightly at present, I feel much interest in this school, as a true though small beginning, and shall do all I can to help it on. It will perhaps furnish me with the opportunity (without personal responsibility) which have looked for ever since I have been in London, to help on the medical work, but which Mrs Anderson has hitherto refused positively to assist in.<sup>116</sup>

As alluded to in this extract, in reference to the License of Apothecaries, there was a legal issue in opening the school, as there was no legislation that stated women could

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<sup>113</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 255.

<sup>114</sup> Prospectus of the London School of Medicine for Women, with note by Elizabeth Blackwell, 1874, the Schlesinger Library.

<sup>115</sup> See Jo Manton, *Elizabeth Garrett Anderson* (Methuen, London, 1965).

<sup>116</sup> Prospectus of the London School of Medicine for Women.

or should be accepted for medical examination or practice by hospitals. In 1874 Blackwell began lobbying to have such legislation put in place:

I have tried to enlist some help in forming a society which shall work to introduce a short act into Parliament decreeing that nothing in any charter or University or Examining Board, shall prevent the examination of women simply on the ground of sex. I believe that agitation for such emancipation of woman's intellect and encouragement of her serious efforts and aspirations would be a good thing and would lead to valuable results<sup>117</sup>

Blackwell knew that nothing short of an Act of Parliament would lend legitimacy to the quest of bringing women into the medical profession. She used her connection with Russell Gurney MP, a Quaker who had supported her early in her career, to have the Russell Gurney Enabling Bill passed on 11 August 1876.<sup>118</sup> This made it possible for all examining bodies in medicine to admit women, but with the proviso that they could not be compelled to do so. This was a significant step forward in tearing down the barriers against women wanting to qualify as doctors.

The school was an important part of Blackwell's contribution to sex education. She was the Professor of Gynaecology for over thirty years, providing her with opportunity to shape the ideas of the female medical students who attended the school. This position also allowed Blackwell to design her own curriculum, suggest the texts she believed to be beneficial to the subject and place emphasis on the areas of gynaecology that mattered most to her. In February 1890 *The Sentinel* reported on an address Blackwell made to students at the London School of Medicine for Women titled "The Influence of Women in the Profession of Medicine".<sup>119</sup> In this address, which Blackwell published with a company based in Baltimore, she set out why women were a beneficial addition to the medical profession:

All these are great moral tendencies, and they are necessarily involved in the mighty potentiality of maternity. They lay upon women the mighty responsibility of becoming more and more the moral guides in life's journey. Women are called upon very specially to judge all practical action as right or wrong, and to exercise influence for this high morality, in whatever direction it can be most

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<sup>117</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 257.

<sup>118</sup> Julia Boyd, *The Excellent Doctor Blackwell*, p. 257.

<sup>119</sup> See "The Influence of Women in the Profession of Medicine", *The Sentinel* (February 1890), p. 15-6.

powerfully exerted...It is in this high moral life, enlarged by intelligence that the ideal womanhood lies. It is through the moral, guiding the intellectual, that the beneficial influence of women in any new sphere of activity will be felt.<sup>120</sup>

The message at this heart of this text was that Blackwell believed women were suited to the profession of medicine and that acceptance of female doctors would benefit the practise of medicine. At the point of giving this speech, she had been a doctor for over forty years and still needed to battle the status quo, justifying the need for women doctors. No doubt, Blackwell would have found this frustrating, and as her notes on the prospectus from 1874 for the London School of Women indicate, she lacked support from others in making this a reality. Yet, Blackwell did effect real change both with this medical school and her New York Infirmary for Women and Children, which also served as a medical school for women from 1857.<sup>121</sup>

## Conclusion

A sixth research question was set out in the Introduction of this thesis in order to investigate Blackwell's contribution to sex education outside of her publications. This was considered in relation to the associations she had with various societies and organisations throughout the mid to late nineteenth century. While Blackwell used her texts to convey her message about sex education in a manner that the public would have found accessible, it is evident that she felt the need for other means to make an impact regarding sex education. Her involvement with the Anti-Contagious Diseases Act Movement, her disregard for the Neo-Malthusians, establishment of both the National Health Society and the London School of Medicine for Women all underlined this urge to spread her message about sex education. The Contagious Diseases Act Movement was an important aspect of Blackwell's career in that she established herself as a medical expert in the field of sex, allied herself with Josephine Butler and helped overturn government legislation. She refuted Acton's claims and made daring statements concerning the sexual passion of women. By associating herself with this

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<sup>120</sup> Elizabeth Blackwell, *The Influence of Women in the Profession of Medicine: Address Given at the Opening of the Winter Session of the London School of Medicine for Women* ([n.pub.], Baltimore, 1890), pp. 8-9.

<sup>121</sup> See Chapter 2.

movement, Blackwell went against the medical establishment and her fellow female doctor, Elizabeth Garrett Anderson. Nonetheless, she stayed with her convictions, while also producing numerous texts on sex education. The secondary literature on the topics within this chapter ranges from well-researched and supported, in relation to the CDAs, to a scant collection of texts that do not sufficiently cover the subject area, as demonstrated with the National Health Society and the London School of Medicine for Women. I have provided new information and bolstered the histories of these two organisations by placing Blackwell at the heart of their foundation, alongside her motivations and publications for forming such institutions.

Blackwell's disdain for the Malthusian League was made clear through the texts and talks she published during the 1870s and 80s, which is not investigated fully by commentators or her biographers. The message of the Neo-Malthusians regarding early marriage and birth control contradicted all of Blackwell's beliefs concerning sex and sexual responsibility. Blackwell believed that later marriage with abstinence was the key to preventing unwanted pregnancy and unhappy marriages. Surprisingly, both Blackwell and Besant believed that mothers should be responsible for the sexual education of children in preparing them for marriage, but their fundamental beliefs concerning birth control was too much for these women to unite on this particular issue. However, it is clear that Blackwell saw the benefit to education as the way forward in bringing about a revolution within the medical profession. The National Health Society was part of Blackwell's campaign to bring proper education and information about moral hygiene and sanitation to the lower classes in particular. While the society did hold lectures for the middle classes, the clear aim was to help prevent illness and disease within the poorer parts of society. As with the other societies and movements with which Blackwell became associated, she used this as an opportunity to publish and advertise her works.

The contribution of Elizabeth Blackwell to sex education through the London School of Medicine for Women has been ignored. An amateur history of the institution has been produced but does not ask the question of Blackwell's contribution to sex education. This institution has been documented in the biographies of those women at the core of

its foundation: Blackwell, Garrett Anderson and Jex-Blake. Blackwell's position as Chair of Gynaecology gave her the opportunity to educate future generations of women doctors in what she believed was the correct method in disseminating sexual knowledge, particularly to children.

The particular societies and organisations examined in this chapter show another side to Blackwell's contribution to sex education. Blackwell showed her willingness to proactively engage with issues affecting sexual health, whilst simultaneously publishing texts on these issues. Her involvement with the Anti-Contagious Diseases Act Movement demonstrated a political side to Blackwell that has not been explored in secondary literature, which could be linked to the feminist theory of leaving women out of the historical narrative. Blackwell's connection with the Malthusian League and Annie Besant has also been neglected by historians, who have focused more on the dissonance within the organisation rather than medical opinions of the Malthusians. More importantly, the National Health Society's aims and works have been all but forgotten in secondary literature outside of Blackwell's biographies. This organisation put into place the ideas Blackwell had written about up until the 1870s. In establishing this society Blackwell was making the statement that practical works were just as important as publishing works in improving moral hygiene and sanitation. Like the National Health Society, the history of the London School of Medicine for Women is mostly confined to biographies of those who participated in its foundation. This organisation was an integral aspect of the inclusion of women in the sphere of medicine in the late nineteenth century and provided Blackwell with the means to teach generations of future women physicians what she believed the correct means of disseminating sexual knowledge through moral hygiene and sanitation. From this analysis it is clear to see that the contribution of Elizabeth Blackwell to sex education in a number of different arenas from publications to social and moral campaigns has been overlooked.

## Conclusion

This thesis began by discussing the existing gaps relating to Elizabeth Blackwell in the history of medicine. I have made the argument that Blackwell has been, in many cases, consigned as a footnote to history in favour of an historical narrative that has highlighted the contribution of men within medicine. This feminist theoretical framework has been employed throughout the thesis, alongside biographical theory which used Blackwell's life as a vehicle to explore further issues that affected women attempting to enter the medical profession during the nineteenth century. In the main body of the study I provided an alternative history of women in medicine by placing Blackwell at the centre of the historical narrative; initially during the period of professionalisation directly after the 1858 Medical Act and, later, for social campaigns in light of the Contagious Diseases Acts. As I have shown, Blackwell made a significant contribution to sex education over the course of her career through the publication of dozens of pamphlets and books on the topic, as well as her participation in numerous social and moral campaigns between 1849 and 1910.

In the Literature Review, a number of gaps in knowledge were identified primarily in relation to the role Blackwell played within nineteenth-century medicine under the following headings: sex, sexual practice and sexual education; the scientific, demographic and anatomical revolution of the nineteenth century; gender, patriarchy and structures of power and exclusion (including class) in the period; and knowledge networks, including publishing history, circulation and reception theory for the period. First, the histories of sex and sex education were examined including Hera Cook, Roy Porter, Lesley Hall, Jeffery Weeks and Frank Mort. It was established that while these commentators had provided a wealth of knowledge on the topic, there was one aspect of this history that has yet to be explored in the form of Elizabeth Blackwell. The geographical focus of these texts has also proven to be an issue with Britain and America considered in separate contexts, rather than together. Secondly, a number of

historians, including Charles Newman, Thomas Bonner and John Harley Warner, were identified as covering the curricula of medical students during this period. However their publications have provided a vague outline of the impact of the professionalisation of medicine on medical students, while exam papers and suggested textbooks have been largely ignored. This is important as it informs us about the education of doctors before they practiced on real patients, particularly in relation to ailments and diseases of the generative organs. The question of geography was also proven to be problematic in this regard with commentators generally focusing on either Britain or America, but rarely both.

Thirdly, Lesley Hall and Jeffrey Weeks, amongst others, were recognised as having contributed to the topic of gender, patriarchy and structures of power, as well as Leonore Davidoff and Catherine Hall's *Family Fortunes* in relation to class. This is a well-researched area of history for the nineteenth-century but it has not made use of Blackwell's writings on these subjects. The histories of women in medicine also falls under this category. Catriona Blake, Ruth Abrams, Mary Ann Elston and Mary Roth Walsh were all put forward as the formative commentators on this matter. However, as with most of the secondary literature acknowledged in the Literature Review, the lack of prominence given to Blackwell, as the first female physician, is surprising. Finally, the notion of female medical networks has been briefly touched upon by commentators, most recently by Jennifer Aston, but without recognising how instrumental the figure of the pioneering doctor was in bringing some of these networks together as the first female physician. Regina Markell Morantz, also Regina Morantz Sanchez, has written a number of works on the female networks but in an American context. Anne Hanley and Keir Waddington have produced new histories on knowledge networks within medicine but with a primarily British focus. Hanley's work has proven to be most useful in this thesis, especially in Chapter 2, despite analysing a later period in the nineteenth-century. The primary issue with the existing secondary literature, as highlighted in the review, was the lack of focus or acknowledgement of Blackwell as a force for change within medicine during the Victorian period. This has been challenging throughout this research but there existed a plethora of underused

publications by the pioneering doctor, and over looked primary materials such as letters and reviews, which I have examined to fill this gap in knowledge.

Six key questions were put forward at the beginning of this thesis as a means of shaping the research. First of all, a main question set out was to determine Blackwell's contribution to sex education. This has been an overarching theme throughout the work. The second question involved establishing her sex education at medical college to indicate what, if any, she received while training to become a doctor at Geneva College. Thirdly, I sought to identify the audience Blackwell wrote for, over the course of her career. A number of reviews from contemporary newspapers and magazines were used as a means of ascertaining who she had in mind when writing about sex education. Many of these publications had a middle-class audience during the mid-nineteenth century but this readership grew as the century drew on, due to higher literacy rates and cheaper prices. Linked to this, I also asked the question of how these works were received. Fifthly, I questioned how the female medical network Blackwell built up had influence her work on sex education, which involved examining the correspondence between the pioneering doctor and her medical network, as identified in Chapter 4. Finally, the question of her contribution to sex education outside her publications, was put forward, in the form of social and moral campaigns with which she was heavily involved.

Feminist and biographical theory, as set out by Dorothy Wilson and Barbara Caine, were used in this work to provide a methodological framework. First, feminist theory employed here sets out that there has been a patriarchal agenda which ignored the contribution of women like Blackwell in the history of medicine. This is a fact that has been highlighted throughout the thesis including the poor treatment of women by society who attempted to enter the medical profession and the discrimination Blackwell faced as the first female physician. Wilson's theory also considers history from a woman's standpoint while complements the biographical methodology situated here. This second theory has used Blackwell's life to investigate wider concerns about medical education and women in medicine during this period.



I have covered a range of topics, in this thesis, that have not been explored in relation to the doctor. For example, the second chapter looked at the medical institutions that existed during the mid-nineteenth century, the experience of Blackwell as the first woman to graduate with a medical degree, the curricula of medical students in both Britain and America, as well as examining the depth of sex education these students received during the nineteenth century. The third chapter set out to answer the main research question of this thesis, as identified above: the contribution of Elizabeth Blackwell to sex education. There were two aspects to this chapter: the reception of her works by the press and the content of her works in relation to sex education. This chapter consisted mostly of primary source material as there is little relevant secondary literature on this topic. Blackwell's publications covered a period of over fifty years. They were published in both Britain and America and discussed a range of topics from masturbation to the evils of the Malthusian League to the role of religion in medicine to prostitution. These writings are significant first of all because they display the variety of interests, organisations and movements with which she was involved. Secondly, they expressed the depth of knowledge Blackwell acquired on the subject of sex education and why she felt the need to pass this on. She wanted to help improve the lives of all, regardless of social position.

The fourth chapter looked at the networks Blackwell established with other women involved with medicine, including Florence Nightingale, Elizabeth Garrett Anderson and a philanthropic group of middle-class women called the Langham Place Circle, who provided emotional and financial support to the doctor. This chapter used correspondence between Blackwell and the network of women she built up for support and analysed the often fraught relationships that existed. The topic of sex education was addressed in relation to these networks that advised and influenced Blackwell, particularly in her efforts on moral hygiene and sanitation. The final chapter of this thesis followed from the idea of networks to the organisations and movements with which Blackwell became involved over the course of her career. The Malthusian League was examined in this chapter due to Blackwell's opposition to the movement's pro-contraceptive stance. While it is widely known that women were heavily involved with charitable groups during the Victorian period, the involvement of women in

political campaigns was unusual. The Anti-Contagious Diseases Acts Movement, led by Josephine Butler, was also controversial as the campaign brought middle-class women into contact with prostitutes. Blackwell's involvement lent legitimacy to the operation, despite going against the official stance of the medical profession.

This thesis has contributed to other areas of historical research outside of 'Blackwell studies'. This work falls into the intersection of women's history and the history of medicine. While it has contributed equally to both areas, there is still a need for examination and further research. The development of a curriculum during the nineteenth century is a part of medical history often overlooked and skimmed over by secondary literature focusing on medical education. The involvement of women in medicine at this time is an important topic for further future research. There has been a significant lull in publications regarding this subject over the past twenty years despite the existence of rich and varied primary sources. Putting women back into the history of medicine is important because there needs to be a greater understanding of the complexity of medical history involving men and women. Blackwell and her peers have contributed greatly to their field but these women have been overlooked in favour of a male-dominated narrative. Analysing Blackwell's medical tracts on sex education has also been a major contribution of this thesis to the history of medicine and the history of women in medicine. Many historians of medicine have looked at Blackwell's works, citing them in bibliographies and appendices, but an exploration of the pioneering nature of these texts has been neglected. The same can be said for the idea of female medical networks, which has been situated primarily in the American sphere of medicine. Little attention has been given to British female medical networks and the role philanthropic groups played in funding the ventures of female medical doctors during the nineteenth century.

The novelty of this thesis derives from the fact that much of the information around Blackwell and her writings on sex education has come from newly considered primary source material. This indicates that there has been an existing significant gap in the literature surrounding Blackwell since the publication of her texts over a hundred

years and twenty years ago. Some work has been done by biographers of Blackwell, mostly recently Julia Boyd, in painting a picture of the life she led and some of the difficulties she faced in achieving her qualification as a physician and later in establishing a medical practice. However, there was more to the life of Blackwell, including the need to examine what she published, as well as how the medical world, in which she worked, operated.

As part of 'Blackwell studies', a deeper examination was required of the role of religion in medicine. Religion was a very important aspect of Blackwell's life and in her work as a Christian Physiologist. The Quakers played a considerable role in helping Blackwell establish herself in New York, as well as the Catholic and Protestant communities of immigrants from Ireland and Germany. Blackwell believed that there was a spiritual aspect to her teachings on sex education and that she had a responsibility to dispel ignorance and instil virtues of moral hygiene. Despite her links with many different sects of the Christian faith, Blackwell asked to be buried in a Church of Scotland plot, perhaps indicating another aspect of her religiosity that needs further exploration.

And yet, there are no plaques commemorating Blackwell's initial contribution to New York health either at her original address of 57 Bleecker Street or at 44 University Place, where the New York Infirmary for Women and Children was originally founded. In fact there is no commemorative evidence that Blackwell played any part in New York's medical scene. This is significant for a number of reasons. First, there was the issue of nationality. Blackwell was born in Bristol but moved to America when she was 11, and lived there until her late forties. Upon her permanent relocation to London in 1868 she was referred to as British-born but also American by newspapers and magazines who reported on her talks and publications. It may be this lack of fixed national identity that has caused Blackwell to be forgotten in the historical record. Secondly, Blackwell's gender prohibited her from fully participating in New York's medical scene. This would have had an impact on the recognition Blackwell received for the work she did with the New York Infirmary for Women and Children. The association of the term "female physician" with abortionist also failed to lend legitimacy to her general practice. Related to this is the idea that Blackwell was not as

well connected as her male counterparts and lacked the contacts required to make significant strides within New York medical society. The same situation exists in London where Blackwell practised medicine for many years, set up the National Health Society and established the London School of Medicine for Women, yet Elizabeth Garrett Anderson has a blue plaque acknowledging her contribution to medicine and her mentor has not. However, the house where Blackwell relocated in her later years in Hastings has a grey plaque commemorating her achievements. There is also a plaque at Blackwell's place of birth in Bristol.

This work has laid the foundation for a more thorough investigation of Blackwell's contribution, not just to sex education, but also to the medical profession in general. As of 2016, there were 127,466 women registered as medical practitioners in the UK or 45.5% of the doctors practising in the country.<sup>1</sup> In America, where Blackwell qualified with her degree, there are currently 311,866 women practising as physicians.<sup>2</sup> There is no greater testament to the contribution of Blackwell not just to sex education but to medicine than the continuing numbers of women joining the medical profession.

All of this evidence indicates Blackwell's contribution to both medicine and sex education has been neglected and shows that further work needs to be done. Blackwell is the tip of the iceberg when it comes to the commemoration of women's contribution to medicine all over the world. Her position as the first female physician has not protected her from falling into anonymity and as seen in this thesis, more research needs to be done. Throughout this research the main objective has been to highlight the contribution of Elizabeth Blackwell to sex education. These questions have been answered by each chapter, while taking into consideration the main challenge of locating Blackwell's contribution to the field of sex education. The motivation to do this research came from an interest in this woman who dared to challenge the medical establishment. Not only did she successfully do this by obtaining

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<sup>1</sup> Found at [http://www.gmc-uk.org/doctors/register/search\\_stats.asp](http://www.gmc-uk.org/doctors/register/search_stats.asp) [accessed 26/11/16]

<sup>2</sup> Found at <http://kff.org/other/state-indicator/physicians-by-gender/?dataView=0&currentTimeframe=0&selectedDistributions=female> [accessed 26/11/16]

a medical degree, but also pushed the boundary of what was considered appropriate for a doctor, male or female, to write about sex education in explicit terms. She normalised the idea of sex education through the vein of moral hygiene and sanitation and encouraged young girls in particular to think about their bodies in a different way. Also while this thesis has outlined Blackwell's contributions to her peers, further work needs to be carried out on her influence on the actions and practices of her intended audience. A greater motivation for this research came from discovering that any secondary materials or analysis regarding this contribution to sex education simply did not exist. Blackwell has been reduced to a footnote in the history of medicine and the history of women, both in Britain and America. This thesis aimed to right this wrong by drawing attention to the unwavering dedication of Blackwell over the course of a medical career that spanned over two continents and almost six decades.

## Appendix A- Blackwell's publications

*The Causes and Treatment of Typhus, or Shipfever* (thesis, Geneva College, 1849)

*The Laws of Life, with Special Reference to the Physical Education of Girls* (Putnam, New York, 1852) [20 editions]

*An Appeal in Behalf of the Medical Education of Women* ([n.pub.], New York, 1856)

*Medicine as a Profession for Women* (W.H. Tinson, New York, 1860) [7 editions]

*Address on the Medical Education of Women* (Baptist & Taylor, New York, 1864) [10 editions]

*The Religion of Health* ([n.pub.], Edinburgh, 1878) [4 editions]

*Counsel to Parents on the Moral Education of Children in Relation to Sex* ([n.pub.], London, 1879) [21 editions]

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Appendix B- Example of Exam Paper, Royal College of Physicians  
Edinburgh 1892

TRIPLE QUALIFICATION.

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II.

**Questions in Midwifery and Gynæcology.**

THREE QUESTIONS *to be answered, of which the FOURTH must be one.*

1. Abortion—(1) At what time most apt to happen ; (2) causes ; (3) symptoms ; (4) Treatment.
2. Mention some of the causes of mal-position and mal-presentation of the Fœtus.
3. Describe the mechanism of a Face Case in the right mento-posterior position.
4. Cystitis—Symptoms, diagnosis, treatment.

*14<sup>th</sup> April 1892*



## Appendix C- Cazeaux, The Theory and Practice of Obstetrics

1. Of the Pelvis,
2. Of the Foetal Head,
3. Of Deformed Pelvis
4. Of Pelvimeters
5. Of the Female Generative Organs
  - a. External
  - b. Internal
6. Of the Pelvic Contents
7. Of the Gravid Uterus
8. Of the Development of the Uterus
9. On Labour
  - a. Of Natural Labour
    - Of the management of natural labour
    - Of the irregularities of head presentations
  - b. Of Difficult Labour
    - Of lingering labour
    - Of instrumental labour
  - c. Of the Forceps
  - d. Of the Vectis
  - e. Of the Fillet
  - f. Of the Long Forceps
  - g. Of Craniotomy
10. Of the Signs of Death of the Foetus
11. Of the Caesarean Operation
12. Of the Sigaultean Operation
13. Of the Induction of Premature Labour
14. Of the Consequences of Laborious Labour
15. Of Preternatural Labour
  - a. Of breech presentations
  - b. Of knee presentations
  - c. Of footling presentations
  - d. Of difficult breech presentations
  - e. Of transverse presentations
  - f. Of shoulder presentations
  - g. Of elbow presentations
  - h. Of hand presentations
  - i. Of side presentations
  - j. Of back presentations
  - k. Of sternal presentations
  - l. Of abdominal presentations
16. Of the Operation of Turning
  - a. Of the more difficult transverse presentations
17. Of the Spontaneous Evolution
  - a. Of Evisceration
  - b. Of Decapitation

18. Of Complex Labours
  - a. Of Haemorrhage
  - b. Of Convulsions
  - c. Of Rupture of the Uterus
  - d. Of Lacerated Vagina
  - e. Of Ruptured Bladder
  - f. Of Collapse
  - g. Of Prolapsed navel-string
  - h. Of Descent of the hand with the head
  - i. Of excessive quantity of liquor amnii
  - j. Of Monsters
  - k. Of Plural births
19. Of the Diseases of the Puerperal State
  - a. Of Prolapsed Uteri
  - b. Of Profuse Lochial Discharge
  - c. Of Suppressed Lochia
  - d. Of Haemorrhoids
  - e. Of Violent After-Pains
  - f. Of Vascular Congestion of the Uterus
  - g. Of Hysteritis
  - h. Of Inflammation of the Mamma
  - i. Of Excoriated Nipples
  - j. Of Retracted Nipples
  - k. Of Phlegmasia Dolens
20. Of Oedma
21. Of Paralysis
22. Of Milk Fever
23. Of Ephemera
24. Of Military Fever
25. Of Puerperal Mania
26. Of Puerperal Fever
27. Of Peritonitis
28. Of Tympanites
29. Of False Peritonitis
30. Of Typhus
31. Of Hydrosis
32. Of Scarlet Fever
33. Of the Diseases of Pregnancy
  - a. Of the Symptoms Dependent on Pressure
  - b. Of the Symptoms Dependent on Distention
  - c. Of the Symptoms Dependent on Inflammatory Action
34. Of Specific Contagion
35. Of Ascites
36. Of Anomalous Symptoms
37. Of Retroversion of the Uterus
38. Of Extra-Uterine Conception
39. Of Abortion

## Appendix D- Ramsbotham, The Principle and Practice of Obstetric Medicine and Surgery

### Part 1 Of the Female Organs of Generation

#### Chapter 1- Of the Pelvis

##### Article 1- Of the Bones of the Pelvis

1. The Sacrum
2. Coccyx
3. Coxal Bones, or Ossa Innominata

##### Article 2- Articulations of the Pelvis

1. Articulation of the Pelvis
2. Sacro-Iliae Articulations
3. Sacro-Coccygael Articulation
4. Sacro-Vertebral Symphysis
5. Sub-Pubic Membrane

##### Article 3- Of the Pelvis in general

1. External Surface
2. Internal Surface
3. Superior Strait
4. Inferior Strait
5. Cavity of the Pelvis
6. Base of the Pelvis
7. Differences of the Pelvis
8. Uses of the Pelvis

##### Article 4- Of the Pelvis covered by the Soft Parts

#### Chapter 2- Of the External Organs of Generation

##### Article 1- The Mons Veneris

##### Article 2- The Vulva

1. Labia Majora
2. Labia Minora
3. Clitoris
4. Vestibule
5. Urethra
6. Hyman
7. Caruuculae Myrtiformes
8. Fossa Navicularis

##### Article 3- Secretary Apparatus of the External Genital Organs

1. Sudoriparous Glands
2. Sebaceous Glands
3. Mucous Glands
4. Vulvo-Vaginal Gland

##### Article 4- The Perineum

1. Perineal Floor
2. Perineal Body

## Chapter 3- Internal Organs of Generation

### Article 1- The Vagina

### Article 2- The Uterus

1. External Surface of the Uterus
  - a. Body of the Uterus
  - b. Neck of the Uterus
2. Internal Surface of the Uterus
  - a. Cavity of the Body
  - b. Cavity of the Neck
3. Structure of the Uterus
  - a. Peculiar Tissue
  - b. Peritoneal Membrane
  - c. Mucous Membrane
4. Ligaments of the Uterus
  - a. Broad Ligaments
  - b. Bodies of Rosenmuller
  - c. Round Ligaments

### Article 3- The Fallopian Tubes

### Article 4- The Ovaries

1. Structure of the Ovaries
2. Ovarian Vesicles
3. Human Ovule

## Chapter 4- Ovulation and Menstruation

### Article 1- Modifications of the Ovarian Vesicles

1. The Corpus Luteum

### Article 2- Menstruation

## Chapter 5- The Breasts

1. Human Milk

## Part 2- Of Pregnancy

### Chapter 1- Conception

### Chapter 2- Changes in the Maternal Organism

#### Article 1- Changes in the Uterus

1. Changes in the Body of the Uterus
2. Changes in the Neck
3. Changes in the Structure
  - a. Serous Layer
  - b. Mucous Layer
  - c. Middle Layer
    - i. Mad. Bovin's Structure
    - ii. Deville's Structure
    - iii. M. Helie's Structure
  - d. Vascular Appartus

#### Article 2- Properties of the Uterus (Changes of)

1. Sensibility of the Uterus
2. Irritability
3. Contractility
4. Retractility

Article 3- Changes in the Parts adjunct to the Uterus

Article 4- Changes in the Breasts

Article 5- Anatomical and Functional Changes in some Parts not considered in Generation

1. Digestion
2. Circulation
3. Urine
  - a. Kysteine
4. Osteophytes of the Cranial Bones
5. Pigmentary Deposits

Chapter 3- Of the Decidua

1. Old Theory
2. Present Theory

Chapter 4- Of the Human Ovum After Fecundation

Article 1- Changes which the Ovule Undergoes in the Fallopian Tube

1. Disappearance of the Germinal Vesicle
2. Condensation of the Vitellus
3. Polar Globules
4. Vitelline Nucleus and Segmentation of the Vitellus

Article 2- Changes undergone by the Ovule from the time of its Arrival in the Womb to the Formation of the Allantoid

Article 3- Of the Foetal Appendages

1. The Allantoid Vesicle
2. Umbilical Vesicle
3. The Amnion
4. Waters of the Amnion (Liquor Amnii)
5. Chorion

Article 4- Organs of Connection

1. Placenta
2. Umbilical Cord

Chapter 5- Of the Foetus

Article 1- The Foetus during Intra-Uterine Life

Article 2- Head of the Foetus at Term

Article 3- Position and Attitude of the Foetus

Article 4- Functions of the Foetus

1. Nutrition
2. Respiration
3. Circulation
4. Innervation
5. Secretions

## Chapter 6- Diagnosis of Pregnancy

### Article 1- Rational Signs

### Article 2- Sensible Signs

1. The Touch
  - a. Vaginal Touch
  - b. Anal Touch
  - c. Ballottment
2. Abdominal Palpation
3. Active Motions of the Foetus
4. Auscultation
  - a. Sounds of the Heart
  - b. Souffle of the Cord
  - c. Uterine Souffle

## Chapter 7- Twin Pregnancy

## Part 3- Of Labor

### Chapter 1- Causes of Natural Labor

1. Efficient Causes
2. Determining Causes

### Chapter 2- Physiological, Phenomena of Labor

1. Pain and Contraction
2. Dilation of the Neck
3. Glairy Discharges
4. Bag of Waters
5. Duration of Labor
6. Effect of Labor upon the Mother and Child

### Chapter 3- Mechanical Phenomena of Labor

#### Article 1- Presentations and Positions

#### Article 2- Presentation of the Vertex

1. Causes
2. Diagnosis
3. Mechanism
4. Inclined or Irregular Presentation of the Vertex
5. Prognosis

#### Article 3- Face Presentation

1. Causes
2. Diagnosis
3. Mechanism
4. Inclined or Irregular Presentations
5. Prognosis

#### Article 4- Presentation of the Pelvic Extremity

1. Causes
2. Diagnosis
3. Mechanism

4. Prognosis

Article 5- Presentation of the Trunk

1. Causes
2. Diagnosis
3. Mechanism
  - a. Spontaneous Version
  - b. Spontaneous Evolution
4. Prognosis

Article 6- Recapitulation of the Mechanism of Labor in general

Chapter 4- Twin Labor

Chapter 5- Premature and Retarded Labor

Article 1- Premature Labor

Article 2- Retarded Labor

Chapter 6- Natural Delivery of the Placenta

Chapter 7- Attention to the Woman and Child During Labour

Article 1- Attentions to the Woman during Labor

Article 2- Attentions to the Child during Labor

Chapter 8- Attentions to the Woman and Child Immediately after Labor

Article 1- Attentions to the Woman immediately after Labor

Article 2- Attentions to the Child immediately after Birth

1. When the Child is healthy
2. When the Child is weak or diseases

Chapter 9- Phenomena of the Lying-In State

1. After-pains
2. Lochia
3. Secretion of Milk

Chapter 10- Attentions to the Woman during her Lying-In

Part 4- Pathology of Pregnancy

Chapter 1- Diseases which may exist during Pregnancy

1. Epidemic Diseases
  - a. Grippe or Influenza
  - b. Cholera
2. Endemic Disease
  - a. Intermittent Fever
3. Eruptive Fevers
  - a. Variola
  - b. Scarlatina
  - c. Roseola

4. Various Sporadic Diseases
  - a. Typhoid Fever
  - b. Pneumonia
  - c. Various Inflammations
  - d. Icterus
  - e. Syphilis
  - f. Saturnine Intoxication
  - g. Phthisis
  - h. Hysteria, Epilepsy, Chlorosis
5. Surgical Affections
6. Hyperthrophy of the Thryroid Gland
7. Ulceration of the Neck of the Uterus

## Chapter 2- Diseases of Pregnancy

### Article 1- Lesions of Digestion

1. Anorexia
2. Pica, Pyrosis
3. Vomiting
  - a. Simple Vomiting
  - b. Intracle Vomiting
  - c. Treatment of Vomiting
    - i. Medical Treatment
    - ii. Surgical Treatment
4. Constipation; Diarrhoea

### Article 2- Lesions of Respiration

### Article 3- Lesions of Circulation

1. Plethora; Hydraemia
2. Hemorrhage
3. Varicose Veins; Hemorrhoids

### Article 4- Lesions of the Secretions and Excretions

1. Ptyalism
2. Excretion of Urine
3. Albuminuria; Uraemia
4. Dropsy of the Cellular Tissue
5. Ascites

### Article 5- Lesions of Innervation

1. Eclampsia
2. Vertigo; Syncope
3. Various Forms of Neuralgia; Odontalgia
4. Paralysis
5. Intellectual Disorders. Mania

### Article 6- Diseases of the Skin

1. Itching
2. Pigmentary Spots

### Article 7- Lesions of the Pelvic Articulations

1. Relaxation of the Symphysis
2. Inflammation of the Symphysis



#### Article 8- Diseases of the Vulva and Vagina

1. Pruritus of the Vulva
2. Leucorrhoea
3. Vegetations

#### Article 9- Abdominal and Uterine Pains

1. Abdominal, Lumbar and Inguinal Pains
2. Uterine Pains
3. Rheumatism of the Uterus

#### Article 10- Displacements of the Uterus

1. Prolapsus
2. Retroversion
3. Anteversion
4. Lateral Obliquity

#### Chapter 3- Diseases of the Ovum

##### Article 1- Dropsy

1. Dropsy of the Amnion
2. Hydrorrhoea
3. Dropsy of the Villi of the Chorion (Hydatiform Mole)

##### Article 2- Lesions of the Placental Villi

1. Fibrous Obliteration

##### Article 3- Effusions of Blood in the Placenta

1. Placental Apoplexy

#### Chapter 4- Diseases and Death of the Foetus

1. Diseases of the Foetus
2. Death of the Foetus

#### Chapter 5-Abortion

##### Article 1- Causes

1. Causes of Spontaneous Abortion
2. Causes of Accidental Abortion
3. Causes of Induced Abortion

##### Article 2- Symptoms of Abortion

##### Article 3- Diagnosis

##### Article 4- Delivery of the Placenta in Abortion

##### Article 5- Prognosis

##### Article 6- Treatment

#### Chapter 6- Extra-Uterine Pregnancy

1. Pathological Anatomy
2. Symptoms
3. Progress
4. Causes
5. Treatment

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